

Psychology

Sheet

Schizophrenia

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**التبييض باللون الاخضر

introduction

فصام مش نفسه الانفصام

- The word schizophrenia is derived from the Greek words skhizo (split) and phren (mind). It is not multiple personalities
- Schizophrenia is probably caused by a combination of factor:

No single cause and no single tretment

- Genetic predisposition .1
- Biochemical dysfunction .2 dopamine level
- Physiological factors .3
- Psychosocial stress .4

- There is not now and may never be a single treatment that cures schizophrenia.
- Schizophrenia requires treatment that is comprehensive and presented in a multidisciplinary effort .
- Of all mental illnesses, schizophrenia probably causes more:

- Lengthy hospitalizations .1
- Chaos in family life .2
- Exorbitant costs to people and governments .3
- Fears .4

- Risk for suicide is a major concern.
 - About one-third of people with schizophrenia attempt suicide and about 1 in 10 die from the act.

international classification of diseases (ICD) is a globally used medical classification used in epidemiology

DSM 5 we use it now

Nature of the Disorder

- **Psychosis** alteration in thought ,perception and mood
 - A severe mental condition in which there is disorganization of the personality, deterioration in social functioning, and loss of contact with, or distortion of, reality
 - May be evidence of hallucinations and delusional thinking
 - Can occur with or without organic impairment
- **Schizophrenia causes disturbances in**
 - Thought processes
 - Perception
 - Affect
- With schizophrenia, there is a severe deterioration of social and occupational functioning.
- In the United States, the lifetime prevalence of schizophrenia is about 1 percent

But must have biochemical dysfunction

Antipsychotics 2 drugs : atypical and typical ,

Typical is first generation act directly on dopamine have side effect

Extrapyramidal syndrome.

، في الشخص الطبيعي الدوبامين وACh متوازنين،

عند مريض الفصام نسبة الدوبامين عالية وعند إعطاه antipsychotice بصير

أقل منACh فبالتالي تظهر عنده أعراض parkinism

مشان هيك المريض يلتزم بأخذ

Antipsychotice مع antichlinergic

- **Schizophrenia may be viewed in four phases:**
 - 1• **The premorbid phase**
 - 2• **The prodromal phase**
 - 3• **The active psychotic phase (acute schizophrenic episode)**
 - 4• **The residual phase**

may be reversible in phase 1,2
but phase 3 no

Phase I-Pre morbid Phase

- **Personality and behavior indicators:**

1. **Shy and withdrawn**
2. **Poor peer relationships**
3. **Poor school performance**
4. **Antisocial behavior**

- **Current research is focused on the premorbid phase to identify potential biomarkers and at-risk individuals in an effort to prevent transition to illness or provide early intervention.**

At this phase, patient needs psychotherapy more than drugs

Phase II-Prodromal Phase

▪ Personality and behavior indicators :

- Significant deterioration in function
- 50 percent have depressive symptoms problem in mood
- Social withdrawal
- Cognitive impairment
- Obsessive-compulsive behavior

Phase III-Active Psychotic Phase

schizophrenia phase

▪ Personality and behavior indicators :

- Psychotic symptoms are typically prominent.
- Delusions
- Hallucinations
- Disorganized speech and behavior
- Decreased level of functioning in work, personal relationships, or self-care

more positive symptoms

Phase IV-Residual Phase

- **Personality and behavior indicators :**

- Active psychotic phase symptoms are either absent or no longer prominent.

- Positive symptoms may remain.

- Flat affect and impairment in role functioning are common.

More negative symptom

- Current research indicates that negative symptoms can improve over time; residual impairment often increases with additional episodes of active psychosis.

Medical card

Name _____ Date of birth _____

Gender _____

Address _____

Date of call _____

Prognosis

▪ A return to full premorbid functioning is not common.

• Factors associated with a positive prognosis include:

- Good premorbid functioning
- Later age at onset
- Female gender
- Abrupt onset precipitated by a stressful event
- Associated mood disturbance
- Brief duration of active-phase symptoms

• **Positive prognosis factors:**

- Minimal residual symptoms
- Absence of structural brain abnormalities
- Normal neurological functioning
- Family history of mood disorder
- No family history of schizophrenia

Predisposing Factors

▪ Biological influences

1- Genetics:

– A growing body of knowledge indicates that genetics play an important role in the development of schizophrenia.

- Lifetime risk in population studies (1%)
- Sibling of identified patient risk (10%)
- Child of identified parent risk (5% to 6%)

2- Biochemical influences

– One theory suggests that schizophrenia may be caused by an excess of dopamine activity in the brain.

– Abnormalities in other neurotransmitters have also been suggested.

3- Physiological influences

– Factors that have been implicated include:

- **Viral infection** When pregnant, a risk factor occurs to fetus

- **Anatomical abnormalitie** In chambers of brain or ventricles

▪ Psychological factors

• These theories no longer hold credibility. Researchers now focus their studies of schizophrenia as a brain disorder.

• Psychosocial theories probably developed early on out of a lack of information related to a biological connection.

▪ Environmental influences

• Sociocultural factors

- Poverty has been linked with the development of schizophrenia.

• Stressful life events may be associated with exacerbation of schizophrenic symptoms and increased rates of relapse.

• Studies of genetic vulnerability for schizophrenia have linked certain genes to increased risk for psychosis and particularly for adolescents who use cannabinoids.

Other Schizophrenia Spectrum and Psychotic Disorders

▪ Delusional disorder

- Erotomanic type
- Grandiose type
- Jealous type
- Persecutory type
- Somatic type
- Mixed type

▪ **Brief psychotic disorder**

- Sudden onset of symptoms.
- May or may not be preceded by a severe psychosocial stressor.
- Lasts less than 1 month.

▪ **Substance-induced psychotic disorder**

- The presence of prominent hallucinations and delusions that are judged to be directly attributable to substance intoxication or withdrawal.

▪ **Psychotic disorder associated with another medical condition**

- Prominent hallucinations and delusions are directly attributable to a general medical condition.

▪ **Catatonic disorder due to another medical condition**

- Metabolic disorders (e.g., hepatic encephalopathy, diabetic ketoacidosis, hypo- and hyperthyroidism, hypo- and hyperadrenalism, hypercalcemia, and vitamin B12 deficiency).
- Neurological conditions (e.g., epilepsy, tumors, cerebrovascular disease, head trauma, and encephalitis)

▪ **Schizophreniform disorder**

- Same symptoms as schizophrenia with the exception that the duration of the disorder has been at least 1 month but less than 6 months

▪ **Schizoaffective disorder**

- Schizophrenic symptoms accompanied by a strong element of symptomatology associated with either mania or depression.

Schizophrenia with mood disorders

symptomatology

Symptoms that were not present and acquired

▪ **Positive symptoms:**

• **Disturbances in thought content**

- **Delusions: False personal beliefs**
- **Paranoia: Extreme suspiciousness of others**
- **Magical thinking: Ideas that one's thoughts or behaviors have control over specific situations**

▪ **Disturbances in thought processes manifested in speech:**

- **Loose associations: Shift of ideas from one unrelated topic to another.**
- **Neologisms: Made-up words that have meaning only to the person who invents them.**
- **Clang associations: Choice of words is governed by sound.**
- **Word salad: Group of words put together in a random fashion.**
- **Circumstantiality: Delay in reaching the point of a communication because of unnecessary and tedious details.**

-**Tangentiality:** Inability to get to the point of communication due to introduction of many new topics.

loop / go back to same point

-**Perseveration:** Persistent repetition of the same word or idea in response to different questions.

- **Echolalia:** Echolalia refers to repeating words or phrases spoken by another.

▪ **Disturbances in perception**

• **Hallucinations may involve any of the five senses:**

– **Auditory**

– **Visual**

– **Tactile**

– **Gustatory**

– **Olfactory**

• **Illusions are misperceptions or misinterpretations of real external stimuli.**

• **Echopraxia imitates movements made by others.**

he had something to lose

▪ **Negative symptoms**

- **Disturbances in affect: Feeling state or emotional tone.**
 - **Inappropriate affect: Emotions are incongruent with the circumstances**
 - **Bland: Weak emotional tone**
 - **Flat: Appears to be void of emotional tone**
- **Avolition: Inability to initiate goal-directed activity.**
- **Lack of interest or skills in interpersonal interaction**
- **Lack of insight**
- **Anergia**
- **Lack of abstract thinking ability**
- **Associated features**
 - **Waxy flexibility**
 - **Posturing** **catatonia**
 - **Pacing and rocking**
 - **Regression**
 - **Eye movement abnormalities**

■ Outcome criteria

• The patient:

- Demonstrates an ability to relate satisfactorily to others.
- Recognizes distortions of reality.
- Has not harmed self or others.
- Perceives self realistically.
- Demonstrates the ability to perceive the environment correctly.
- Maintains anxiety at a manageable level.
- Relinquishes the need for delusions and hallucinations.
- Demonstrates the ability to trust others.
- Uses appropriate verbal communication in interactions with others.
- Performs self-care activities independently.

Treatment Modalities

▪ Psychological treatments

- Individual psychotherapy One to one
- Group therapy A group of patients with a psychiatrist
- Family therapy Have most role
- Behavior therapy

▪ Psychopharmacological treatment

• Antipsychotics

– Used to decrease agitation and psychotic symptoms of schizophrenia and other psychotic disorders.

• Indications

– Antipsychotic medications are used in the treatment of schizophrenia and other psychotic disorders.

• Action

Dopaminergic blockers

Antipsychotics

Decrease dopamine

▪ Side effects

- Anticholinergic effects Extrapiramidal symptome
- Nausea, gastrointestinal upset
- Skin rash
- Sedation Given before bedtime
- Orthostatic hypotension
- Photosensitivity
- Hypersalivation
- Weight gain atypical druge
- Agranulocytosis risk to infection (decrease in WBC)
- Extrapiramidal symptoms

▪ Extrapyramidal symptoms (EPS)

- Pseudoparkinsonism
- Akinesia (the inability to perform a clinically perceivable movement.)
- Akathisia (inability to remain still)
- Dystonia (person's muscles contract uncontrollably)
- Oculogyric crisis (the involuntary upward deviation of both eyes due to spasms and increased tone in the extraocular muscles)
- Antiparkinsonian agents may be prescribed to counteract EPS. anticholinergic druge

اللَّهُمَّ عُدْنَا بِثَغْرِ تَحَبِّهِ وَتَرْضَاهُ..

واصنع نفوسنا حتى تكون لك وحدك، واصقل بالإيمان قلوبنا، وبالإخلاص مسارنا، وارزقنا قلبًا لا ينام، وروحًا لا تضام، ونفسًا تتعلق بالسَّماء، وعُمَرًا يُقضى في سبيلك، ووقتًا يُغرس لدينك، وارزقنا حياةً في رضاك، وموتًا يترك خلفه ألف ظلٍّ وقلبٍ ورسالة.