• Care of the Patient with a Psychiatric Disorder

• The nurse should have basic understanding of the classifications of human responses and treatments for mental illness.

• It is important for nurses to be able to interact therapeutically with both the physical and emotional aspects of patient care.

• Neurosis
  ▪ Ineffective coping with stress that causes mild interpersonal disorganization
  ▪ Remains oriented to reality but may have some degree of distortion of reality manifested by a strong emotional response to the trigger event

• Psychosis
  ▪ Out of touch with reality and severe personality deterioration, impaired perception and judgment, hallucinations, and delusions

• Organic Mental Disorders

• Delirium
  ▪ A rapid change in consciousness that occurs over a short time
  ▪ Causes
    • Physical illness
      ▪ Fever, heart failure, pneumonia, azotemia, or malnutrition
    • Drug intoxication
    • Anesthesia

• Organic Mental Disorders

• Delirium (continued)
  ▪ Symptoms
    • Reduced awareness and attention to surroundings, disorganized thinking, sensory misinterpretation, and irrelevant speech
    • Disturbed sleep patterns
• Sundowning syndrome: increased disorientation and agitation during the evening and nighttime

  ▪ Treatment
  ▪ Focused on problem causing the imbalance

• Organic Mental Disorders

• Dementia
  ▪ A slow and progressive loss of brain function that is often irreversible
  ▪ Causes
    ▪ Cerebral disease
      ▪ Alzheimer’s (most common type)
      ▪ Vascular dementia
  ▪ Symptoms
    ▪ Impaired memory and judgment
    ▪ Personality changes
    ▪ Decreased cognitive function
    ▪ Impaired orientation

• Organic Mental Disorders

• Dementia (continued)
  ▪ Treatment
    ▪ Medications
      ▪ Agitation: lorazepam, Haldol
      ▪ Dementia: Cognex, Aricept
    ▪ Nutrition
      ▪ Finger foods; frequent feedings
    ▪ Safety
      ▪ Removing burner controls at night
      ▪ Double-locking all doors and windows
      ▪ Constant supervision

• Organic Mental Disorders
• Dementia and Delirium
  ■ Nursing interventions
  • Reality orientation techniques
    ▪ Clock and calendar
    ▪ Curtains open and lights on during the day
    ▪ Calm supportive approach
  • Decreased sensory stimuli
    ▪ No crowds
    ▪ One instruction at a time; keep it simple

• Organic Mental Disorders

• Dementia and Delirium (continued)
  ■ Nursing interventions (continued)
  • Provide for safety
    ▪ Bed in low position
    ▪ Side rails up
    ▪ Rails in hallways
    ▪ Chair and bed alarms
    ▪ Call light and personal articles in reach
    ▪ Sufficient night light

• Organic Mental Disorders

• Dementia and Delirium (continued)
  ■ Nursing interventions (continued)
  • Adequate nutrition
    ▪ Reduce dining distractions: TV.
    ▪ Encourage snacks: finger foods.
    ▪ Monitor weight.
  • Self-care support
    ▪ Assist with ADLs as needed.
    ▪ Encourage mobility and other activities that use large muscle groups.
    ▪ Daily routine should be the same time each day.

• Thought Process Disorders

• Schizophrenia
- Bizarre, non-reality-based thinking

- Causes
  - Brain tissue changes
    - Ventricles of the brain larger than normal
    - Cerebral cortex smaller than normal
  - Excessive dopamine (neurotransmitter)

- Symptoms are individualized but include
  - Hallucination; disordered thinking
  - Apathy and social withdrawal
  - Flat affect; delusions

- schizophrenia

- Thought Process Disorders

- Schizophrenia (continued)
  - Five subtypes
    - Disorganized
    - Paranoid
    - Catatonic
    - Undifferentiated
    - Residual

- Thought Process Disorders

- Schizophrenia (continued)
  - Treatment
    - Psychotherapies
    - Antipsychotic drug therapy
    - Therapeutic relationship
Major Mood Disorders: Depression and Bipolar Disorder

Mood Disorders
- Also known as affective disorders
- Psychotic disorders characterized by
  - Severe and inappropriate emotional responses
  - Prolonged and persistent disturbances of mood and related thought distortions
  - Other symptoms associated with either depressed or manic states

Mood Disorders (continued)
- Cause
  - Hereditary factors
    - Account for about 60% to 80%
  - Biologic
    - May be inherited or environmental factors such as prolonged stress or brain trauma
      - Depression: insufficiency of norepinephrine and serotonin
      - Mania: excess norepinephrine

Mood Disorders (continued)
- Symptoms: Depression
  - Mood disturbance characterized by exaggerated feelings of sadness, despair, lowered self-esteem, loss of interest, and pessimistic thoughts
    - Neglect of appearance, difficulty concentrating, complaints of physical problems, disturbed sleeping or eating patterns, loss of self-esteem, feelings of helplessness, hopelessness, extreme anxiety or panic

Mood Disorders (continued)
- Symptoms: Depression
  - Unipolar
    - Major depression (severe depressive episodes lasting more than 2 years)
  - Dysthymic disorder
    - Daily moderate depression lasting more than 2 years

Mood Disorders (continued)
- **Mania**
  - Persistent abnormal overactivity and an euphoric state
  - Hypomanic
    - When manic symptoms are not severe
  - Bipolar
    - Manic-depressive
  - Cyclothymic
    - Involves repeated mood swings of hypomania and depression

- **Mood Disorders (continued)**
  - **Treatment**
    - Antidepressants
      - Prozac (fluoxetine); Desyrel (trazodone); Elavil (amitriptyline); Effexor (venlafaxine)
    - Lithium
      - Used to treat bipolar disorders
      - Must be monitored closely
    - Electroconvulsive therapy (ECT)
      - May be used when drug therapy is ineffective
    - Psychotherapy

- **Anxiety Disorders**
  - Anxiety is a normal response to stress or a threat.
  - Anxiety is a state of feeling of apprehension, uneasiness, agitation, uncertainty, and fear resulting from the anticipation of some threat or danger.
  - **Signal anxiety**
    - A learned response to an event such as test taking
  - **Free-floating anxiety**
    - Feelings of dread that cannot be identified
  - **Anxiety trait**
    - A learned aspect of personality; anxious reactions to relatively nonstressful events
Anxiety Disorders

Generalized anxiety disorders are characterized by a high degree of anxiety and/or avoidance behavior.

- Panic: Acute, intense, and overwhelming anxiety
- Agoraphobia: High anxiety brought on by possible situation such as people, places, or events
- Obsessive-compulsive disorder: Recurrent, intrusive, and senseless thoughts and behaviors that are performed in response to the obsessive thoughts
- Posttraumatic stress disorder (PTSD): Response to an intense traumatic experience that is beyond normal experience

Treatment

- Panic disorders
  - Educate on the nature of the disorder.
  - Assist to develop better coping mechanisms.
  - Block attacks pharmaceutically.
- Posttraumatic stress disorder
  - Antidepressant or antiseizure medications
  - Cognitive therapy or behavioral therapy
  - Debriefing right after the event

Personality Disorders

Inflexible and maladaptive patterns of behavior or thinking that are associated with significant impairment of functioning.

Characterized by

- Lack of insight, concrete thinking, poor attention, unable to understand consequences of behavior
- Distorted self-perception, either hatred or idealizing of self
- Impaired relationship, projects own feelings onto others, poor impulse control
  - Inflexible behavioral response patterns; cannot handle change

- Personality Disorders
- Abusive personality
- Dependent personality
- Paranoid personality
- Borderline personality
- Antisocial personality

- Sexual Disorders
- “Normal” sexual behavior is difficult to define because of cultural influences, religious institutions, and a society’s laws, all of which affect an individual’s belief of what is acceptable and unacceptable sexual behavior.
  - Adaptive sexual behaviors
    - Occur in private between two consenting adults
    - Satisfying and not forced on each other
  - Maladaptive sexual behaviors
    - Harmful sexual actions to self or others
    - May be performed publicly and sometimes without the other’s consent

- Sexual Disorders

- Sexual Orientation
  - The preference one chooses for his or her sex partner
    - Heterosexual
      - Individuals who express their sexuality with members of the opposite sex
    - Homosexual
      - Individuals who express their sexuality with members of the same sex
• Sexual Disorders

• Sexual Dysfunction
  ▪ A disturbance during sexual response
  ▪ May be psychological or physiological
    • Dyspareunia
      ▪ Painful intercourse
    • Hypoactive sexual desire
    • Premature ejaculation

• Sexual Disorders

• Paraphilias
  ▪ A group of sexually gratifying activities that are not common to the general public and are illegal in some countries, including the United States
    • Pedophilia
      ▪ Fondling and/or other sexual activities with a child by an adult
    • Exhibitionism (flashing)
      ▪ Exposing one’s genitals to unsuspecting people to achieve arousal

• Sexual Disorders

• Paraphilias (continued)
  ▪ Voyeurism
    ▪ Sexual gratification by observing others during intercourse or by viewing another’s genitals
  ▪ Frotteurism
    ▪ Sexual arousal achieved by rubbing against or touching a nonconsenting individual
  ▪ Fetishism
    ▪ Using an object, usually an article of clothing, to attain sexual arousal
    ▪ Usually followed by masturbation

• Sexual Disorders
Paraphilias (continued)

- Transvestic fetishism
  - Wearing clothing of the opposite sex (cross-dressing) to obtain sexual gratification
- Sexual sadism
  - Sexual arousal by inflicting pain or humiliation on another; spanking, stabbing, or strangulation
- Masochism
  - Sexual arousal by receiving mental or physical abuse; punishment necessary to achieve sexual gratification

Sexual Disorders

Gender Identity Disorder

- Conflict of biological sex identity and gender perception
- Person believes he or she was born in the body of the incorrect sex
- Transsexualism
  - A persistent desire to have the body of the opposite sex
  - Biologic sex change
    - Psychological counseling
    - Hormone treatments
    - Major surgical procedures; not reversible

Sexual Disorders

Therapeutic Interventions

- Intervention depends on the type or disorder.
- Most are treated on an outpatient basis.
- Psychosexual problems can be complex and require the skill of specially educated physicians, nurses, or therapists.
- Nurses need to be aware of their own attitudes and values about sexual behavior.
  - Be careful of nonverbal messages.
  - Quality of nursing judgment and care must not be affected.

Psychophysiologic Disorders
• Psychosomatic illness
  ▪ Physical disorder brought on by a psychological trigger
    ▪ Implication is that “it’s all in your head.”
    ▪ Physical signs of emotional distress are very real.
  ▪ Psychophysical illness
    ▪ More recent term
    ▪ Stress-related problems that can result in physical signs and symptoms

• Psychophysiologic Disorders

• Somatization
  ▪ This disorder is characterized by recurrent, multiple, physical complaints and symptoms for which there is no organic cause.
  ▪ An individual’s feelings, needs, and conflicts are manifested physiologically.
  ▪ Diagnosis is made by ruling out any possible physical causes of dysfunctions, any drug or other toxic substance reaction, or mental health problems.
  ▪ It may be referred to as Briquet’s syndrome.

• Eating Disorders

• Anorexia Nervosa
  ▪ Severe form of self-starvation that can lead to death
  ▪ Occurs predominantly in adolescent girls of above-average intelligence
  ▪ Intense fear of obesity, bizarre attitudes toward food, and a disturbed self-image
  ▪ Not about food; about self-control and willpower

• anorexia

• Eating Disorders

• Anorexia Nervosa (continued)
  ▪ Nursing interventions
    ▪ Develop a trusting relationship.
    ▪ Promote better nutrition.
• Stress-free meal time
• Frequent small meals
  • Set limits to decrease manipulation and procrastination behavior.
  • Encourage to express feelings.
  • Offer unconditional acceptance of both negative and positive feelings expressed.

Eating Disorders

Bulimia Nervosa
- Closely related to anorexia nervosa
- Episodes of overeating followed by purging
  • Induced vomiting, laxatives, diuretics, fasting, vigorous exercise
- Occurs primarily in white females of high-school age, middle- to upper-class and well-educated
  • Low self-esteem; lack of control
  • Guilt; anxiety; depression
  • Physical signs: hoarseness and esophagitis, dental erosion, palate lacerations, weakness or fatigue, electrolyte imbalance

Eating Disorders

Anorexia Nervosa and Bulimia Nervosa
- Treatment
  • Behavior modification
  • Individual psychotherapy
  • Family therapy
  • Psychopharmacology
    • Fluoxetine (Prozac)
    • Sertraline (Zoloft)

Overview of Treatment Methods

Communication and Therapeutic Relationship
- Psychotherapy
• Behavior therapy
• Cognitive therapy
• Group therapy
• Play therapy
• Hypnosis
• Psychoanalysis
• Adjunctive therapies

Overview of Treatment Methods

Electroconvulsive Therapy (ECT)

- Treatment for depression, mania, or schizophrenia disorders that do not respond to other treatments
- A very small amount of electrical current required to trigger a tonic-clonic (grand mal) seizure
- Temporary memory loss
  - Last a few hours to a few days
- Confusion
  - Lasts a few hours

Overview of Treatment Methods

ECT (continued)

- Nursing Interventions
  - Pre-ECT
    - Informed consent; NPO for 8 hours
    - Baseline vital signs; void prior to treatment
    - All jewelry, glasses, contacts, dentures, and hairpins removed
    - IV line inserted; pre-ECT medications given
  - Post-ECT
    - Frequent vital signs; warm bath
    - Constant supervision due to confusion

Psychopharmacology

Antidepressants
- Selective serotonin reuptake inhibitors (SSRIs)
  - Fluoxetine (Prozac), sertraline (Zoloft), venlafaxine (Effexor), citalopram (Celexa), paroxetine (Paxil)
    - Serotonin syndrome
      - Potentially life-threatening condition
      - Occurs due to an interaction between SSRI and another serotonergic agent

- Psychopharmacology

- Antidepressants (continued)

  - Tricyclics
    - Amitriptyline (Elavil), amoxapine (Asendin), desipramine HCl (Norpramin), imipramine HCl (Tofranil), nortriptyline HCl (Avnetyl, Pamela)
  - Monoamine oxidase inhibitors (MAOIs)
    - Phenelzine sulfate (Nardil)
    - Tranylcypromine sulfate (Parnate)
  - Triazolopyradines
    - Trazodone (Desyrel)
    - Bupropion (Wellbutrin)

- Psychopharmacology

- Antimanics
  - Stabilizes mood and behavior of a patient with mania
  - Therapeutic blood level required
    - May take 7 to 10 days to achieve
  - Lithium carbonate (Eskalith, Lithobid)
    - Monitor for lithium toxicity
      - Serum level above 1.5 mEq/L
      - Nausea, vomiting, diarrhea, drowsiness, muscle weakness, and ataxia

- Antipsychotics
- Major tranquilizers
- Treatment of schizophrenia, organic mental disorders with psychosis, and the manic phase of bipolar mood disorder
- Provide symptomatic control; not a cure
- Side effects
  - Postural hypotension
  - Sedation
  - Photosensitivity
  - Autonomic reactions

• Psychopharmacology

• Antipsychotics (continued)
  - Side effects
    - Extrapyramidal symptoms
      - Pseudoparkinsonism
      - Akathisia
      - Dystonias
      - Dyskinesia
      - Tardive dyskinesia
    - Treatment of extrapyramidal symptoms
      - Reduce or stop the drug, parenteral diphenhydramine, antiparkinson drugs

• Psychopharmacology

• Antipsychotics (continued)
  - Chlorpromazine (Thorazine)
  - Thioridazine HCl (Mellaril-S)
  - Trifluoperazine HCl (Stelazine)
  - Fluphenazine HCl (Prolixin, Permitil)
  - Perphenazine (Trilafon)
  - Thiothixene (Navane)
• Haloperidol (Haldol)

Psychopharmacology

Antianxiety

■ Minor tranquilizers
■ Help individuals experiencing moderate to severe anxiety
■ Drugs in this category are commonly abused
■ Examples
  • Alprazolam (Xanax)
  • Busipirone (Buspar)
  • Chlordiazepoxide HCl (Librium)
  • Clorazepate dipotassium (Tranxene)
  • Lorazepam (Ativan)
  • Oxazepam (Serax)

Alternative Therapies

Use of natural or herbal medications has gained tremendous popularity.

Control and manufacture of these medications do not fall under the laws of the U.S. Food and Drug Administration.

■ Quality and quantity vary from manufacturer to manufacturer.
■ Claims and clinical studies are not always consistent.

Nurse should ask about the use of herbs when obtaining drug history.

Alternative Therapies

Examples

■ St. John’s wort (*Hypericum*)
  • Used for mild depression
■ Kava (*Piper methysticum*)
  • Used in treating anxiety and insomnia
■ Ginkgo and ginseng
- Used to improve memory and boost energy
  - Aromatherapy
    - Used to enhance or potentiate another remedy