

Schizophrenia

Meaning of schizophrenia :

- **Is** a major psychotic disorder that affect multiple areas in individuals functioning including thinking communicating perceiving feeling and behavior
- That cause profound disruption in the lives of people suffering from this condition and leads to make dealing with reality more difficult
- **Schizophrenia** is a mental disorder characterized by a disintegration of thought processes and of emotional responsiveness.

The onset of schizophrenia :

In most people is a gradual deterioration that occur in early adulthood usually person early 20 years .The family friend and loved one may spot early warning signs long before the primary symptoms of schizophrenia occur During this initial pre-onset phase a person may seem without goals in their life becoming increasingly eccentric and unmotivated they isolate themselves and remove from family situation and friend they may stop engaging in activities that used to enjoy .

Causes of schizophrenia :

Although the exact of schizophrenia remains unclear or not completely understand the current consensus is that these disorders result from complex interactions among a variety factors :

1-Genetic

A single genetic marker has not been identified it is likely that multiple genes may be involved risk of developing with a family history .

2- Brain structural abnormalities

Brain imaging techniques such as CT scan MRI showing abnormalities in structure of the brain including ; cerebral atrophy, enlarged ventricles ,decreased cortical blood flow ,

3-Neuro developmental abnormalities

The factors that can may increase the risk of disease include :

A-infection maternal during the 2 trimester

B- trauma or injury at birth

C-trauma during infant or early childhood

4- Chemical imbalance

The neurotransmitters are chemical stored in the brain responsible for many essential functions of emotion and behavior and act as messengers in the CNS Excessive of dopamine related to the positive symptoms Serotonin deficiency may be responsible for some form of schizophrenia and it is lower aggressive tendencies norepinephrine

induces hyper vigilance insufficient with schizophrenia displaying anhedonia . Research has suggested abnormalities of other neurotransmitters ; norepinephrine , serotonin, GABA, acetylcholine and amino butyric acid

5- psychosocial and environmental factors

Symptoms of schizophrenia :

The schizophrenia characterized by at least 2 of the following symptoms for at least one month :

- 1- delusions
 - 2- hallucinations
 - 3- disorganized speech
 - 4- disorganized or catatonic behaviors
 - 5- negative symptoms (flattening , alogia , avolition)
- Although the above symptoms must be present for at least 1 month
 - There also need to be continuous signs of the disturbance that persist for at least 6 month .

A- Positive symptoms

Include; hallucination , delusion, loose association , loss of ego boundaries depersonalization , DE realization and bizarre or disorganized behaviors

It is not mean good but indicated the symptoms clear and profound for the other person , usually respond to antipsychotic drugs and often precipitate hospitalization

B- Negative symptoms

Include; flat affect , anhedonia , avolition , social withdrawal , alogia

It is means absence of symptoms that can note by person and develop over a long time , usually poor respond to antipsychotic drugs

Types of schizophrenia :

1- Paranoid schizophrenia

Most common subtype , characteristic by presence of auditory hallucination , prominent delusional thoughts about persecutory or grandeur , easily be angered , hostile . Often has a sudden onset and people with this type may be more functional in their ability to work and engage in relationship than people with other types of schizophrenia .

2- Disorganized

Predominate feature is disorganization of the thought processes , sever disintegration of the personality hallucination and delusion are less pronounced , may have impairment in their ability to maintain the activity daily living even the more routine

tasks such as dressing , brushing teeth or loose may be , regressive , flat , incoherence , and word salad . It has an insidious onset

3- Catatonic

The predominate clinical feature is disturbance in movement that's may take the form of stupor or excitement . Other disturbance of movement can be present with this type , action that's appear relatively purpose less but are repetitively performed (stereotype) , patients may exhibit an immobility or resistance to any attempt to change how they appear they may maintain a pose in which someone places them for extended time waxy flexibility, repeating of what another is saying echolalia , or repeating another movement echopraxia and rigidity, the onset often occurs with dramatic suddenness

4- Un differential

This subtype is diagnosed when people have symptoms of schizophrenia that are not sufficiently formed or specific enough to permit classification but is has some aspects of each type

5- Residual

This subtype is diagnosed when the patient no longer displays prominent symptoms , usual signs are illogical thinking , eccentric behavior , in appropriate affect or blunting , and social withdrawal

6-Simple schizophrenia

Insidious and progressive development of prominent negative symptoms with no history of psychotic episodes

7-Hebephrenic Schizophrenia

Form of schizophrenia in which affective changes are prominent, delusions and hallucinations fleeting and fragmentary, behavior irresponsible and unpredictable, and mannerisms common. The mood is shallow and inappropriate. There is a tendency to remain solitary, and behavior seems empty of purpose and feeling. This form of schizophrenia usually starts between the ages of 15 and 25 years and tends to have a poor prognosis because of the rapid development of “negative” symptoms, particularly flattening of affect and loss of volition.

Treatment of schizophrenia

1- psychotherapy

Is not the treatment of choice for someone with schizophrenia used as an adjunct to a good medication plan , however , psychotherapy can help maintain the individual on their medication learn needed social skills and support the person s goals and activities in their community this may include advice , limit setting , modeling , education ,reassurance , and reality testing

2- Medication

Schizophrenia appears to be a combination of thought disorder, mood disorder, and anxiety disorder, so it needs combination medication of anti-psychotic, antidepressant, anti-anxiety medication. Antipsychotic medications help to normalize the biochemical imbalance that causes schizophrenia, also important in reducing the likelihood of relapse. Traditional antipsychotics effectively control the hallucination, delusion, and confusion of schizophrenia, such as haloperidol, chlorpromazine. These drugs primarily block dopamine receptors and are effective in treating the positive symptoms. There are newer antipsychotic medications available, including Seroquel, Risperdal, Zyprexa, which may work on both the serotonin and dopamine receptors, treating both positive and negative symptoms of schizophrenia.

3- Rehabilitation

Rehabilitation emphasizes social and vocational training to help people with schizophrenia function more effectively in their communities, because most people with schizophrenia often interfere with normal cognitive functioning. Rehabilitation programs can include vocational counseling, job training, money management counseling, assistance in learning to use public transportation, and opportunities to practice social and workplace communication skills.

4- Cognitive behavioral therapy

It is usual for patients with symptoms that persist even when they take medications, so it teaches people with schizophrenia how to test the reality of their thoughts and perception, how to not listen to their voices, this treatment appears to be effective in reducing the severity of symptoms and decreasing the risk of relapse.

Nursing care

1. Clients with hallucinations or delusions

- Do not focus on hallucinations or delusions. Do not interrupt the client by initiating interaction with hallucinations one-on-one based on reality.
- Tell them that you do not agree with the perception of the client, but provide validation that you believe that the hallucinations are real to the client.
- Do not argue with the client about the hallucinations or delusions.
- Respond to the feelings that the client communicated at the time he was having hallucinations or delusions.
- Divert and focus the client on a structured activity or task-based reality.
- Move the client to a more quiet, less stimulating environment.
- Wait until the client does not have hallucinations or delusions before starting the counseling session about it.
- Explain that hallucinations or delusions are symptoms of psychiatric disorders.
- Say that the anxiety or increased stimulus from the environment can stimulate the onset of hallucinations.

- Help clients control the hallucinations by focusing on the reality and take medication as prescribed.
- If hallucinations persist, Help clients to ignore it and keep acting remedy properly despite an hallucination.
- Teach a variety of cognitive strategies and tell the client to use conversations themselves ("the voices that makes no sense") and the cessation of mind ("I will not think about it")

2. Clients with behavioral agitation and potential violence

- Observation of the early signs of agitation; do intervention before she started expressing an unconscious behavior.
- Provide a safe and quiet environment; reduce the stimulus when the client is experiencing agitation.
- Do not reply to the client when the client said rudely; use a calm tone of voice. Give your personal space and avoid physical contact.
- Encourage clients to talk about, and not vent his feelings.
- Isolate the client from the client when the social environment agitation increased.
- Set boundaries of unacceptable behavior and consistently follow institutional protocol remedy to take action.
- Follow institutional protocol to deal with clients who express an unconscious behavior.
- Ensure that all staff members in place while trying to defuse violence by clients. and provide a safe environment.

Related disorders

1. ***Schizophreniform disorder***: The client exhibits the symptoms of schizophrenia but for less than the 6 months necessary to meet the diagnostic criteria for schizophrenia. Social or occupational functioning may or may not be impaired.
2. ***Schizoaffective disorder***: The client exhibits the symptoms of psychosis and, at the same time, all the features of a mood disorder, either depression or mania.
3. ***Delusional disorder***: The client has one or more non bizarre delusions—that is, the focus of the delusion is believable. Psychosocial functioning is not markedly impaired, and behavior is not obviously odd or bizarre.
4. ***Brief psychotic disorder***: The client experiences the sudden onset of at least one psychotic symptom, such as delusions, hallucinations, or disorganized speech or behavior, which lasts from 1 day to 1 month. The episode may or may not have an identifiable stressor or may follow childbirth.
5. ***Shared psychotic disorder*** : Two people share a similar delusion. The person with this diagnosis develops this delusion in the context of a close relationship with someone who has psychotic delusions.