Schizophrenic disorders 1

Dr. Ali K. Al-Juboori Ph D. Psych. Nursing

- Schizophrenia: is a disabling major mental disorder characterized a distortions in thinking, perceiving, and expressing feelings.
- A group of psychotic reactions that affect multiple areas of an individual's functions, including thinking and communicating, perceiving and interpreting reality, feeling and demonstrating emotions and behaving in a socially acceptable manner.

- According to the criteria identified by DSM-IV TR the disturbance last for at least 6 months and includes at least 1 month of active phase symptoms involving two or more of the following:
- A. delusions
- **B.** hallucinations
- C. disorganized speech
- D. catatonic behavior

Other definitive criteria must also be met:

- A. Social and occupational dysfunction.
- B. Schizoaffective disorders and mood disorder with psychotic features.
- The disorder is not caused by the physiologic effect of a substance or general medical condition.

- The average age of onset for men is between 18 and 25 for women, bet. 25 and med-30s.
- The course of schizophrenia is variable and remissions may occur: some client recover completely, whereas others have a chronic unremitting disorder.

Common symptoms of schizohrenia

"Positive"	"Negative" Symptoms
Symptoms	
Delusions	Social withdrawal
Hallucinations	Apathy
Illusios	Emotional unresponsiveness
Disorganized thinking	Anhedonia.
Agitation	Poverty of speech.
Bizarre behaviors	Poor personal hygein.

Characteristics of positive symptoms

Are added behavior that are not normally seen in mentally healthy adults.

- Doesn't mean good.
- Acute onset
- Normal premorbid functioning
- Normal social functioning during remission

Characteristics of positive symptoms

- Normal computerized tomogram (CT) scan
- Normal neuropsychological test results
- Favorable response to antipsychotic medications
- Appear early in illness
- Often precipitate hospitalization
- Alterations in thinking, perceiving and behavior

Characteristics of negative symptoms

Are the absence of behaviors that are normally seen in mentally healthy adults.

- Doesn't mean bad
- Insidious onset
- Premorbid history of emotional problems

Characteristics of negative symptoms

- Chronic deterioration
- Demonstration of atrophy on CT scan
- Abnormalities on neuro-psychological testing
- Poor response to antipsychotic medications

Types of schizophrenia

Paranoid schizophrenia:

Is characterized by systematized delusions or auditory hallucinations: the individual may be suspicious, argumentative, hostile, and aggressive.

- the behavior is less regressive with this type, and he is not as socially impaired.
- Dominant: auditory hallucinations and delusions of persecution or grandeur.

Paranoid schizophrenia:

- Having a grandiose delusional thought content and auditory hallucinations.
- Unfocused anxiety, anger, argumentativeness, and violence.
- prognosis is best for occupational functioning and independent living than that of other type.

Disorganized schizophrenia

- Involves disorganized speech and behaviors as well as flat or inappropriate affect.
- a. he individual may exhibit extreme social withdrawal, or neglect hygiene and appearance.
- b. onset usually occurs before age 25, and the course may be chronic.

Disorganized schizophrenia

- c. The individual demonstrate regressive behavior, with poor social interaction and poor reality contact and poor Prognosis.
- d. may have hypochondrial complaints
- e. Inability to perform ADL

Catatonic schizophrenia

- Is characterized by marked psychomotor disturbances which my involve immobility or excessive activity.
- A. catatonic stupor: inactivity, negativism, and waxy flexibility (abnormal posturing).
- B. catatonic excitement: involve extreme agitation and may be accompanies by echolalia and echopraxia.

Catatonic schizophrenia

- In general:
 - Inability to take care of personal needs
 - Diminished sensitivity to painful stimuli
 - Excessive, senseless, and or incoherent shouting or talking.
 - Motor immobility, waxy flexibility

Residual schizophrenia

Is identified by the current absence of acute symptoms but a history of past episodes: negative symptoms (marked social isolation, withdrawal, and impaired role functioning may be present.

Residual schizophrenia

- Has a previous history of at least one episode of schizophrenia with prominent psychotic symptoms and continues to suffer from two or more symptoms such as: inappropriate affect, social withdrawal.
- Negative symptoms, present for many years
- Prognosis poor

Undifferentiated

The essential features are delusions, hallucinations, incoherent speech and disorganized behaviors; this classification is used when criteria for other types are not met.

- No one clinical presentation dominates has a variety of all types.
- Prognosis fair.