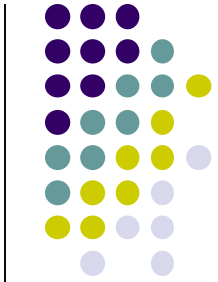
LUCENT NCLEX REVIEWS

MENTAL HEALTH

DR. AMPOMAH

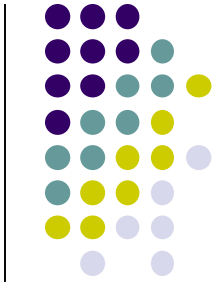
Therapeutic Modalities



NURSE

- Therapeutic use of self to diagnose and treat human responses to actual or potential mental health problems
- **Nursing**: Health promotion, intake screening and evaluation, case management, support of self-care activities, psychobiological interventions, teaching, counseling, crisis intervention, milieu therapy, psychosocial rehabilitation

Therapeutic Modalities



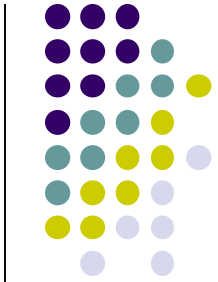
Individual Psychotherapy

- Patient and therapist enter into a therapeutic relationship
- Nursing: Assist to clarify perceptions, identify feelings, make connections Among thoughts, feelings, and events, and ↑insight

Family Therapy

- Family treated as a unit; focuses on dynamics to attain and maintain balance and harmony
- Nursing: Help establish boundaries, assess hierarchy/subsystems, ↑communication, ↑interpersonal skills, and promote family cohesion/flexibility (see Group Therapy next page)

Therapeutic Modalities



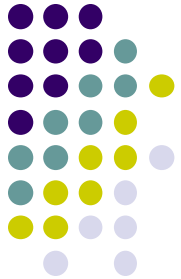
Mileau Therapy

- Therapeutic community; social structure is involved in helping process; interactions influence behavioral change
- Nursing: Provide clear communication, a safe environment, an activity schedule with therapeutic goals, and a support network

Group Therapy

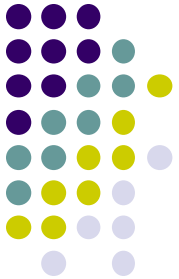
- People have common beliefs, values, and behaviors
- Must desire to change behavior; receive/give assistance to peers, leadership is shared by peers; lifelong process
- Nursing: People share thoughts/feelings and help each other examine common issues and concerns

ECT (Electro-Convulsive Therapy)



- Can induce a grand mal seizure
- For severe depression, and manic episodes
- NPO, void, atropine
- Signed permit is necessary.
- Series of treatments, depends on patient response
- very effective treatment, and very humane with current meds.
- Anectine

ECT (Electro-Convulsive Therapy)



Post procedure:

- position on side
- stay with patient
- temporary memory loss
- Reorient
- Involve in day's activities as soon as possible.

Psychotropic Medications

- **TCA**: older drugs (amitriptyline, nortripyline, imipramine)
- Risk of overdose, only one week's worth of meds if patient has suicidal thoughts Used still for OCD and some depressed patients. Not first choice anymore.
- Anticholinergic side effects: dry mouth, blurred vision, urinary retention, decreased tears, dizziness, sedation
- Because they cause sedation, may be given at night. They aid in sleep then.

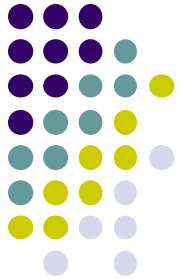
Psychotropic Medications

- **SSRI**: first line of drugs now.
- Less incidence of side effects.
- Common side effects: headache, increased sweating, blurred vision, sexual side-effects, weight loss. Not great risk for overdose.
- Two to six weeks before complete therapeutic effect: true with all antidepressants. Patient may feel calmer right away, and worry less.

Psychotropic Medications

- **MAOI**: problem with food and drug restrictions
- tranylcypromine (Parnate®), phenelzine sulfate (Nardil®), fluvoxamine maleate (Luvox®)
- Cause hypertensive crises if foods or drugs containing tyramine or epinephrine-like substances are ingested.
- Monoamine oxidase is needed to break down tyramine and epinephrine. If it is inhibited, then tyramine remains high and increased blood pressure occurs.
- **Foods to avoid**: aged cheese, avocados, raisins, beer, red wines. No over-the-counter cough or cold medications containing ephedrine or ephedrine -like substances. Warnings are on labels.

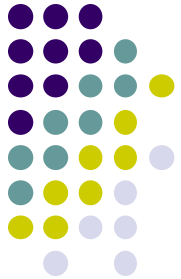
Psychotropic Medications



MAOI

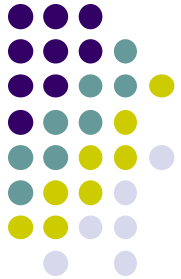
- Patients must be willing to abide by restrictions. These drugs are not first choice drugs anymore. Serotonin Syndrome: potentially fatal condition. Serotonin levels are too high.
- Symptoms: tachycardia, hypertension, fever, sweating, shivering, confusion, anxiety, Restlessness, disorientation, tremors, muscle spasms, muscle rigidity.
- Increased risk when taking more than one antidpressant, use of St.John’s Wort with meds.

Psychotropic Medications



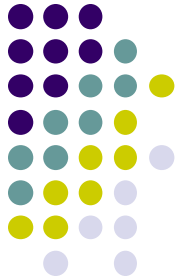
- **Anxiolytics**: used for short-term treatment, patient may abuse and become addicted.
  Benzodiazepines: diazepam, lorazepam, alpazolam, chlordiazepoxide, flurazepam
  Non-benzos: buspirone (not addictive).
- Benzos: sedate, dizziness, constipation, raise seizure threshold, relax the patient.

Antipsychotics: Typical, Atypical



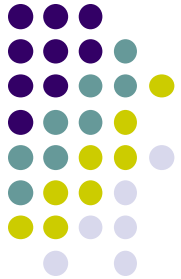
- Typical are older drugs (chlorpromazine (Throrazine®), thioridazine (Mellaril®), fluphenazine (Prolixin®), haloperidol (Haldol®). Work well on psychotic symptoms.
- Many side-effects including EPS (dystonia, akathisia, pseudoparkinsonism)
- ***What is dystonia?*** Tonic contractions of muscles of mouth and torso, may affect breathing if not treated. Needs immediate treatment with Benadryl or Cogentin.

Antipsychotics: Typical, Atypical



- **What is akathisia?** Restlessness
- What is pseudoparkinsonism? Symptoms mimic parkinson's disease; pill-rolling tremors, mask-like face, muscle rigidity, drooling.
- Potential irreversible effects: *tardive dyskinesia*
- TD is manifested by uncontrollable movements of tongue, face.

Antipsychotics: Typical, Atypical



- **Atypicals**: are newer drugs
- Clozapine (Clozaril®), risperidone (Risperdal®), olanzapine (Zyprexa®), ziprazidone (Geodon®), aripiprazole (Abilify®)
- Less incidence of EPS.
- *Neuroleptic malignant syndrome*: potentially fatal adverse effect for any antipsychotic: Severe muscle rigidity, hyperpyrexia, stupor, dyspagia, labile pulse and blood pressure. Stop meds, treated symptomatically, and usually in ICU.
- Clozapine carries risk of agranulocytosis; therefore, WBC levels are monitored frequently.

Anticonvulsants

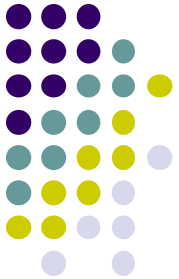
Used to stabilize mood

- Commonly used are: carbamazepine (Tegretol®), valproex sodium (Depakote®), gabapentin (Neurontin®), lamotrigine (Lamictal®), oxcarbazepine (Trileptal®)
- Work well in manic states.
- Side effects include drowsiness, vertigo, blurred vision, unsteady gait. Anticonvulsants are toxic to liver; therefore, liver function should be monitored. Lithium: used to stabilize mood
- Narrow therapeutic window.

Anticonvulsants

Used to stabilize mood

- Levels must be monitored.
- 0.6 to 1.2 mEq/L is maintenance level.
- Up to 1.5 mEq/L is used for acute manic states.
- Signs/symptoms of lithium toxicity: hand tremors, N & V, slurred speech, unsteady gait. Levels of 2.0 to 2.5 mEq/L are considered life-threatening.
- Patient must be taught to keep food, fluid, and exercise levels constant. If changed, lithium levels change.



ANXIETY DISORDERS

GENERALIZED ANXIETY DISORDER

Characterized by pervasive, persistent anxiety over time about everyday concerns and not associated with panic attacks, phobias, obsessions, or compulsions

Key signs and symptoms

- Easy startle reflex
- Excessive worry and anxiety
- Diaphoresis
- Fatigue
- Fears of grave misfortune or death
- Muscle tension and aches
- Trembling and tingling of hands and feet

Key treatments

- Relaxation training
- Cognitive behavioral therapy
- Anxiolytics: alprazolam (Xanax), lorazepam (Ati-van), clonazepam (Klonopin), buspirone (BuSpar)
- Serotonin norepinephrine reuptake inhibitors (SNRIs): venlafaxine (Effexor), duloxetine (Cymbalta)
- Selective serotonin reuptake inhibitors (SSRIs): fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), citalopram (Celexa)

MOOD DISORDERS

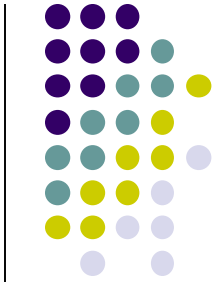
Mood: a prolonged emotional state that affects a person's life and personality

Change of mood and a range of emotions (such as happiness, sadness, depression, anger, and fear) are normal and expected during life

Affect: a person's present feelings and moods with verbal and nonverbal behavioral cues

Mood disorders are characterized by changes in mood that range from depression to elation

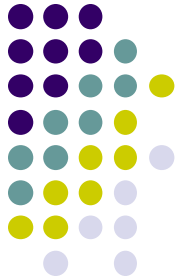
MAJOR DEPRESSION



Key signs and symptoms

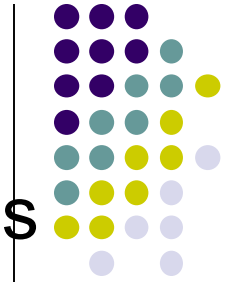
- Altered sleep patterns
- Appetite changes resulting in weight loss or gain
- Anorexia and weight loss
- Helplessness
- Irritability
- Lack of motivation
- Low self-esteem
- Sadness and crying
- Suicidal ideation or attempts

Key treatments



- SSRIs: paroxetine (Paxil), fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa)
- Tricyclic antidepressants (TCAs): imipramine (Tofranil), desi- pramine (Norpramin), amitriptyline (Elavil)
- SNRIs: venlafaxine (Effexor), duloxetine (Cymbalta)

- ***Key interventions***
  - Assess the level and intensity of the client's depression.
  - Ensure a safe environment for the client.
  - Assess the risk of suicide and formulate a safety contract with the client as appropriate.
  - Observe the client for medication compliance and adverse effects.
  - Use a quiet, calm approach to reduce interpersonal transmission of anxiety.
  - Establish a trusting relationship; protect and reassure client.



Key interventions

- Structure environment to eliminate stressors; stay with client who has severe or panic level of anxiety and place in a smaller, less stimulating environment.
- Provide ongoing assessment of client's anxiety.
- Assess client's use of caffeine, nicotine, and other stimulants.
- Assess client for signs of depression and suicidal ideations.
- Help client to identify stressors, express feelings, and explore sources of feelings.

Key interventions

- Help client to examine cognitive processes and encourage positive self-talk.
- Help client to maintain hope and find meaning in life.
- Support use of effective coping mechanisms.
- Teach new coping behaviors and provide opportunities for client to practice them.
- Teach client relaxation techniques and provide opportunity to practice them.
- Encourage appropriate grooming, sleep, diet, recreational activity, and exercise.

Bipolar Disorder

(also called manic-depressive disorder): alternation of depression and elation;

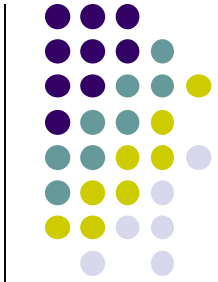
Key signs and symptoms

(During episodes of mania)

- Euphoria and hostility
- Feelings of grandiosity
- Substance abuse
- Increased sexual interest and activity
- Inflated sense of self-worth
- Increased energy (feeling of being charged up)

During episodes of depression

- Altered sleep patterns
- Anorexia and weight loss
- Helplessness
- Irritability
- Lack of motivation
- Low self-esteem
- Sadness and crying
- Suicidal ideation or attempts



Key treatments

- Individual therapy
- Family therapy
- Antimanic agents: lithium carbonate (Eskalith), lithium citrate

During depressive phase

- Assess the level and intensity of the client's depression.
- Ensure a safe environment.
- Assess the risk for suicide and formulate a safety contract with the client, as appropriate.
- Observe the client for medication compliance and adverse effects.

OBSESSIVE-COMPULSIVE DISORDER

Key signs and symptoms

- Compulsive behavior **(recurrent act)** which may include repetitive touching or counting, doing and undoing small tasks, or any other repetitive activity or hoarding of certain items such as newspapers
- Obsessive thoughts (**recurrent thought**) which may include thoughts of contamination, repetitive worries about impending tragedy, repeating and counting images or words
- Can’t stop
- Allow time for rituals

- ***Key treatments***
  - Cognitive behavioral therapy
  - Individual therapy
  - Benzodiazepines: alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin)
  - SSRIs: fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), fluvoxamine (Luvox)
- ***Key interventions***
  - Encourage the client to express his feelings.
  - Encourage the client to identify situations that produce anxiety and precipitate obsessive-compulsive behavior.

PANIC DISORDER

- ***Key signs and symptoms***
  - Diminished ability to focus, even with direction from others
  - Edginess, impatience
  - Loss of objectivity
  - Severely impaired rational thought
  - Uneasiness and tension
- ***Key treatments***
  - Cognitive behavioral therapy
  - Benzodiazepines: alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin)
  - Distract the client from the attack.

PHOBIAS

- ***Key signs and symptoms***
  - Panic when confronted with the feared object
  - Persistent fear of specific things, places,situations.
- ***Key treatments***
  - Benzodiazepines: alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin)
  - Cognitive behavioral therapy, family therapy
- ***Key interventions***
  - Help the client to identify the feared object or situation.
  - Assist in desensitizing the client.

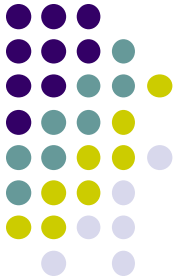
PHOBIAS

- Common phobias include agoraphobia (fear of being in a public place or open space),
- acrophobia (fear of heights),
- claustrophobia (fear of closed spaces)
- hematophobia (fear of blood),
- hydrophobia (fear of water),
- pyrophobia (fear of fire),
- xenophobia (fear of strangers), and
- zoophobia (fear of animals)
- Social phobia is excessive fear of embarrass-ment and humiliation in public settings

POSTTRAUMATIC STRESS DISORDER

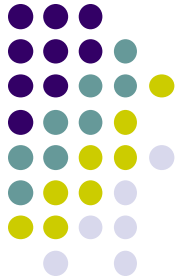
- ***Key signs and symptoms***
  - Anxiety
  - Flashbacks of the traumatic experience
  - Nightmares about the traumatic experience
  - Poor impulse control
  - Social isolation
  - Survivor guilt

- ***Key treatments***
  - CBT, GT
  - Systematic desensitization
  - Benzodiazepines: alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin)
  - TCAs: imipramine (Tofranil), amitriptyline (Elavil)
- ***Key interventions***
  - Help the client to identify stressors.
  - Provide for client safety.
  - Encourage the client to explore the traumatic event and the meaning of the event.
  - Assist the client with problem solving and resolving guilt.



PERSONALITY DISORDERS

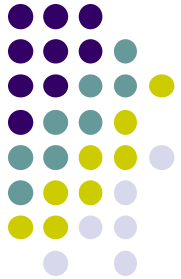
ANTISOCIAL PERSONALITY DISORDER



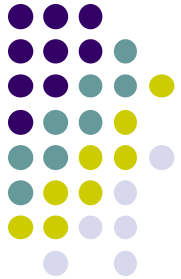
Key signs and symptoms

- Destructive tendencies
- General disregard for the rights and feelings of others
- Lack of remorse
- Sudden or frequent changes in job, residence, or relationships

Key treatments



- Cognitive behavioral therapy
- Antipsychotic: lithium (Eskalith)
- Anxiolitics: alprazolam (Xanax), lorazepam (Ativan) for severe anxiety, insomnia, or agitation
- Beta-adrenergic blocker: propranolol (Inderal) for controlling aggressive outbursts
- Selective serotonin reuptake inhibitors (SSRIs): paroxetine (Paxil), sertraline (Zoloft)



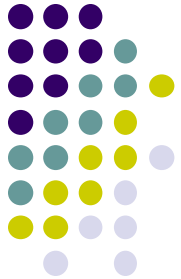
Key interventions

- Help the client to identify manipulative behaviors.
- Establish a behavioral contract.
- Hold the client responsible for his behavior.

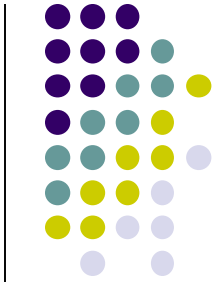
BORDERLINE PERSONALITY DISORDER

- ***Key signs and symptoms***
  - Destructive behavior
  - Impulsive behavior
  - Inability to develop a sense of self
  - Inability to maintain relationships
  - Moodiness
  - Self-mutilation

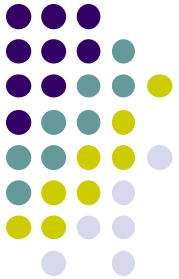
- ***Key treatments***
  - Milieu therapy
  - Individual therapy
  - Antimanic medications: carbamazepine (Tegretol), lithium (Eskalith)
  - Anxiolytic: buspirone (BuSpar)
  - SSRIs: paroxetine (Paxil), fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa)
- ***Key interventions***
  - Recognize behaviors that the client uses to manipulate others.
  - Set appropriate expectations for social interaction, and make sure these expectations are met.



PARANOID PERSONALITY DISORDER



- ***Key signs and symptoms***
  - Feelings of being deceived
  - Hostility
  - Major distortions of reality
  - Social isolation
  - Suspiciousness, mistrusting friends and relatives
- ***Key Treatment***
  - Antipsychotic agents: olanzapine (Zyprexa), risperidone (Risperdal), chlorpromazine, thioridazine, fluphenazine, haloperidol (Haldol) in low doses
  - SSRIs: paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft)



SCHIZOPHRENIC & DELUSIONAL DISORDERS

Schizophrenia

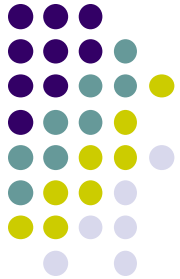
- mental health disorder characterized by disturbances in thought processes and decision making, perceptual disturbances, behavioral abnormalities, affective disruptions, and difficulty in maintaining interpersonal relationships
- Schizoaffective disorder: having clinical manifestations characteristic of both schizophrenia and a mood disorder, such as depression, mania, or a mixed episode
- *EG. (Paranoid, Catatonic, Residual, Disorganized, Undifferentiated*

Catatonic Schizophrenia

Key signs and symptoms

- Bizarre postures, waxy flexibility (posture held in odd or unusual fixed positions for extended periods), and resistance to being moved
- Excessive motor activity
- Extreme negativism (resistance to instruction or movement)

Catatonic Schizophrenia



- Displacement (switching emotions from their original object to a more acceptable substitute)
- Dissociation (separation of things from their emotional significance)
- Echolalia (repetition of another's words)
- Echopraxia (involuntary imitation of another person's movements and gestures)

- ***Key treatments***
  - Milieu therapy
  - Supportive psychotherapy
  - Antipsychotics: chlorpromazine, risperidone (Risperdal), olanzapine (Zyprexa)
- ***Key interventions***
  - Provide skin care and reposition the client every 2 hours.
  - Monitor for adverse effects of antipsychotic drugs, such as akathesia, akinesia, parkinsonism, neuroleptic malignant syndrome, dystonic reactions, and tardive dyskinesia

Key Interventions

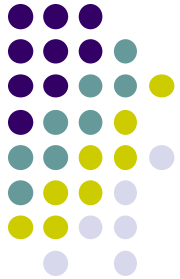
- Be aware of the client's personal space; use gestures and touch judiciously.
- Provide appropriate measures to ensure safety and explain to the client why you're doing so.
- Collaborate with the client to identify anxious behavior as well as probable causes

Delutional Disorder

(false beliefs occurring without appropriate external stimulation and inconsistent with logic or evidence)

- **Ideas of reference** ››Misconstrues trivial events and attaches personal significance to them, such as believing that others, who are discussing the next meal, are talking about him.
- **Persecution** ›› Feels singled out for harm by others (e.g., being hunted down by the FBI).
- **Grandeur** ›› Believes that she is all powerful and important, like a god.
- **Somatic delusions** ›› Believes that his body is changing in an unusual way, such as growing a third arm.

Delutional Disorder



- **Jealousy** ››May feel that her spouse is sexually involved with another individual.
- **Being controlled** ›› Believes that a force outside his body is controlling him.
- **Thought broadcasting** ›› Believes that her thoughts are heard by others.
- **Thought insertion** ›› Believes that others' thoughts are being inserted into his mind.
- **Thought withdrawal** ›› Believes that her thoughts have been removed from her mind by an outside agency.
- **Religiosity** ›› Is obsessed with religious beliefs.

Delutional Disorders

- Key signs and symptoms
- Hallucinations that are visual, auditory, or tactile
- Inability to trust
- Projection
- Delusions that are erotomanic, grandiose, jealous, persecutory, or somatic

- ***Key treatments***
  - Milieu therapy
  - Supportive psychotherapy
  - Antipsychotics (traditional): chlorpromazine, fluphenazine, haloperidol (Haldol), olanzapine (Zyprexa), thioridazine, thiothixene (Navane)
  - Antipsychotics (atypical): clozapine (Clozaril), aripiprazole (Abilify), quetiapine (Seroquel), risperidone (Risperdal), ziprasidone (Geodon)

- ***Key interventions***
  - Explore events that trigger delusions.
  - Don’t directly attack the client’s delusion.
  - When the dynamics of the delusions are understood, dis- courage repetitious talk about delusions and refocus the conversation on the client’s underlying feelings
  - Establish a trusting, therapeutic relationship with client by being honest, supportive, and consistent; this helps reduce suspicion on client’s part
  - Assess for signs of delusions or hallucinations (cues and content)

- ***Key Interventions***
  - Interact with client on one to one basis
  - Communicate with client using clear, direct statements
  - Provide an environment that is free from excessive stimulation but provides structure to support easy accomplishment of routine activities of daily living
  - Acknowledge client's belief about delusion or hallucination experience but do not share in it; do not argue with client; instead, encourage expression of feelings associated with delusion or hallucination

- ***Key Interventions***
  - Focus on reality-based topics rather than delusion or hallucination; set limits on time spent talking about delusion if client obsesses about it
  - If client has visual hallucinations, provide a room with adequate lighting
  - Do not touch a client who is experiencing a hallucination
  - Encourage description of delusion or hallucination and expression of feelings about it.

Substance Abuse Disorders

ALCOHOL DISORDER

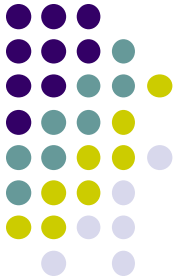
- ***Key signs and symptoms***
  - Blackouts
  - Liver damage
  - Pathologic intoxication
- ***Key test results***
  - CAGE questionnaire indicates alcoholism.
- ***Key treatments***
  - Alcoholics Anonymous
  - Individual and group therapy
  - Medical detoxification and rehabilitation

- Benzodiazepines: chlordiazepoxide (Librium), diazepam (Valium), lorazepam (Ativan)
- Disulfiram (Antabuse) to prevent relapse into alcohol abuse (the client must be alcohol-free for 12 hours before administering this drug)
- Naltrexone (Revia) to prevent relapse into alcohol abuse
- Selective serotonin reuptake inhibitors (SSRIs): fluoxetine (Prozac), paroxetine (Paxil)

Key interventions

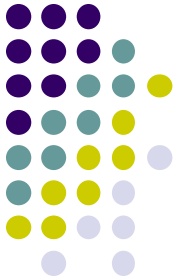
- Assess the client's use of denial as a coping mechanism.
- Set limits on denial and rationalization.
- Monitor for signs and symptoms of withdrawal, such as elevated blood pressure, tachycardia, nausea, vomiting, anxiety, agitation, and seizures.
- Have the client formulate goals for maintaining a drug-free lifestyle.

COCAINE-USE DISORDER



- ***Key signs and symptoms***
  - Elevated energy and mood
  - Grandiose thinking
  - Impaired judgment
- ***Key test results***
  - Drug screening is positive for cocaine.
- ***Key treatments***
  - Detoxification
  - Rehabilitation (inpatient or outpatient)

Key treatments



- Narcotics Anonymous
- Individual therapy
- Anxiolytics: lorazepam (Ativan), alprazolam (Xanax)
- Dopamine agent: bromocriptine (Parlodel)
- SSRIs: fluoxetine (Prozac), paroxetine (Paxil)

- ***Key interventions***
  - Establish a trusting relationship with the client.
  - Provide the client with well-balanced meals.
  - Set limits on the client's attempts to rationalize behavior

Eating Disorders

ANOREXIA NERVOSA

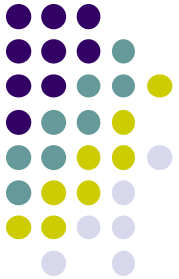
Key signs and symptoms

- Decreased blood volume, evidenced by lowered blood pressure and orthostatic hypotension
- Electrolyte imbalance, evidenced by muscle weakness, seizures, or arrhythmias
- Emaciated appearance
- Need to achieve and please others
- Obsessive rituals concerning food
- Refusal to eat

Key test results

- Eating Attitude Test suggests an eating disorder.
- Electrocardiogram reveals nonspecific ST interval, prolonged PR interval, and T-wave changes.
- Laboratory tests show elevated blood urea nitrogen level and electrolyte imbalances.
- Female clients exhibit low estrogen levels.
- Male clients exhibit low serum testosterone levels.

Key treatments



- Individual and group therapy
- Nutritional counseling
- Antianxiety agents: lorazepam (Ativan), alprazo- lam (Xanax)
- Antidepressants: amitriptyline (Elavil), imipra- mine (Tofranil)
- Selective serotonin reuptake inhibitors: paroxetine (Paxil), fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa)

Key interventions

- Contract with the client for amount to be eaten.
- Provide one-on-one support before, during, and after meals.
- Prevent the client from using the bathroom for 90 minutes after eating.
- Help the client identify coping mechanisms for dealing with anxiety.
- Weigh the client once or twice per week at the same time of day using the same scale.
- Monitor for suicidal ideation, maladaptive substance use, and medical complications.

BULIMIA NERVOSA

Key signs and symptoms

- Alternating episodes of binge eating and purging
- Constant preoccupation with food
- Disruptions in interpersonal relationships
- Eroded tooth enamel
- Extreme need for acceptance and approval
- Irregular menses
- Russell sign (bruised knuckles due to induced vomiting)
- Sporadic, excessive exercise

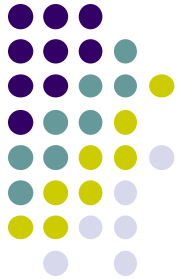
Key test results

- Beck Depression Inventory may reveal depression.
- Eating Attitude Test suggests an eating disorder.
- Metabolic acidosis may occur from diarrhea caused by enemas and excessive laxative use.
- Metabolic alkalosis may occur from frequent vomiting.

Key interventions

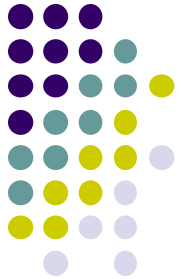
- Explain the purpose of a nutritional contract.
- Avoid power struggles around food.
- Prevent the client from using the bathroom for 90 minutes after eating.
- Provide one-on-one support before, during, and after meals.
- Weigh the client once or twice per week at the same time of day using the same scale.
- Help the client and her family identify the cause of the disorder.
- Point out cognitive distortions.

Dissociative Personality Disorder



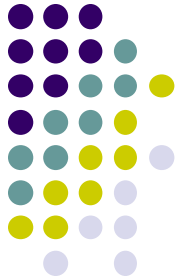
- The patient uses dissociation as a coping mechanism to protect self from severe physical and or psychological trauma.
- May see with clients who have history of physical or sexual abuse Not commonly occurring or seen.
- Client nor others may be aware of the problem except that client may have periods of time or events that he cannot remember.
- Dissociative Identity Disorder (multiple personalities) is extreme example of dissociative disorder

Dissociative Personality Disorder



- Tx:
- Patient must process the trauma over time.
- Medications may be used to treat co-existing depression, anxiety.

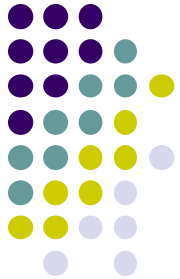
Alzheimer's Disease (Stages)



STAGE 1: MILD

- Patient recognizes a problem
- ↓Short-term memory, mild ↓cognition, confusion, hyperalertness
- Anxiety, depression, invents words that have no common meaning (neologisms)
- Fills in memory gaps with fabricated facts (confabulation)

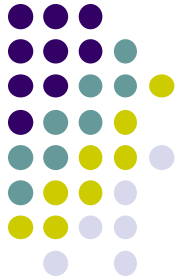
Alzheimer's Disease (Stages)



STAGE 2: Moderate

- Intellectual decline continues; language disturbance (aphasia)
- ↓Motor activity (apraxia)
- Repetition of same idea in response to different questions (perseveration)
- Failure to recognize words/objects (agnosia)
- Confusion/irritation at end of day (sundowning); sleep disturbances with wandering
- Acting on thoughts/feelings without social control (disinhibition)
- Agitation or aggression, illusions, delusions, and hallucinations

Alzheimer's Disease (Stages)



STAGE 3: Severe

Totally dependent

- Complete loss of intellectual functioning
- ↓Bowel/bladder control
- Difficulty swallowing (dysphagia), emaciation
- Immobility leads to pneumonia, UTIs, and pressure ulcers

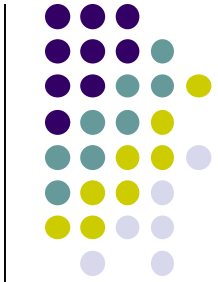
Somatic Symptom Disorder

- Characterized by persistent worry or complaints regarding physical illness when there are no supporting physical findings
- May be unconscious, related to conflict and the reduction of anxiety, or related to a secondary gain
- May cause significant impairment of social and occupational function

SSD - Interventions

- Assess the client for a physical problem.
- Do not reinforce the "sick" role, and discourage verbalization about physical symptoms by not responding with positive reinforcement.
- Explore with the client the needs being met by the physical symptoms.
- Help the client identify alternative ways of meeting needs.

SSD - Interventions



- Convey understanding that the physical symptoms are real to the client.
- Assure the client that physical illness has been ruled out.
- Use relaxation techniques to ease the client’s anxiety.
- Encourage diversionary activities to reduce the client’s focus on self and redirect the client's thoughts and feelings
- Administer antianxiety medications as prescribed.

The nurse is planning activities for a client, hospitalized in the mental health unit, who is experiencing a moderate level of anxiety. Once the nurse has conducted a physical assessment, which activity is most appropriate for the client?

1. Painting
2. Drawing
3. Walking
4. Board games

3

1

A client with a history of panic disorder is brought to the emergency department complaining of dizziness, palpitations, and chest pain. The client states that he feels as if he is “going crazy.” Which action should the nurse take first?

1. Performing a physical assessment
2. Calling the crisis intervention team
3. Asking the client what brought on the panic attack
4. Asking the unit secretary to obtain records of the client’s previous hospitalizations

A client says to the nurse, “I give you a lot of credit for what you do. I could never be a nurse or do anything that has to do with the medical profession — I have a panic attack whenever I see blood.” Which type of phobia does the nurse identify from the client’s statement?

1. Acrophobia
2. Agoraphobia
3. Hematophobia
4. Claustrophobia

3