

LESSON PLAN
ON
SCHIZOPHRENIA

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ICON.

SCHIZOPHRENIA

NAME OF THE TEACHER : **Mrs. Jayanthi K, Assoc. Prof, Dept. of MHN**

COLLEGE : **Indirani College of Nursing**

COURSE : **B.Sc. (N) III YEAR**

SUBJECT : **Mental Health Nursing**

TOPIC : **Schizophrenia**

DATE AND TIME :

METHOD OF TEACHING : **Lecture cum Discussion**

DURATION : **5 Hour**

AV AIDS : **Black Board, Roller Board, Chart, Hand Out, PowerPoint.**

GENERAL OBJECTIVE:

The students will be able to acquire adequate knowledge about Schizophrenia and develop a desirable attitude and skill in identifying Schizophrenia and giving care for the patient.

SPECIFIC OBJECTIVE:

At the end of the class the students will be able to,

- ❖ introduce about schizophrenia
- ❖ define schizophrenia
- ❖ identify the schizophrenia under ICD 10
- ❖ specify the epidemiological factors of schizophrenia
- ❖ explain the types of schizophrenia
- ❖ explain the causes of schizophrenia
- ❖ describe about clinical features of schizophrenia
- ❖ list the assessment tools for schizophrenia
- ❖ mention the treatment and psychotherapy used for schizophrenia

S.No	Time	Specific Objective	Content	Type of Av Aids Used	Teachers Activity	Learners Activity	Evaluation
1.	5 mins	Introduce about Schizophrenia	The term schizophrenia was coined in 1908 by the Swiss psychiatrist Eugen Bleuler . The word was derived from the Greek “skhizo” (split) and “phren” (mind). Over the years, much debate has surrounded the concept of schizophrenia. Various definitions of the disorder have evolved, and numerous treatment strategies have been proposed, but none have proven to be uniformly effective or sufficient.	Black Board	Teaching	Learning	Introduce about Schizophrenia
2.	5 mins	Define Schizophrenia	DEFINITION Schizophrenia is a psychotic condition characterized by a disturbance in thinking, emotions, volitions and faculties in the presence of clear consciousness, which usually leads to social withdrawal.	Roller chart	Teaching	Learning	What is meant by schizophrenia?
3.	20 mins	Identify the Schizophrenia under ICD 10	<u>SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS CLASSIFICATION [ICD-10]</u>	OHP	Teaching	Learning	Classify about ICD classification of Schizophrenia?

			F20- F29 Schizophrenia F20.0 – Paranoid F20.1 – Hebephrenic F20.2 – Catatonic F20.3 – Undifferentiated F20.4 - Post Schizophrenic F20.5 – Residual F20.6 – Simple F21 - Schizotypal Disorder F22- Persistent Delusional Disorder F23- Acute And Transient Psychotic Disorder F24- Induced Delusional Disorder F25- Schizoaffective Disorder				
4	15 mins	Specify the epidemiological factors of Schizophrenia	Schizophrenia is the most common of all psychiatric disorders and is prevalent in all cultures across the world. About 15% of new admissions in hospitals are schizophrenic patients. <ul style="list-style-type: none"> • 3 to 4 / 1000 people in community • Equal for men and women [1 : 1] • Men - 15 to 25 yrs • women - 25 to 35 yrs • Low socio-economic groups In 2016 <ul style="list-style-type: none"> ▪ Prevalence - 1% ▪ Incidence - 1.5 / 10,000 ▪ Men than women [1.4 : 1] 	Power Point	Teaching	Learning	Explain about epidemiological factors of Schizophrenia ?

5	45 mins	Explain the types of schizophrenia	<p><u>TYPES OF SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS</u></p> <p><i>1. DISORGANIZED SCHIZOPHRENIA OR HEBEPHRENIC SCHIZOPHRENIA.</i></p> <p>Onset of symptoms is usually before age 25, and the course is commonly chronic.</p> <p>Behavior is markedly</p> <ul style="list-style-type: none"> • Regressive and primitive. • Contact with reality is extremely poor. • Affect is flat or grossly inappropriate, often with periods of illness and incongruous giggling. • Facial grimaces and bizarre mannerisms are common, and communication is consistently incoherent. • Personal appearance is generally neglected, and social impairment is extreme. <p>2. CATATONIC SCHIZOPHRENIA</p> <p>Catatonic schizophrenia is characterized by marked abnormalities in motor behavior and may be manifested in the form of Stupor or excitement.</p> <p>a. Catatonic stupor is characterized by extreme psychomotor retardation. Mutism, Waxy flexibility.</p> <p>b. Catatonic excitement is manifested by a state of extreme psychomotor agitation.</p>	Power Point	Teaching	Learning	Describe about the types of schizophrenia ?
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		<p>3. PARANOID SCHIZOPHRENIA</p> <ul style="list-style-type: none">• Paranoid schizophrenia is characterized mainly by the presence of delusions of persecution or grandeur and auditory hallucinations related to a single theme.• The individual is often tense, suspicious, and guarded, and may be argumentative, hostile, and aggressive. <p>Onset of symptoms is usually later (perhaps in the late 20s or 30s)</p> <p>Behavior changes like</p> <ul style="list-style-type: none">• Less regression of mental faculties, emotional response, and behavior is seen than in the other subtypes of schizophrenia.• Social impairment may be minimal, and there is some evidence that prognosis, particularly with regard to occupational functioning and capacity for independent living, is promising. <p>3. UNDIFFERENTIATED SCHIZOPHRENIA</p> <ul style="list-style-type: none">• Sometimes clients with schizophrenic symptoms do not meet the criteria for any of the subtypes, or they may meet the criteria for more than one subtype.• These individuals may be given the diagnosis of undifferentiated schizophrenia.				
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		<ul style="list-style-type: none">• The behavior is clearly psychotic; that is, there is evidence of delusions, hallucinations, incoherence, and bizarre behavior.• However, the symptoms cannot be easily classified into any of the previously listed diagnostic categories. <p>4. RESIDUAL SCHIZOPHRENIA</p> <ul style="list-style-type: none">• This diagnostic category is used when the individual has a history of at least one previous episode of schizophrenia with prominent psychotic symptoms.• Residual schizophrenia occurs in an individual who has a chronic form of the disease and is the stage that follows an acute episode (prominent delusions, hallucinations, incoherence, bizarre behavior, and violence).• In the residual stage, there is continuing evidence of the illness, although there are no prominent psychotic symptoms.• Residual symptoms may include social isolation, eccentric behavior, impairment in personal hygiene and grooming, blunted or inappropriate affect, poverty of or overly elaborate speech, illogical thinking, or apathy.				
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			<p>5. SCHIZO AFFECTIVE DISORDER</p> <ul style="list-style-type: none"> • This disorder is manifested by schizophrenic behaviors, with a strong element of symptomatology associated with the mood disorders (depression or mania). • The client may appear depressed, with psychomotor retardation and suicidal ideation, or symptoms may include euphoria, grandiosity, and hyperactivity. • For example, in addition to the dysfunctional mood, the individual exhibits bizarre delusions, prominent hallucinations, incoherent speech, catatonic behavior, or blunted or inappropriate affect. • The prognosis for schizoaffective disorder is generally better than that for other schizophrenic disorders but worse than that for mood disorders alone. 				
6.	45 mins	Explain the causes of schizophrenia	<p>1. Genetic Factors</p> <ul style="list-style-type: none"> • The disease is more common among people born of consanguineous marriages. Studies show that relatives of schizophrenics have a much higher probability of developing the disease than the general population. The prevalence rate among family members of schizophrenics is as follows: • Children with one schizophrenic parent: 	Power Point	Teaching	Learning	List out the causes of schizophrenia ?

			<p>12%</p> <ul style="list-style-type: none"> • Children with both schizophrenic parents: 40% • Siblings of schizophrenic patient: 8% • Second-degree relatives: 5-6% • Dizygotic twins of schizophrenic patients: 12% • Monozygotic twins of schizophrenic patients: 47% <p>2. <i>Stress-Diathesis Model</i></p> <ul style="list-style-type: none"> • According to the stress-diathesis model for the integration of biological, psychosocial and environmental factors, a person may have a specific vulnerability (diathesis) that, when acted on by a stressful influence, allows the symptoms of schizophrenia to develop. • In the most general stress-diathesis model, the diathesis or the stress can be biological, environmental or both. • The environmental component again can be either biological (e.g. an infection) or psychological (e.g. stressful family situation). • The biological basis of a diathesis can be further shaped by epigenetic influences such as substance abuse, 				
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psychosocial stress and trauma.

3. *Biochemical Factors*

a. *Dopamine hypotheses:*

This theory suggests that an excess of dopamine-dependent neuronal activity in the brain may cause schizophrenia.

b. *Other biochemical hypotheses:*

- Various other biochemical's have been implicated in the predisposition to schizophrenia.
- These include abnormalities in the neurotransmitters norepinephrine, serotonin, acetylcholine and gamma-aminobutyric acid (GABA), and neuroregulators such as prostaglandins and endorphins.

4. *Psychological Factors*

Family relationships act as major influence in the development of illness:

a. *Mother-child relationship:* Early theorists characterized

the mothers of schizophrenics as cold, over-protective, and domineering, thus retarding the ego development of the child.

b. *Dysfunctional family system:*

Hostility between parents can lead to a schizophrenic daughter (marital skew and schism).

			<p><i>c. Double-bind communication (Bateson et al, 1956):</i></p> <p>Parents convey two or more conflicting and incompatible messages at the same time.</p> <p>5. Social Factors</p> <p>Studies have shown that schizophrenia is more prevalent in areas of high social mobility and disorganization, especially among members of very low social classes. Stressful life events also can precipitate the disease in predisposed individuals.</p>				
7	45mins	Describe about clinical features of schizophrenia	<p>CLINICAL FEATURES</p> <p>Bleuler's 4 A's</p> <ul style="list-style-type: none"> ➤ Affective disturbance ➤ Autistic thinking ➤ Ambivalence ➤ Associative looseness <p>Schneider's First-Rank Symptoms of Schizophrenia (SFRS)</p> <p>Kurt Schneider proposed the first rank symptoms of schizophrenia in 1959. The presence of even one of these symptoms is considered to be strongly suggestive of schizophrenia. They include:</p> <ul style="list-style-type: none"> • Hearing one's thoughts spoken aloud (audible thoughts or thought echo). • Hallucinatory voices in the form of statement and reply (the patient hears 	Power Point	Teaching	Learning	Elaborate about clinical features of schizophrenia ?

voices discussing him in the third person)

- Thought withdrawal
- Thought insertion
- Thought broadcasting

THOUGHT AND SPEECH DISORDER

- Autistic thinking
- Thought blocking
- Neologism
- Poverty of speech
- Poverty of ideation
- Echolalia
- Verbigeration

DISORDERS OF PERCEPTION

- Auditory hallucinations (described under SFRS).
- Visual hallucinations may sometimes occur along with auditory hallucinations; tactile, gustatory and olfactory types are far less common.

DISORDERS OF AFFECT

These include apathy, emotional blunting, emotional shallowness, anhedonia and Inappropriate emotional response. The incapacity of the patient to establish emotional contact leads to lack of rapport with the examiner.

DISORDERS OF MOTOR BEHAVIOR

There can be either an increase or a decrease in psychomotor activity. Mannerisms, grimacing, stereotypes, decreased self-care and poor grooming are common features.

OTHER FEATURES

- Impaired social relationship
- Loss of ego boundaries
- Loss of insight
- Poor judgment
- Suicide

POSITIVE AND NEGATIVE SYMPTOMS

POSITIVE SYMPTOMS	NEGATIVE SYMPTOMS
<p>CONTENT OF THOUGHT</p> <ul style="list-style-type: none"> ▪ Delusions ▪ Religiosity ▪ Paranoia ▪ Magical thinking 	<p>AFFECT</p> <ul style="list-style-type: none"> ▪ Inappropriate affect ▪ Bland or flat affect ▪ Apathy <p>VOLITION</p> <ul style="list-style-type: none"> ▪ Inability to initiate goal-directed activity
<p>FORM OF THOUGHT</p> <ul style="list-style-type: none"> ▪ Associative looseness ▪ Neologisms 	<p>EMOTIONAL AMBIVALENCE</p> <p>IMPAIRED</p>

			<ul style="list-style-type: none"> ▪ Clang associations ▪ Word salad ▪ Circumstantiality ▪ Tangentiality ▪ Mutism ▪ Perseveration <p>PERCEPTION</p> <ul style="list-style-type: none"> ▪ Hallucinations ▪ Illusions <p>SENSE OF SELF</p> <ul style="list-style-type: none"> ▪ Echolalia ▪ Echopraxia ▪ Identification and Imitation ▪ Depersonalization 	<p>INTERPERSONAL FUNCTIONING AND RELATIONSHIP TO THE EXTERNAL WORLD</p> <ul style="list-style-type: none"> ▪ Autism ▪ Deteriorated appearance <p>PSYCHOMOTOR BEHAVIOR</p> <ul style="list-style-type: none"> ▪ Anergia ▪ Waxy flexibility <p>ASSOCIATED FEATURES</p> <ul style="list-style-type: none"> ▪ Anhedonia ▪ Regression 				
8	25 mins	List the assessment tools for schizophrenia	<p><u>DIAGNOSTIC EVALUATION</u></p> <ul style="list-style-type: none"> ➤ History collection ➤ Mental status examination ➤ Blood test ➤ CT Scan and MRI 	Power Point	Teaching	Learning	Elaborate about clinical features of schizophrenia ?	
9	45 mins	Mention the treatment and psychotherapy used for eating	<p>TREATMENT</p> <p>1. PHARMACOLOGICAL MANAGEMENT</p> <p>a. Conventional (Typical) Antipsychotics</p>	Power Point	Teaching	Learning	Explain about treatment and psychotherapy for schizophrenia ?	

		disorders	<p>The typical antipsychotics work by blocking postsynaptic dopamine receptors in the basal ganglia, hypothalamus, limbic system, brainstem, and medulla. They also demonstrate varying affinity for cholinergic, alpha-adrenergic, and histaminic receptors.</p> <p>Eg: Haloperidol</p> <ul style="list-style-type: none"> ▪ PO ; 5 – 100 mg/day ▪ IM ; 5- 20 mg/day <p>Trifluoperazine</p> <ul style="list-style-type: none"> ▪ PO ; 15 -60 mg/day ▪ IM ; 1- 5 mg /day <p>chlorpromazine</p> <ul style="list-style-type: none"> ➤ PO ; 300 – 1500 mg/day ➤ IM; 50 -100 mg/day <p>Fluphenazine decanoate</p> <ul style="list-style-type: none"> ➤ IM ; 25 – 50 mg every 1 to 3 weeks <p>b. Atypical antipsychotics</p> <p>The atypical antipsychotics are weaker dopamine receptor antagonists than the conventional antipsychotics, but are more potent antagonists of the serotonin type 2A receptors. They also exhibit antagonism for cholinergic, histaminic, and adrenergic receptors.</p> <p>Eg:</p> <ul style="list-style-type: none"> ➤ Clozapine ; 25 to 450 mg/day po ➤ Risperidone ; 2 to 10 mg/day po 				
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- Olanzapine ; 10 to 20 mg/day po
- Quetiapine ; 150 to 750 mg / day po
- Ziprasidone ; 20 to 80 mg/day po

2. PSYCHOLOGICAL TREATMENTS

- a. Individual Psychotherapy
- b. Group Therapy
- c. Behavior Therapy
- d. Social Skills Training

3. SOCIAL TREATMENT

- a. **Milieu Therapy**
- b. **Family Therapy**
- c. **Assertive Community Treatment**

1. To meet basic needs and enhance quality of life
2. To improve functioning in adult social and employment roles
3. To enhance an individual's ability to live independently in his or her own community
4. To lessen the family's burden of providing care
5. To lessen or eliminate the debilitating symptoms of mental illness
6. To minimize or prevent recurrent acute episodes of the illness

4. ECT

Indications for ECT in schizophrenia include:

- Catatonic stupor

- Uncontrolled catatonic excitement
- Severe side effects with drugs
- Usually 8 to 12 ECTs are needed

5. NURSING MANAGEMENT

a. ASSESSMENT

- In the first step of the nursing process, the nurse gathers a database from which nursing diagnoses are derived and a plan of care is formulated.
- This first step of the nursing process is extremely important because without an accurate assessment, problem identification, objectives of care, and outcome criteria cannot be accurately determined.
- Assessment of the client with schizophrenia may be a complex process, based on information gathered from a number of sources. Clients in an acute episode of their illness are seldom able to make a significant contribution to their history.
- Data may be obtained from family members, if possible; from old records, if available; or from other individuals who have been in a position to report on the progression of the client's behavior.

		<p>THE ASSESSMENT MAINLY INCLUDES</p> <ul style="list-style-type: none">▪ Observe behaviour pattern▪ Assess speech pattern▪ Assess self care activity▪ Encourage the patient to express their feelings▪ Note the any recent suicide attempts <p>NURSING DIAGNOSIS</p> <ol style="list-style-type: none">1. Disturbed thought process, related to inability to trust, panic anxiety, possible hereditary or biochemical factors evidenced by delusional thinking, extreme suspiciousness of others.2. Disturbed sensory perception: auditory/visual related to Panic anxiety, extreme loneliness and withdrawal into the self evidenced by Inappropriate responses, disordered thought sequencing, rapid mood swings, poor concentration disorientation.3. Ineffective health maintenance related to inability to trust, extreme suspiciousness evidenced by poor diet intake, inadequate food and fluid intake.4. Self care deficit related to withdrawal, panic anxiety, cognitive impairment evidenced by difficulty in carrying out				
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task associative with hygiene, dressing, grooming, eating.

5. Potential for violence, self directed or at others related to command hallucinations evidenced by self destructive behaviour.

6. Risk for self – inflicted or life-threatening injury related to command hallucinations evidenced by suicidal ideas, attempts.

EVALUATION

In the final step of the nursing process, a reassessment is conducted to determine if the nursing actions have achieved the objectives of care. Evaluation of the nursing actions for the client there are:

- Communication pattern
- Behavior pattern
- Self care activities
- Food pattern
- Taking medications
- Evaluate the side effects of medication

SUMMARY:

Till now I have discussed about the definition, criteria, types, epidemiology, causes, clinical features, assessment methods, treatment and psychotherapy used for schizophrenia.

CONCLUSION:

I hope that you all understand about definition, ICD 10 criteria, types, epidemiology, causes, clinical features, assessment methods, treatment and psychotherapy used for Schizophrenia.

ASSIGNMENT:

Write the nursing process for schizophrenia.

POST EVALUATION:

1. What is schizophrenia?
2. Identify the schizophrenia under ICD 10
3. What are the types of schizophrenia?
4. What are the epidemiological factors of schizophrenia?
5. What are the causes of schizophrenia?
6. Explain about clinical features of schizophrenia?
7. What are the assessment tools for used for schizophrenia?

BIBLIOGRAPHY:

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