

## Schizophrenia and Schizophrenia Spectrum Disorders

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## Epidemiology

- Lifetime prevalence of schizophrenia is 1%
- No difference related to
  - 1
  - 2
  - 3



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## Comorbidity



- Substance abuse disorders
  - 1.
- Anxiety, depression, and suicide
- Physical health or illness
- Polydipsia



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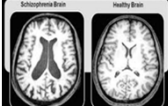
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## Etiology

- Biological factors
  - 1
- Neurobiological
  - 1
  - 2
- Brain structure abnormalities

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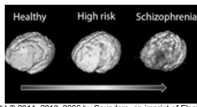
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## Etiology (Cont.)

- Psychological and environmental factors
  - 1
  - 2
  - 3

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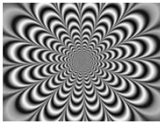

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## Course of the Disorder

- Prodromal
- Responses to treatment

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## Phases of Schizophrenia

- Phase I – Acute
  - Onset or exacerbation of symptoms
- Phase II – Stabilization
  - Symptoms diminishing
  - Movement toward previous level of functioning
- Phase III – Maintenance
  - At or near baseline functioning



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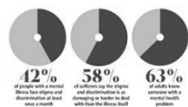
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## Assessment

- During the pre-psychotic phase
- General assessment
  - Positive symptoms
  - Negative symptoms
  - Cognitive symptoms
  - Affective symptoms



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## Positive Symptoms

- Alterations in thinking
  - Delusions...
  - Concrete thinking...



SCHIZOPHRENIA  
**NOT**  
WHAT YOU  
I AG E

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## Positive Symptoms (Cont.)

- Alterations in speech – Associative looseness
  - Clang associations
  - Word salad
  - Neologisms
  - Echolalia



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## Positive Symptoms (Cont.)

- Other disorders of thought or speech
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7



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## Positive Symptoms (Cont.)

- Other disorders of thought or speech (cont.)
  - 1. Alogia
  - 2. Flight of ideas
  - 3. Thought blocking
  - 4. Thought insertion
  - 5. Thought deletion
  - 6. Thought broadcasting



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## Positive Symptoms (Cont.)

- Alterations in perception
  - Depersonalization
  - Derealization
  - Hallucinations
    - 1
    - 2
    - 3
    - 4
    - 5

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## Positive Symptoms (Cont.)

### Alterations in Behavior

- Catatonia
- Motor retardation
- Motor agitation
- Stereotyped behaviors
- Waxy flexibility
- Echopraxia
- Negativism
- Impaired impulse control
- Gesturing or posturing
- Boundary impairment

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## Negative Symptoms

- Affect
  - 1
  - 2
  - 3
  - 4

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## Cognitive Symptoms

- Difficulty with
  - Attention
  - Memory
  - Information processing
  - Cognitive flexibility
  - Executive functions

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## Affective Symptoms

- Assessment for depression is crucial
  - May herald impending relapse
  - Increases substance abuse
  - Increases suicide risk
  - Further impairs functioning

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## Question 1

A patient with schizophrenia says, “There are worms under my skin eating the hair follicles.”  
How would you classify this assessment finding?

- A. Positive symptom
- B. Negative symptom
- C. Cognitive symptom
- D. Depressive symptom

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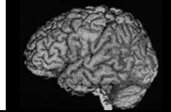
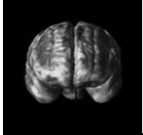
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## Assessment Guidelines

1. Any medical problems
2. Abuse of or dependence on alcohol or drugs
3. Risk to self or others
4. Command hallucinations




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## Case Study

- You believe that the young man you are admitting to your unit is suffering from command hallucinations.
- What would be some questions to ask him?



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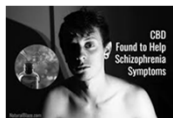
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## Assessment Guidelines (Cont.)

5. Delusions
6. Suicide risk
7. Ability to ensure self-safety
8. Medications



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### Assessment Guidelines (Cont.)

- 9. Mental status examination
- 10. Patient's insight into illness
- 11. Family's knowledge of patient's illness and symptoms



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### Potential Nursing Diagnoses

- Positive symptoms
  - Disturbed sensory perception
  - Risk for self-directed or other-directed violence
  - Impaired verbal communication
- Negative symptoms
  - Social isolation
  - Chronic low self-esteem



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### Outcomes Identification

- Phase I – Acute
  - 1
- Phase II – Stabilization
  - 1
  - 2
  - 3
- Phase III – Maintenance
  - 1
  - 2
  - 3



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## Case Study (Cont.)

- After an acute admission, discharge is being planned for this patient.
- What are some things that need to be considered?



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## Planning

- Phase I – Acute
  - Best strategies to ensure patient safety and provide symptom stabilization
- Phase II – Stabilization
- Phase III – Maintenance
  - Provide patient and family education
  - Relapse prevention skills are vital



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## Interventions

- Acute Phase
  - Psychiatric, medical, and neurological evaluation
  - Psychopharmacological treatment
  - Support, psychoeducation, and guidance
  - Supervision and limit setting in the milieu
  - Monitor fluid intake



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## Interventions (Cont.)

- Stabilization and Maintenance Phases
  - Medication administration/adherence
  - Relationships with trusted care providers
  - Community-based therapeutic services



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## Interventions (Cont.)

- Counseling and communication techniques
  - Hallucinations
  - Delusions
  - Associative looseness
  - Health teaching and health promotion



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## Psychobiological Interventions

- Antipsychotic medications
  - First-generation
  - Second-generation
  - Third-generation



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## First-Generation Antipsychotics

- Dopamine antagonists ( $D_2$  receptor antagonists)
- Target positive symptoms of schizophrenia
- Advantage
  - 1
  - 2
- Disadvantages
  - 1
  - 2
  - 3
  - 4



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## Second-Generation Antipsychotics

- Treat both positive and negative symptoms
- Minimal to no (EPS) or tardive dyskinesia
- Disadvantages?
  - 1.
  - 2.
  - 3.



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## Third-Generation Antipsychotic

- Aripiprazole (Abilify)
- Dopamine system stabilizer
- Improves...
- Little risk of...



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## Potentially Dangerous Responses to Antipsychotics

- Anticholinergic toxicity
- Neuroleptic malignant syndrome (NMS)
- Agranulocytosis



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## Adjuncts to Antipsychotic Drug Therapy

- Antidepressants
- Mood stabilizing agents



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## Advanced Practice Interventions

- Individual and group therapy
- Psychoeducation
- Medication prescription and monitoring
- Basic health assessment
- Cognitive remediation
- Family therapy



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### Audience Response Questions

1. Loose associations in a person with schizophrenia indicate
  - A. paranoia.
  - B. mood instability.
  - C. depersonalization.
  - D. poorly organized thinking.

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### Audience Response Questions

2. Which assessment finding represents a negative symptom of schizophrenia?
  - A. Apathy
  - B. Delusion
  - C. Motor tic
  - D. Hallucination

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