

Schizophrenia

Definition of Schizophrenia:

Schizophrenia is a major psychiatric disorder characterized by impaired perception, thought, emotion, personality, and social behavior.

OR

Schizophrenia is a type of mental disorders which literally means “spilt mind”. Spilt mind refers to the fragmentation or disconnection of the normally integrated psychological functioning.

Causes of Schizophrenia: Exact causes are not known but evidences suggest that the disorder is the result of genetic, environment and biological factors but genetic factors are strong schizophrenia causes.

Types of schizophrenia:

- 1) Catatonic schizophrenia.
- 2) Paranoid schizophrenia.
- 3) Disorganized schizophrenia.
- 4) Undifferentiated schizophrenia.
- 5) Simple schizophrenia.
- 6) Residual schizophrenia.

Biochemical theory of schizophrenia:

- 1) In schizophrenic Patient less glutamic acid has been found in the cerebrospinal fluid.
- 2) Glutamate is the most important excitatory transmitter of the mammalian forebrain.
- 3) The liberation of glutamic acid in the Striatum is inhibited by dopamine (D2) receptor, which is responsible for the anti-psychotic effect of neuroleptic drugs.
- 4) Schizophrenia occurs due to :
 - Under function of glutamatergic corticostriatal and corticomesolimbic neuron. And.
 - Over function of the dopaminergic system.

Clinical features of schizophrenia:

A) Positive symptom of schizophrenia:

- Delusion.
- Hallucination.
- Bizarre behavior.
- Aggression.
- Agitation.
- Suspiciousness.
- Hostility.
- Excitement.
- Grandiosity.
- Conceptual disorganization.

B) Negative symptoms of schizophrenia :

- Apathy.
- Avolition.
- Social withdrawal.
- Diminished emotional responsiveness.
- Blunted affect.
- Stereotyped thinking.
- Artificial gesture.
- Lack of spontaneity.

❖ Good prognostic criteria of schizophrenia:

- Sudden onset.
- Short episode.
- No previous Psychiatric history.
- Prominent affective symptom.
- Paranoid type of illness.
- Older age at onset.
- Married.
- Good psychological adjustment.
- Good previous personality.
- Good work record.

- Good social relationship.
- Compliance with treatment.

❖ Bad/ poor prognostic criteria of schizophrenia:

- Insidious onset.
- Long episode.
- Previous psychiatric history.
- Negative symptom.
- Enlarge lateral ventricles.
- Male gender.
- Younger age at onset.
- Single separate ,divorced and widowed.
- Poor psychosexual adjustment.
- Abnormal previous personality.
- Poor work record.
- Social isolation.
- Poor Compliance.

Management /Nursing management of schizophrenia:

- 1) Hospitalization is required in first episode of schizophrenia.
- 2) Keep the patient in safe environment,
- 3) Monitor the vital sign.
- 4) Psychotherapy should be given:
 - a) Individual psychotherapy:
 - Provision of warmth and reassurance.
 - Avoid anxiety stimulus.
 - Encourage self-confidence, self-worth and hope.
 - b) Behavior therapy:
 - To improve psychosocial adaption.
 - c) Family Therapy:
 - To enhance adaption of client to family environment.
 - d) Group therapy.
- 5) Drug treatment:
 - a) Anti-psychotic drug are effective against the positive symptoms of schizophrenia in the majority of cause.
 - For short term use:
 - Chlorpromazine 1000 to 1500 mg daily.
 - Haloperidol 5 to 30 mg daily.
 - For long term use:
 - Flupherazine 20 to 100 mg daily.
 - Flupenthixol 40 to 200 mg daily.

6) Physical therapy:

- Mentally prepare the patient and family for ECT.
- Electroconvulsive therapy should give to control excitement, aggressive behavior and violent reactions in acute cases.

7) Psychosocial rehabilitation:

- Social skills training – related to personal care, problem solving, skill and communication skills.
- Cognitive therapy – To improve cognitive skills.
- Vocational training – To improve the socio economic status of the client.

8) Encourage the client to maintain spiritual need.

9) Advice to the family members for provides sufficient support.