

**LESSON PLAN**  
**ON**  
**NEUROTIC DISORDER**

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**ICON.**

## **NEUROTIC DISORDER**

<b>NAME OF THE TEACHER</b>	:	<b>Mrs. Jayanthi K, Assoc. Prof, Dept. of MHN</b>
<b>COLLEGE</b>	:	<b>Indirani College of Nursing</b>
<b>COURSE</b>	:	<b>B.Sc. (N) III YEAR</b>
<b>SUBJECT</b>	:	<b>Mental Health Nursing</b>
<b>TOPIC</b>	:	<b>Neurotic Disorder</b>
<b>DATE AND TIME</b>	:	
<b>METHOD OF TEACHING</b>	:	<b>Lecture cum Discussion</b>
<b>DURATION</b>	:	<b>4 Hours</b>
<b>AV AIDS</b>	:	<b>Black Board, Roller Board, Chart, Hand Out, PowerPoint.</b>

## **GENERAL OBJECTIVES**

At the end of teaching students will gain in-depth knowledge on neurotic disorder and develop desirable attitude towards it in applying this knowledge skillfully in their day to day practice.

## **SPECIFIC OBJECTIVES**

At the end of the class students will able to

- Introduce neurotic disorder
- define neurotic disorder
- list the classification of neurotic disorder
- explain phobic anxiety disorder
- discuss other anxiety disorder
- enumerate obsessive compulsive disorder.

S.N	Time	Specific Objectives	Content	Teachers Activity	Learnig Activity	AV Aids	Evaluation
1	10 mins	Introduce Neurotic disorder	<p><b>INTRODUCTION</b></p> <p>Neurotic, stress-related, and somatoform disorders have common historical origin with the concept of neurosis and association of a substantial proportion of these disorders with psychological causation. About one fourth of the population in developed countries will suffer from neurotic disorders during its lifetime course.</p>	Introduce the topic	Listen	Black Board	Introduce about Neurotic disorder
2	5 mins	Define Neurotic Disorder	<p><b>DEFINITION</b></p> <p>Neurotic disorder are characterized by anxiety, depression, or other feelings of unhappiness or distress that are out of proportion to the circumstances of a person's life.</p>	Define	Listen	Roller Board	Define about Neurotic disorder

3	25 mins	List down the ICD 10 classification	<p><b>ICD10 CLASSIFICATION</b>  Neurotic, Stress-Related and Somatoform Disorders (F40-F48)</p> <ul style="list-style-type: none"> <li>✓ F40 Phobic anxiety disorders</li> <li>✓ F41 Other anxiety disorders</li> <li>✓ F42 Obsessive-compulsive disorder</li> <li>✓ F43 Reaction to severe stress, and adjustment disorders</li> <li>✓ F44 Dissociative [conversion] disorders</li> <li>✓ F45 Somatoform disorders</li> <li>✓ F48 Other neurotic disorders</li> </ul>	List	Listen	Chart	List down the ICD 10 classification
4	60 mins	Explain Phobic anxiety disorder	<p><b>PHOBIC ANXIETY DISORDER</b></p> <p>A phobia is an unreasonable fear of a specific object ,activity or situation  In phobic anxiety disorder the individual experiences intermittent anxiety which arises in particular circumstances, ie in response to phobic object or situation  irrational fear is characterized by the following features:</p> <ul style="list-style-type: none"> <li>• It is disproportionate to the circumstances that precipitate it.</li> <li>• It cannot be dealt with by reasoning or controlled through will power.</li> <li>• The individual avoids the feared object or situation.</li> </ul>	Explain	Asks Doubts	Power Point	Explain about Phobic anxiety disorder

**COURSE**

- common in women
- onset is sudden
- course is usually chronic

**ICD 10 CLASSIFICATION**

- ✓ F40.0 – Agoraphobia
- ✓ F40.1 – Social Phobia
- ✓ F40.2 – Specific Phobia
- ✓ F40.8 – Other Phobic Anxiety Disorders
- ✓ F40.9 - Phobic Anxiety Disorder, Unspecified

**ETIOLOGY**

➤ **Psychodynamic theory**

According to this theory, anxiety is usually dealt with repression  
In phobia, this secondary defence mechanism is displacement. By displacement anxiety is transferred from a really dangerous or frightening object to a neutral object

➤ **Learning theory**

According to classical conditioning a stressful stimulus produces an unconditioned response fear. When the stressful stimulus is repeatedly paired with a harmless object, eventually the harmless object alone produces the fear, which is now a conditioned response

➤ **Cognitive theory**

Anxiety is the product of faulty cognitions or anxiety-inducing self-instructions

**SIGNS AND SYMPTOMS**

- irrational or persistent fear of object or situation
- immediate anxiety in contact with feared object or situation
- loss of control, fainting, or panic response
- avoidance of activities involving feared stimulus
- anxiety when thinking about stimulus
- worry with anticipatory anxiety
- impaired social or work functioning

**DIAGNOSIS**

- ICD 10
- History

**TREATMENT**

**Pharmacotherapy**

- Benzodiazepines (e.g. alprazolam, clonazepam, lorazepam, diazepam)
- Antidepressants (e.g. imipramine, sertraline, phenelzine)

**Behaviortherapy**

- Flooding

		<ul style="list-style-type: none"> <li>• Systematic desensitization <ul style="list-style-type: none"> <li>• Exposure and response prevention</li> <li>• Relaxation techniques</li> </ul> </li> </ul> <p><b>Cognitive therapy</b> This therapy is used to break the anxiety patterns in phobic disorders.</p> <p><b>Psychotherapy</b> Supportive psychotherapy is a helpful adjunct to behavior therapy and drug treatment.</p> <p><b>NURSING MANAGEMENT</b> Assessment parameters focus on physical symptoms, precipitating factors, avoidance behavior associated with phobia, Nursing interventions to reduce anxious behavior (a) Reassure the patient that he is safe. (b) Explore patient's perception Of the threat to physical integrity or threat to self-concept. (c) Include patient in making decisions related to selection of alternative coping strategies(e.g.patient may choose either to avoid the phobic stimulus or attempt to eliminate the fear associated with it.) (d) If the patient elects to work on eliminating the fear ,techniques of desensitization or implosion therapy may be employed. (e) Encourage patient to explore underlying feelings that may be contributing to irrational fears.</p>				
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5	60 mins	Discuss other anxiety disorder	<p><b>OTHER ANXIETY DISORDERS</b></p> <p><b>ICD – 10 CLASSIFICATION</b></p> <p>F41.0 – Panic disorder</p> <p>F41.1 - Generalized anxiety disorder</p> <p>F41.2 – Mixed anxiety and depressive disorder</p> <p>F41.3 – Other specified anxiety disorder</p> <p><b>Panic disorder</b></p> <ul style="list-style-type: none"> <li>⊙ Panic disorder is characterized by anxiety, which is intermittent and unrelated to particular circumstances (unlike phobic anxiety disorders where, though anxiety is intermittent, it occurs only in particular situations)</li> <li>⊙ The central feature is the occurrence of panic attacks, i.e. sudden attacks of anxiety in which physical symptoms predominate and are accompanied by fear of a serious consequence such as a heart attack</li> </ul> <p><b>COURSE</b></p> <ul style="list-style-type: none"> <li>⊙ Course is chronic</li> <li>⊙ Sudden onset and episodic</li> </ul>	Expalin	Ask doubts	Handout	Discuss about other anxiety disorder
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		<p><b>CLINICAL FEATURES</b></p> <p>Shortness of breath and smothering sensations Choking, chest discomfort or pain, Palpitations Sweating, dizziness, unsteady feelings or faintness Nausea or abdominal discomfort Depersonalization or derealization Numbness or tingling sensations Flushes or chills Trembling or shaking</p> <p><b>GENERALIZED ANXIETY DISORDER</b></p> <p>Generalized anxiety disorders are those in which anxiety is unvarying and persistent (unlike phobic anxiety disorders where anxiety is intermittent and occurs only in the presence of a particular stimulus).</p> <p><b>COURSE</b></p> <ul style="list-style-type: none"><li>• Insidious onset</li><li>• Course is chronic</li></ul> <p><b>Clinical Features</b></p> <ul style="list-style-type: none"><li>⊙ Motor tension, autonomic hyperactivity, apprehension and vigilance,</li><li>⊙ Physical: Dry mouth, epigastric discomfort, diarrhoea, overbreathing, dyspnea, palpitations, frequency or urgent micturition, tremor, dizziness, headache, insomnia, night terror</li><li>⊙ Other symptoms: Depression, obsessions, depersonalization, derealization.</li></ul>				
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## **ETIOLOGY**

**Genetic theory:** Anxiety disorder is most frequent among relatives of patients with this condition. About 15 to 20% of the first-degree relatives of patients with anxiety disorder exhibit anxiety disorders themselves.

The concordance rate in monozygotic twins of patients with panic disorder is 80 percent.

- **Biochemical factors:** Alteration in GABA levels may lead to production of clinical anxiety

- **Psychodynamic theory:** According to this theory anxiety is usually dealt with repression. When repression fails to function adequately, other secondary defense mechanisms of ego come into action. In anxiety repression fails to function adequately and the secondary defense mechanisms are not activated. Hence anxiety comes to the forefront.

**Behavioral theory:** Anxiety is viewed as an unconditional inherent response of the organism to a painful stimulus.

- **Cognitive theory:** According to this theory anxiety is related to cognitive distortions and negative automatic thoughts

		<p><b>TREATMENT</b></p> <p><b>Pharmacotherapy</b></p> <ul style="list-style-type: none"><li>• Benzodiazepines (e.g. alprazolam, clonazepam)</li><li>• Antidepressants for panic disorder</li><li>• Betablockers to control severe palpitations that have not responded to anxiolytics (e.g. propranolol)</li></ul> <p>Behavioral therapies</p> <ul style="list-style-type: none"><li>• Bio-feedback</li><li>• Hyperventilation control</li></ul> <p>Other psychological therapies</p> <ul style="list-style-type: none"><li>• Jacobson's progressive muscle relaxation technique, yoga, pranayama, meditation and self-hypnosis</li><li>• Supportive psychotherapy</li></ul> <p><b>Nursing Management</b></p> <p>Nursing Assessment</p> <p>-Assessment should focus on collection of physical, psychological and social data. -The nurse should be particularly aware of the fact that major physical symptoms are often associated with autonomic nervous system stimulation. Specific symptoms should be noted, along with statements made by the client about subjective distress. The nurse must use clinical judgment to determine the level of anxiety being experienced by the client</p>				
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6	60mins	Enumerate Obsessive Compulsive Disorder	<p><b>OBSESSIVE-COMPULSIVE DISORDER</b></p> <p>DEFINITION</p> <p><b>obsession</b> An idea, impulse or image which intrudes into the conscious awareness repeatedly.</p> <p><b>compulsion</b> A form of behaviour which usually follows obsessions</p> <p>ETIOLOGY</p> <p><b>Psychodynamic Theory</b> Sigmund Freud found obsessions and phobias to be psychogenetically related. This theory can be explained in a flow diagram Isolation of Affect: By this defense mechanism, ego removes the affect (isolates the affect) from the anxiety-causing idea. The idea is thus weakened, but remains still in the consciousness.</p> <p><b>Behavioural Theory</b> The behavioural theory explains obsessions as conditioned stimuli to anxiety (similar to phobias). Compulsions have been described as learned behaviour which decrease the anxiety associated with obsessions</p>	Explain	Listen	Pamphlets	Explain about Obsessive Compulsive Disorder
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**Biological Theories**

Obsessive compulsive symptoms can occur secondary to many illnesses such as von Economo's encephalitis, basal ganglia lesions, Gilles de la Tourette syndrome, and hypo thalamic and third ventricle lesions.

**CLASSIFICATION**

**ICD-10 classifies OCD** into three clinical sub types:

F42.0 – Predominantly obsessive thoughts or ruminations

F42.1 – Predominantly compulsive acts

F42.2 – Mixed obsessional thoughts and acts

F42.8 – Other obsessive compulsive disorders

F42.9 – Obsessive compulsive disorder, unspecified

**CLINICAL FEATURES**

**Obsessional thoughts** These are words, ideas and , beliefs that intrude forcibly into the patient's mind

**Obsessional images** These are vividly imagined scenes, often of a violent or disgusting kind involving abnormal sexual practices

**Obsessional ruminations** These involve internal debates in which arguments for and against even the simplest everyday actions are reviewed endlessly

**Obsessional doubts** These may concern actions that may not have been completed adequately

**Obsessional impulses** These are urges to perform acts usually of a violent or embarrassing kind, such as injuring a child, shouting in church etc

**Obsessional rituals** These may include both mental activities such as counting repeatedly in a special way or repeating a certain form of words, and repeated but senseless behaviors such as washing hands 20 or more times a day

**Obsessive slowness:** Severe obsessive ideas or extensive compulsive rituals characterize obsessional slowness in the relative absence of manifested anxiety.  
This leads to marked slowness in daily activities

**SIGNS AND SYMPTOMS**

- Recurrent unwanted thoughts
- Repetitive acts, impulses or rituals
- Recognition that thoughts are produced in his or her mind
- Lack of concentration
- Impaired social or or functioning

			<p><b>TREATMENT</b></p> <p><b>Psychotherapy</b></p> <p>1. Psychoanalytic psychotherapy is used in certain selected patients, who are psycho logically oriented.</p> <p>2. Supportive psychotherapy is an important adjunct to other modes of treatment. Supportive psychotherapy is also needed by the family members.</p> <ul style="list-style-type: none"><li>• Cognitive Behaviour Therapy</li><li>• Thought-stopping (and its modifications).<ul style="list-style-type: none"><li>ii. Response prevention.</li><li>iii. Systematic desensitisation.</li><li>iv. Modelling</li></ul></li></ul> <p><b>Drug Treatment</b></p> <p>1. Benzodiazepines</p> <p>2. Antidepressants</p> <p>3. Antipsychotics</p> <p>4. Buspirone</p> <p><b>Electroconvulsive Therapy</b></p> <p><b>Psychosurgery</b></p>				
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7	10 mins	Summarize the topic	<p><b>NURSING MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>☉ Nurse should focus on collection of physical, psychological and social data.</li> <li>☉ The nurse should be particularly aware of the fact that major physical symptoms are often associated with autonomic nervous system stimulation.</li> <li>☉ Specific symptoms should be noted, along with statements made by the client about subjective distress.</li> <li>☉ The nurse must use clinical judgment to determine the level of anxiety being experienced by the client.</li> </ul> <p><b>SUMMARY</b> So far we have discussed about the meaning of neurotic disorder, its classification, types, etiology, symptoms and treatment modalities.</p>	Summary	Listen	OHP	Summarize the topic
8	10 mins	Conclude the topic	<p><b>CONCLUSION</b> I hope, you all gained adequate knowledge regarding neurotic disorder &amp; able to care the patient with same condition in future.</p>	Conclude	Listen	Black Board	Conclude the topic

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## **BIBLIOGRAPHY:**

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