



## AMALA COLLEGE OF NURSING AQAR (2022-2023)



### CRITERION 2 – TEACHING- LEARNING AND EVALUATION

#### Key Indicator 2.3 – Teaching- Learning Process

Metric No. 2.3.1. - Student-centric methods are used for enhancing learning experiences by:

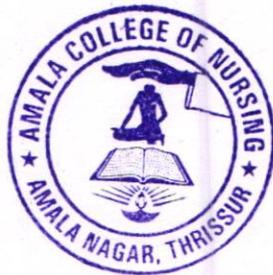
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## Concept mapping

# CONCEPT MAPPING OF SCHIZOPHRENIA



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# SCHIZOPHRENIA

## ETIOLOGY

- I. Biological theories**
- Genetic theory - Individuals with first degree relation who has schizophrenia has 10% chance of developing disorder
  - Twin studies: Monozygotic twins have more chance.
  - Biochemical theory
    - Dopamine hypothesis - Increased dopamine
    - Glutamate hypothesis - Increased glutamate
    - Serotonin hypothesis - Increased serotonin
  - Neurodevelopmental model - Brain lesions
  - neurostructural model - atrophy of brain
  - environmental model - perinatal risk factors.
- II. Psycho dynamic theory.**
- stress diathesis model.
  - family theories
    - family system theory
    - Refrigerator mother theory
    - marital schism and marital skew.
  - developmental theories.
  - social factors.

## CLINICAL MANIFESTATION

- ⇒ **Bleuler's four A's**
  - Affective disturbances, Autistic thinking
  - Ambivalence, Associative loosening.
- ⇒ **Kurt Schneider's First rank symptoms**
  - \* - Thought echo, 3rd person hallucination
  - commanding hallucination, thought withdrawal
  - Thought insertion, thought broadcast
  - delusional perception, somatic passivity
  - made volition, made acts, made feelings
- ⇒ **second rank symptoms**
  - other disorders of perception, thought disorder
  - mood, affect etc.
- ⇒ **Positive and negative symptoms**
  - ⊙ **positive**: Delusion, hallucination, excitement, aggressive hostility, suspicious, suicidal tendency
  - ⊙ **negative**: affective blunting, Avolition, Anhedonia, Alogia.

## DEFINITION

Schizophrenia is a psychotic condition characterized by disturbances in thinking, emotions, volition and faculties in the presence of clear consciousness, which usually leads to social withdrawal.

## CLASSIFICATION (ICD-10)

- F20-F29 - Schizophrenia, schizotypal and delusional disorders
- F20 - Schizophrenia
  - F20.0 - paranoid schizophrenia
  - F20.1 - Hebephrenic schizophrenia
  - F20.2 - catatonic schizophrenia
  - F20.3 - undifferentiated schizophrenia
  - F20.4 - post-schizophrenic depression
  - F20.5 - Residual schizophrenia
  - F20.6 - Simple schizophrenia
- F21 - schizotypal disorder

## PHASES

- **prodromal phase**: period of time from first changes in a person, occurs until he/she develop full blown psychosis -
- **Acute episode / Active phase**: Acute episodes of psychosis typically feature one or many positive and negative symptoms
- **Residual phase**: patient is returned to normal and age functions

## DIAGNOSIS

- History collection
- clinical observation
- Mental status examination
- ICD-10 criteria
- CT/MRI - Enlarged ventricles, enlarged sulci, on cerebral surface atrophy of cerebellum

## MANAGEMENT

- Pharmacological therapy**
- Antipsychotics (Typical & Atypical), Antidepressants, mood stabilizers, Antiparkinsonian agents, vitamin, Anxiolytics
- Somatic Management**
- Electroconvulsive therapy
- Psychological management**
- Group therapy, - Behavioural therapy
  - cognitive therapy - Family therapy
  - Rehabilitation
- Nursing management**
- Assessment:
  - Nursing diagnosis
  - ⊙ Disturbed body process - related to panic anxiety, possible hereditary or biochemical factors.
  - ⊙ Ineffective health maintenance related to inability to trust, extreme suspiciousness.
  - ⊙ self care deficit related to, withdrawal, depression, panic anxiety
  - ⊙ potential for violence, self directed or at others
  - ⊙ Risk for self inflicted life.



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