Chapter 17

Drugs for Psychoses

Psychoses

- Delusions
- Hallucinations
- Illusions
- Paranoia

Classifications of Psychoses

- Acute episode
- Chronic episode

Factors Attributed to Development of Psychoses

- Genetic
- Neurological
- Environmental

Behaviors That Characterize Schizophrenia

- Abnormal thoughts and thought processes
- Disordered communication
- Withdrawal from other people and outside environment
- Severe depression
- High risk for suicide

Schizophrenia

- Most common psychotic disorder
- Manifests in men aged 15 to 24 years
- Manifests in women aged 25 to 34 years
Symptoms of Schizophrenia

- Hallucinations, delusions, or paranoia
- Strange and irrational behavior
- Severe depression

Symptoms of Schizophrenia (continued)

- Alternating rapidly between extreme hyperactivity and stupor
- Attitude of indifference or detachment toward life activities
- Deterioration of personal hygiene and/or job or academic performance
- Withdrawal from social and interpersonal relationships

Schizophrenia Is

- Characterized by positive and negative symptoms
  - Positive: add on to normal behavior
  - Negative: subtract from normal behavior
- Associated with dopamine type 2 receptor in brain

Schizoaffective Disorder Is Characterized By

- Distorted perceptions
- Hallucinations
- Delusions
- Extreme depression following these symptoms

Conditions That May Mimic the Behaviors of Schizophrenia

- Drug use
- Brain neoplasm
- Infections
- Hemorrhage

Categories of Antipsychotic Drugs

- Conventional antipsychotic
  - Phenothiazines and phenothiazine-like drugs
- Atypical antipsychotic
  - Nonphenothiazines
**Antipsychotic Medications**

- Do not cure schizophrenia
- Are effective as long as the client takes the medication
- Have multiple undesirable side effects
- Selection of appropriate medication related to several factors

**Role of the Nurse**

- Monitor client’s condition
- Give client drug education
- Obtain health history (long-term physical problems)
- Obtain drug history (use of illegal drugs, alcohol, etc.)

**Role of the Nurse (continued)**

- Obtain baseline assessment (liver and kidney function, vision, mental status)
- Monitor for extrapyramidal symptoms, and report to the physician immediately

**Conventional (Typical) Antipsychotics**

- Monitor for decrease of psychotic symptoms, side effects
- Monitor for anticholinergic side effects
- Monitor for alcohol, illegal-drug, caffeine, and nicotine use
- Monitor for cardiovascular changes
- Monitor for seizures and patient’s environment

**Atypical Antipsychotic**

- Monitor RBC and WBC and hematologic side effects
- Observe for side effects and anticholinergic side effects
- Monitor for decrease of psychotic symptoms
- Monitor for alcohol, illegal-drug use, caffeine, nicotine use
- Monitor elderly closely

**Extrapyramidal Symptoms (EPS)**

- Tardive dyskinesia
- Acute dystonias
- Akathisia
- Stood posture, shuffling gait
- Parkinsonism symptoms
**Pharmacology for Nurses: A Pathophysiologic Approach 2nd Ed.**

**Neuroleptic Malignant Syndrome (NMS)**

- Client suffers a toxic reaction to therapeutic doses of antipsychotic drug

**Neuroleptic Malignant Syndrome (continued)**

- Client exhibits
  - Elevated temperature
  - Unstable blood pressure
  - Profuse sweating
  - Dyspnea
  - Muscle rigidity
  - Incontinence

**Phenothiazines**

- **Prototype drug:** phenothiazine chlorpromazine (Thorazine)
  - **Mechanism of action:** blocks positive symptoms of schizophrenia
  - **Primary use:** for severe mental illness
  - **Adverse effects:** acute dystonia, akathisia, Parkinsonism, tardive dyskinesia, anticholinergic effects, sedation, hypotension, sexual dysfunction, and neuroleptic malignant syndrome

**Nonphenothiazines**

- **Prototype drug:** haloperidol (Haldol)
  - **Mechanism of action:** blocking of the dopamine type 2 receptor
  - **Primary use:** severe mental illness
  - **Adverse effects:** identical to that of phenothiazines

**Atypical Antipsychotics**

- **Prototype drug:** clozapine (Clozaril)
  - **Mechanism of action:** block dopamine type 2 receptors, serotonin and alpha-adrenergic receptors
  - **Primary use:** severe mental illness; treats both positive and negative symptoms
  - **Adverse effects:** fewer than those of phenothiazines and nonphenothiazines, but obesity and its risk factors need to be monitored

**Conventional (Typical) Antipsychotic Agents**

- **Phenothiazines**
  - Action blocks positive symptoms
  - Mellari, Serentil, Prolixin
- **Nonphenothiazines**
  - Action same as that of phenothiazines
  - Taractan, Loxitane, Navane
Atypical Antipsychotics

- Treats both the positive and negative symptoms
- Seroquel, Risperdal, Zyprexa

Drug Therapy for Psychoses

- Assessment
  - Monitor client’s condition
  - Obtain health assessment
  - Ascertain past mental illness
  - Obtain information on smoking and use of illegal drugs, alcohol, and caffeine

Drug Therapy for Psychoses (continued)

- Assessment
  - Monitor client’s condition
  - Obtain health assessment
  - Ascertain past mental illness
  - Obtain information on smoking and use of illegal drugs, alcohol, and caffeine

Drug Therapy for Psychoses

- Nursing diagnosis
  - Anxiety related to symptoms of psychosis, side effects of medication
  - Knowledge deficit related to new medication regimen
  - Noncompliance related to lack of understanding and continued use of alcohol and caffeine

Drug Therapy for Psychoses (continued)

- Nursing diagnosis
  - Anxiety related to symptoms of psychosis, side effects of medication
  - Knowledge deficit related to new medication regimen
  - Noncompliance related to lack of understanding and continued use of alcohol and caffeine

Drug Therapy for Psychoses

- Planning
  - Goal is to remain compliant with medication regimen and free of symptoms

Drug Therapy for Psychoses (continued)

- Planning
  - Goal is to remain compliant with medication regimen and free of symptoms

Drug Therapy for Psychoses

- Implementation
  - Encourage compliance with medication regimen
  - Provide additional education

Drug Therapy for Psychoses (continued)

- Implementation
  - Encourage compliance with medication regimen
  - Provide additional education
Drug Therapy for Psychoses (continued)

• Evaluation
  – Client to remain free of symptoms related to psychoses
  – Client to verbalize importance of taking prescribed medications

Phenothiazines

Table 17.1 Phenothiazines

Conventional antipsychotic drugs: nonphenothiazines

Table 17.3 Conventional antipsychotic drugs: nonphenothiazines

Atypical antipsychotic drugs

Table 17.4 Atypical antipsychotic drugs