Schizophrenia

5 Marks

1.) Different types of Schizophrenia

There are 5 types of schizophrenia, each based on the kind of symptoms the person has at the time of assessment.

1. Paranoid Schizophrenia :-

- It is characterized by delusions and auditory hallucinations but ~~normal~~ relatively normal intellectual functioning and expression of affect
- The delusions can often be about being persecuted ~~unfairly or being~~ by a person or an organization or feeling harrased or treated unfairly.
- people with paranoid type of schizophrenia can exhibit anger, aloofness, anxiety and argumentativeness

2) Disorganized schizophrenia :-

It is characterized by speech and behaviour that are disorganized or difficult to understand. and flattering or inappropriate emotions.

People ~~c~~ this disorganized type of schizophrenia may laugh inappropriately for no apparent reason.

Their disorganised behaviour may disrupt normal activities, such as showering, dressing, and preparing meals.

3) Catatonic schizophrenia

It is characterized by disturbances of movement. people ~~c~~ catatonic type of schizophrenia may keep themselves completely immobile or move all over the place.

They may not say anything for hours, or they may repeat anything you say or do senselessly.

This behaviour is putting these people at high risk because it impairs their ability to take care of themselves.

4) Undifferentiated schizophrenia

It is characterised by episodes of 2 or more of the following symptoms. — ~~dddd~~ delusions
hallusinations
disorganized speech or behaviour
negative symptoms.

but not enough for the individual to diagnosis as paranoid disorganised (or catatonic type of Schizophrenia

5) Residual schizophrenia

It is characterised by a past history of atleast one episode of schizophrenia but the pt currently has no positive symptoms - (delusions, hallucinations)

It may represent a transition blw a full-blown episode and complete remission, or it may continue for yrs tout any further psychotic episodes.

7) Extra pyramidal side effects

Dystonia
Akathisia
pseudoparkinsonism

Tardive Dyskinesia.

Dystonia →

- are prolonged tonic muscle contractions
- occurs intially & in 24-96 hrs of dosage initiation or dosage increase.
- theyes are life threatening.
  (eg - pharyngeal - laryngeal dystonia)
- some other are - trismus
  glossospasm
  tongue protrusion
  blepharospasm
  retrocollis.

- usually occur ↳ first generation antipsychotic drugs.

Treatment

→ IM/IV anticholinergics / benziodiazepines

diazepam → 5-10 mg slow IV push

lorazepam → 1-2 mg IM

→ Antihistamine

diphenhydramine → 50mg/day IM/IV

→ prophylactic anticholinergic medications are used when using high potency FGA

→ Dystonia can be minimized by using lower doses of FGA's and by using SGA's instead of FGA's

5) Akathisia

It is defined as the inability to sit still and as being functionally motor restless.

Symptoms → subjective complaints → feeling of inner restlessness

objective symptoms → pacing, shifting, shuffling or tapping feet

- occur in the pt's treated ε high-potency FGA's.
- frequently accompained by dysphoria

Treatment -
- Reduction in antipsychotic drug dose
- switch to SGA
- BZD may be used. but not in the pt's history of sobstance use.
- propranolol - 160 mg/day
  nadolol - 80 mg/day
  metoprolol - 100 mg/day
  } reported to be effective

3) Pseudoparkinsonism

Produced by D_2 blockade in the nigrostriatum resembles idiopathic parkinson's disease.

Symptoms:- any four of Cardinal symptoms
- Akinesia
- brady kinesia
- Mask like facial expression.
- Micrographia
- slowed speech
- Used arm swing.
- Tremor
- Rigidity.
- postural abnormalities.

Risk factor → FGA's
Use age
female gender.

Accessory symptoms:- seborrhea
Sialorrhea
fatigue
weakness
dysphagia

Treatment → Benztropine → 1-2mg/day OD

→ diphenhydramine → 50 mg/day 3time
→ biperiden → 2mg/day 3time

→ Amantidine is

4) Tardive Dyskinesia

characterised by abnormal involuntary movements occoring τ chronic Antipsychotic therapy.

Symptoms :- buccolingual-masticatory
oro facial movements

facial movement → frequent blinking
brow arching
upward deviation of the eyes.
lip smacking.

Treatment

- Dosage reduction (or) discontinuation reduce the symptoms.

- use SGA's as first line agents.
- discontinue antipsychotic or switch to SGA's at the earliest symptoms of TD
- switching to Clozapine is a first line strategy in pts ℰ moderate to severe TD.

4) Non pharmacological therapy

- Psychosocial rehabilitation programs oriented toward improving patient's adaptive functioning
- These programs include the
  - Case management
  - Psychoeducation
  - targeted Cognitive therapy
  - base living skills
  - Social skills training.
  - basic education.
  - work programs
  - supported housing and financial support.
- Programs that involve the families in the care and life of the patient have been shown to use re-hospitalization and improve functioning in the community.

- Active community treatment are available on a 24-hrs basis and work in the pt's home and place of employement

to provide comprehensive treatment. including daily living skills and supported employment and housing.

- Comprehensive care is needed with coordination of services across psychiatric, addiction, medical, social and rehabilitative services.

- Cognitive behavioral therapy can help.

Psychotherapeutic approaches to the treatment of schizophrenia

Individual

Supportive / Counseling
personal therapy
social skills therapies
vocational sheltered/employment
empl
Rehabilitation therapies

Group

Interactive / socid.

Cognitive Behavioral

Cognitive behavioral therapy
Compliance therapy.

5) **Initial treatment in a acute psychotic episode**

Goals during the first 7 days of treatment should be
→ decreased - agitation
- hostility
- combativeness
- anxiety
- tension &
- aggressions &
→ normalization of sleep and eating patterns

Recommendation:-
to Initiate therapy and to titrate dose over the first few days to an average effective dose depends upon pt's physiologic status or history.

→ Adverse effects that may be produced by the treatment should be taken into consideration.
because strong α1 antagonism resulting in risk of hypotension, thus Clozapine should be titrated more slowly than other antipsychotics.

→ due to ↑ed sensitivity to side effects, particularly EPS, in first-episode psychotic pt's, typical dosing ranges are approximately 50% of the doses used in chronically ill individuals.

- If cheeking of medication is suspected, liquid formulations and orally disintegrating tablets of different antipsychotics are available.

- If no improvement was found in the pt condition after 2-4 weeks then an alternative antipsychotic should be considered.

FGA's	starting dose	usual dosage range
Chlorpromazine	150mg/day	300-1000 mg/day
Haloperidol.	2-5mg/day	8-80 mg/day.
loxapine	20 mg/day	50-150 mg/day
Trifluoperazine	2-5 mg/day	5-40 mg/day.
SGA's		
Clozapine	25 mg/day	100-800 mg/day
lurasidone	20-40 mg/day	40-120 mg/day
olanzapine	5-10 mg/day	10-20 mg/day
Risperidone	1-2 mg/day	2-8 mg/day.