

Schizophrenia

- *a Handbook*

Schizophrenia

Schizophrenia is a severe and complex mental disorder, wherein the affected person loses his ability to think, feel or behave in a normal way. The patient perceives a distorted reality and harbors false but firmly held beliefs. He behaves abnormally, acting on these false beliefs and perceptions. Often, he can be disinclined to perform his day to day tasks, or interact with others. This illness affects both men and women. One in hundred persons suffer from this problem. Reasons for this illness can be attributed to social, psychological or physical factors. The cause of the illness is not exactly known.

At the Schizophrenia Research Foundation, outpatient and day care services are offered to help the affected person overcome the problems caused by the illness. The patient is helped to overcome problems in day to day living, in social behaviors and in developing a work habit through rehabilitation techniques. Family members/ care takers get confused not knowing how to manage the problem.

This booklet describes emergency situations that the family could face and provides some guidelines on how to handle the patient during such times.

CRISIS SITUATIONS IN SCHIZOPHERENIA INCLUDE:

1. Patient expresses suicidal thoughts, or attempts to end his life.
2. A recurrence or worsening of symptoms.
3. Patient refuses to take medicines or is irregular with dosages.
4. There are spells of violence and aggression.
5. Patient wanders away from home.
6. Sudden illness or untimely death of care giver occurs.

SUICIDAL THOUGHTS/ATTEMPTS

At times, for some reasons, the patient is compelled to think of ending his or her life. A strong desire leads the person to attempt suicide.

WHY DOES THE PATIENT THINK OR ATTEMPT SUICIDE?

1. He could be hearing voices that urges him to end his life.
2. He could find it difficult to accept his condition.
3. He could feel very depressed and feel that his life is worthless.
4. A feeling of persecution can lead him to act on the false but firmly held belief, by attempting to end his life.
5. Confused thoughts can lead him to seek relief by attempting to end his life.
6. He could act impulsively for trivial or no obvious reasons.
7. Sometimes, impotence is caused by drugs used in the treatment of the illness. The patient may not express this, but is distressed enough to attempt suicide.

HOW CAN YOU KNOW WHETHER THE PERSON IS CONTEMPLATING/PLANNING TO END HIS LIFE?

He:

1. Remains quiet, and withdrawn.
2. Avoids mingling with others and spends a lot of time alone.
3. Does not sleep well at nights.
4. Is restless and nervous.
5. Often talks about ending his life to others. He could, at times, write about his suicidal thoughts.
6. He could be observed to be collecting items that can be used to harm himself, such as knife, sleeping pills, sharp objects, poisons, etc.
7. At times, it is not possible to anticipate suicide.

WHEN THERE IS PERSISTENT TALK OF SUICIDE:

1. Be alert to the client's conversation, his sleep pattern, his behaviour.
2. Try to keep him calm.
3. Do not leave him alone at any time, be watchful.
4. Remove all sharp objects, glass bangles and other dangerous items from his reach.
5. Make sure that the patient is not attired in clothes, that can be used to hang/strangulate self e.g: saree, skirt, strings, 'dupattas' pyjama strings, leather belts, etc.
6. Keep all medicines out of the client's reach.
7. Do not allow him to lock himself in any room, and if possible remove bolts and latches.
8. Inform the psychiatrist about the problem.
9. If any injections are advised, you can seek the help of a nearby GP for administering the medication.
10. If this is not possible, arrange to admit the patient in a hospital, as advised by your psychiatrist.

IF THE PATIENT HAS ATTEMPTED SUICIDE:

1. Rush the client to the nearest hospital for first aid and medical care.
2. Be sure to take the prescription to the hospital.
3. The treating psychiatrist and case manager should be immediately informed.

STEPS FOR THE FUTURE:

1. Ensure that medicines are administered/taken regularly as prescribed. Meet with your doctor/social worker, regularly. Get the patient involved in household activities.
2. Make him feel worthy.
3. Allow him to talk to you and reassure him frequently.
4. Discuss with the treating psychiatrist the possible cause of suicidal attempt.

RELAPSE

WHAT IS A RELAPSE?

A relapse occurs either when there is an increase in existing symptoms in the patient or a re-occurrence of symptoms which have been under control. Previous symptoms may recur or there may be evidence of new problems. It may arise suddenly or gradually.

WHAT CAUSE A RELAPSE?

1. When the patient faces stressful situations, which he cannot cope with. For example: he may have failed in an exam. Or the care giver may be very critical.
2. The patient may have stopped taking medicines or has refused to take medicines.
3. The care giver may have altered the dosage of medicines, without consulting the psychiatrist, on the assumption that the client has become better.
4. There may have been a change in the patient's environment: for e.g: he has moved to a new place, which is not to his liking.
5. Sometimes, no reason may be evident.

HOW DOES ONE IDENTIFY A RELAPSE?

Symptoms under control may re-appear, or worsen. New symptoms may occur. Some of these are:

1. Restless, fearful, complaints of concentration difficulties.
2. Sleepless, Irritable, quarrelsome
3. Talks or laughs to himself, more frequently than usual
4. Refuses to take medicines.
5. Refuses food for more than two days.

6. Is excited/depressed without reason.
7. There is evidence of an increase in hearing voices, of unusual behaviours/mannerisms.
8. There is a fall in standards of personal hygiene (refuses to brush teeth, shave, groom the hair, etc.)
9. Lies in bed for long periods.
10. Refuses to do work that he has been doing, or go to school/college.
11. Withdraws from social interactions.
12. Wanders away from home.
13. Expresses suicidal thoughts and ideas.

HOW CAN YOU DEAL WITH A RELAPSE?

1. Learn to identify early symptoms of relapse. Usually, symptoms which were present in earlier episodes recur. At times new symptoms may occur.
2. Ensure that the client is not missing dosage of medicines/cheating on dosage.
3. If he is not taking medicines properly, begin supervising closely.
4. If he is taking regular dosage, he may need an increased dose. Consult the psychiatrist.
5. If you are able to identify any stressful situations, correct or modify them as soon as possible.
6. If you are having problems in managing him, he may require hospitalisation. Contact his doctor or case manager for this.

TO PREVENT FURTHER RELAPSES:

1. Do not neglect the medication. Maintain the dosage and timing systematically. Discuss the need for medication with both the patient and other care givers.
2. Help the client discuss freely and frankly (even situations that he/she doesn't like)
3. Be kind but firm to the client.
4. Encourage the client to undertake regular activities during the day, duly praising him, when appropriate .
5. Ensure a regular follow up with the psychiatrist and case manager.

PATIENT REFUSES MEDICATION OR IS IRREGULAR WITH DOSAGES.

Medicines are essential to control signs and symptoms of schizophrenia and may be required to be taken over long periods.

It is likely that a person suffering from schizophrenia could give up taking medicines, totally. At times, he could reduce the prescribed dosages without consulting his doctor. Or, he may be very irregular with dosage. Occasionally, he may increase the prescribed dose, by himself, without advice, in an attempt to control disturbing symptoms.

WHAT ARE THE REASONS FOR THIS?

1. Patient feels better and feels that he does not need drugs any more.
2. Side effects of the medicines cause distress in the patient.
3. He feels that the drugs are not helping him in any way.
4. He may forget to take his dosage especially if drugs are prescribed in divided dosage during the day.

5. He cannot afford to buy medicines.
6. He feels that he is unable to work because of the drugs.
7. Carers do not supervise the patient.
8. At times, patient/family members find it difficult to attend the facility to collect drugs.
9. He may increase his dose, by himself, in an effort to reduce distressing symptoms.

HOW WOULD YOU KNOW THAT PATIENT IS NOT TAKING DRUGS OR IS IRREGULAR?

1. Patient adamantly refuses drugs.
2. Early signs/symptoms of relapse are seen.
3. The patient may be throwing away drugs/spitting them out without your knowledge.
4. A check of the stock of unused medicines may indicate that patient is not taking dosage as advised.

HOW CAN YOU DEAL WITH THIS SITUATION?

When you suspect that the client is showing early signs and symptoms of relapse: immediately supervise his medication and take steps to correct if dosage are irregular/reduced.

1. If client is adamantly refusing drugs, contact his psychiatrist for further action. If you already have a prescription for injections, a local general practitioner can administer the same till you can see the psychiatrist.
2. Medicines in the form of liquids/drops, which are tasteless, colorless, odorless can be mixed in liquid diets that can be used.

3. If client refuses drugs because of side effects, a change in drugs may be tried. Discuss this with the psychiatrist.
4. Gather information on drugs, their use and side effects, etc. as much as you can, from your doctor, case manager.
5. The patient himself may require education on the need for medicines.

AGGRESSIVE OR VIOLENT BEHAVIOURS

Aggression or violence is a display of unpleasant behaviours, by the patient, such as, being irritable, angry, abusive, reacting physically by slapping, beating, breaking objects, etc.

WHAT ARE THE CAUSES OF SUCH ACTIONS?

1. Patient gets provoked by family members who are critical or instructive and are viewed as "nagging" by him.
 2. Patient is faced with a stressful situation which he finds difficult to manage.
 3. He could have stopped his medicines and relapsed.
 4. Voices may be urging him to behave in a violent manner.
 5. He could be acting out on his delusions or false beliefs of being persecuted, harmed or controlled.
 6. Ordinary day to day life situations can provoke /irritate him
6. Some female patients may be going through pre-menstrual tension and therefore act violent.

HOW CAN YOU RECOGNISE THAT THE CLIENT COULD BECOME VIOLENT/AGGRESSIVE?

He could be increasingly:

1. Restless
2. Irritable.
3. Demanding.
4. Using abusive language.
5. Showing a tendency to be physically violent.

These may occur just before the patient turns violent/aggressive:

HOW CAN YOU DEAL WITH SUCH A SITUATION?

When you suspect that the person could become aggressive/violent:

- i. Ensure that medication is being taken properly.
 - ii Make sure that he is not provoked in any manner.
 - iii Remove dangerous objects such as knives, sticks, etc. form the scene.
 - iv. Contact his psychiatrist or case manager immediately for increasing his doses.
 - v. A GP could be requested to give him injections.
- If he is violent/aggressive:
 - i. Move away from the scene till he calms down.
 - ii Try to remain as calm as possible.
 - iii Do not argue or quarrel with him.
 - iv Try to get the help of neighbours to calm him, and if necessary, for physical restraint.
 - v. If he is refusing to listen to reason, try to administer liquid medication in some fluids.

- vi. Get a GP administer injections.
- vii. Contact his psychiatrist immediately.
- viii Hospitalisation may be required.

WANDERING TENDENCIES

As times the patient may wander away from home, without the care givers knowledge. There may be no information about his whereabouts.

WHY DOES A PATIENT WANDER AWAY?

1. He could be acting on the instructions of the voices that he hears.
2. He could feel persecuted by people in his environments and may want to get away.
3. There may be no identifiable reasons.
4. He may have relapsed.

HOW CAN YOU DEAL WITH THIS SITUATION?

1. If the patient has wandered away in the past, you should be alert, for it may be repeated.
2. If he is found missing, try to locate him in familiar places at the outset. For e.g: at the homes of relatives /friends.
3. When he is located, some family member should be constantly with him, and the house kept locked, to prevent him from wandering away again.
4. Consult the doctor. Prescription will have to be changed.
5. If not found, you may lodge a complaint with the police.

TO PREVENT WANDERING IN THE FUTURE:

1. Keep a constant watch on the patient.
2. Inform relatives and friends familiar to the patient about his wandering tendencies. Request them to inform the family if he arrives at their place.

3. Make sure that an identity card is present on the patient's person.

SUDDEN ILLNESS OR DEATH OF THE CARE GIVER

Such a situation, occurring suddenly, can cause a severe stress in the patient leading to replace, aggressive or violent outbursts, depression and grief, withdrawal from day to day activities, decrease in social interactions, etc. At times, the patient may show absolutely no reaction at all due to blunting of emotions.

HOW CAN OTHER GIVERS DEAL WITH SUCH A SITUATION?

In the event of sudden illness in the primary care giver:

1. Inform the treating facility (especially the patient's psychiatrists and case manager) regarding the problem. A change in medication may be needed. A short term hospitalisation or admission to a residential facility may be required.
2. If the patient cannot be admitted, efforts must be taken to see that any other family member supervises the client's medication,
3. The secondary care giver and other family members must be tolerant to the patient. They can, along with the treating physician, repeatedly reassure the patient. Statements like, "I am there, Do not worry," will help.
4. If the patient is stable, he can be involved in the care of the primary care given in an appropriate manner.
5. If the patient is admitted to a hospital/residential facility, he must be periodically visited and informed about the care giver.

IN THE EVENT OF DEATH:

1. Efforts must be taken to see that any other family member supervises the client's medication.

2. Patient's grief should be acknowledged and provided emotional support.
3. The psychiatrist and case manager should be informed.
4. Long-term responsibilities of the family with regards the patient must be discussed. Legal formalities like transfer of pension, change in trust deed, etc. can be initiated with the help of the case manager.

GENERAL GUIDELINES TO DEAL WITH A CRISIS SITUATION

1. Medication must be regularly supervised.
2. You must ensure that the patient follows up with his doctor regularly.
3. In the event of a crisis, do not panic, for you can worsen the situation.
4. Contact the patient's doctor and case manager immediately.
5. If they are not contactable, a general practitioner or another psychiatrist may be consulted for immediate help.
6. Patient may require hospitalisation soon.
7. If the patient is not admitted to a hospital, he should be taken to the facility where he is being treated as frequently as required.