

Treatment of Psychotic Disorders

History

Moral Treatment

- Law mandates hospitals

Institutionalization

- System demands outweigh resources
- Treatment is neglected

20th Century:

Focus on:

- Warehousing patients
- Custodial care
- Treatment abuses (lobotomy)

Results:

- Social Breakdown Syndrome
- Few returned to society

Treatments:

Lobotomy

Developed by:

- Moniz – prefrontal leukotomy
- Freeman & Watts – transorbital

Side effects:

- 6% chance of death
- Seizures and paralysis

- Concern over civil rights limits its use

Milieu Therapy:

- Maxwell Jones

- Provide a climate of self-respect, responsibility and meaningful activity
- Allows more people to leave the hospital

Token Economy:

- Systematically controlling rewards for behavior
- High rate of success in changing behavior

Concerns:

- Limited research designs
- Ethical and legal concerns
- Symptom cover-up?
- Problems in transferability

Antipsychotic Medication:

Originated from

- Antihistamines
- Anesthesia

First generation antipsychotics:

Delay & Deniker

Neuroleptic drugs

Thorazine, Haldol, Clozaril

Blocked D-2 receptors

Effective in the majority of patients

Eliminated positive symptoms

Discontinuation may lead to relapse

Side Effects include:

Parkinsonian related symptoms

Muscle tremors & rigidity

Dystonia

Akathisia

Reduced action in substantia nigra

Neuroleptic Malignant Syndrome

Potentially fatal

Disrupts autonomic nervous system function

Medication must be stopped

Tardive Dyskinesia

“Late appearing movement disorder”

Involuntary movements

Memory impairment

Early detection is key

Guidelines:

Use lowest dose possible

Discontinue after symptom relief

Problems:

Functional impairments

High relapse rates

Atypical Antipsychotics:

Clozaril, Seroquel

Act on D-1 receptors

Increased effectiveness

Side effects:

Reduced neuroleptic side effects

Agranulocytosis

Psychotherapy:

Goals:

Develop rapport and relationship

Learn about the disorder

Make behavior changes

Improve decision making

Address relationship problems

Insight Therapy

Key is:

Active guidance

Limit setting

Reality testing

Family Therapy

Focus is on changing the family response to the patient

Interventions:

Reduce expressed emotion

Provide psychoeducation

Provide emotional support

Reduces relapse rates

Social Therapy

Multifaceted interventions

Decision making

Social skills

Medication management

Work and housing

Reduces rehospitalization

Community Treatment:

Community Mental Health Act of 1963

Deinstitutionalization

Available Services:

Coordinated care

Treatment focuses on community mental health centers

Especially important for MICAs

Short-term hospitalization

Used when outpatient treatment fails

Results are better than traditional hospitalization

Partial hospitalization

Day treatment centers

Improved outcomes over hospitalization

Halfway houses

Provides a transition into independent living

Staffed with paraprofessionals

Occupational training

Sheltered workshops

Temporary or permanent

Not consistently available

Concerns:

- Poor coordination of services
 - Lack of interagency communication
 - Current emphasis on case management
- Shortage of services
 - Financial barriers
 - Racial barriers
 - Community resistance (NIMBY)

Current Status:

- Many go untreated
- Many return to family with few additional resources
- About 1/3 live in substandard housing
- Many live on the street

NAMI provides:

- Political advocacy
- Resources
- Education

Overall Treatment Outcomes:

- 25% recover completely
- 25% live independently with some impairment
- 50% need continual assistance