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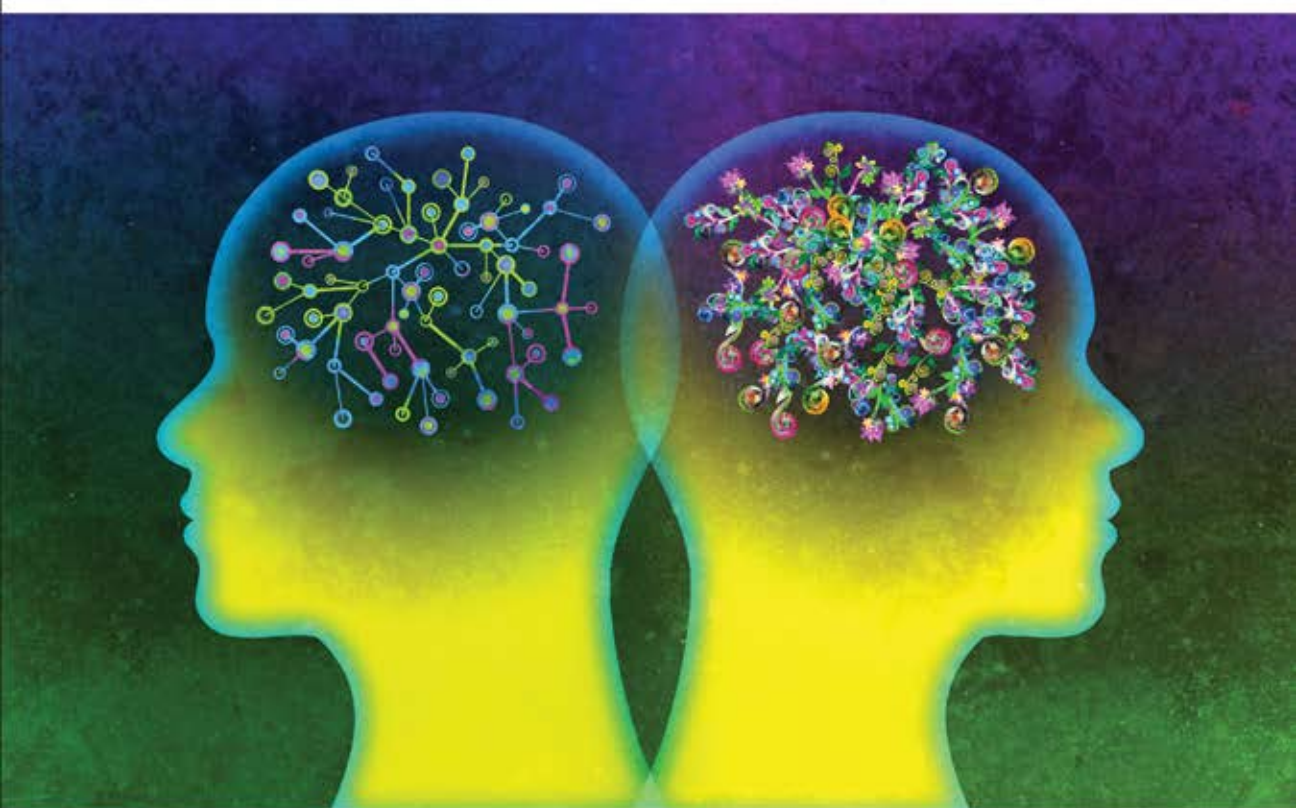
Mental Health & PSYCHIATRIC NURSING

for GNM Students



As per the INC Syllabus

R Sreevani

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CHAPTER

6 Bio-Psycho and Social Therapies



CHAPTER OUTLINE

- Physical Therapies: Psychopharmacology, Electroconvulsive Therapy
- Psychological Therapies: Psychotherapy, Behavioral Therapy, CBT
- Psychosocial: Group Therapy, Family Therapy, Therapeutic Community, Recreational Therapy, Art Therapy (Dance, Music, etc.), Occupational Therapy
- Alternative and Complementary: Yoga, Meditation, Relaxation
- Consideration for Special Population

Patients suffering from physical illnesses are given specific treatment because the causes are specific and the signs and symptoms are also specific. In a psychiatric setting, the cause may not be so specific and most patients are given more than one treatment. These treatment methods vary from patient to patient. Some patients refuse treatment and may not co-operate with doctors and nurses. Some do not realize that they are ill and may actively resist all forms of treatment.

The nurse has an extremely important role to play in the treatment of the mentally ill. She is the one who has closer contact with the patient than any other member of the hospital team. She also has a greater opportunity to get to know him and report on his improvement.

PHYSICAL THERAPIES

Physical therapies are treatment approaches that use physiologic or physical interventions to effect behavioral change. The most commonly used physical therapies are: psychopharmacology, electroconvulsive therapy, ketamine therapy, light therapy, repetitive transcranial magnetic stimulation.

Psychopharmacology

Psychopharmacology is the study of medications used to treat psychiatric disorders. It discusses many psychoactive medications that alter synaptic transmission in the brain in certain and specific ways. Medications that affect cognitive function, emotion and behavior are called psychotropic medications. They have significant effect on higher mental functions. Psychopharmacological agents are first line treatment for almost all psychiatric ailments nowadays. The nurse plays a pivotal role in medication administration and patient education. It is also important for the nurse to be aware of the potential side effects and interactions of these drugs. Assisting the patient to understand the importance of taking psychotropic medications as prescribed and the issues surrounding medication adherence is an important skill for the mental health nurse. It is important for the nurse to understand the terms used in drug therapy.

- **Efficacy** refers to the maximal therapeutic effect that a drug can achieve.
- **Potency** describes the amount of drug needed to achieve that maximum effect; low potency drugs require higher dosages

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to achieve efficacy, whereas high potency drugs achieve efficacy at lower dosages.

- **Half-life** is the time it takes for half of the drug to be removed from the bloodstream. Drugs with a shorter half-life may need to be given once a day.
- Drugs that activate receptors are termed **agonist,** and those that block are termed **antagonists.**

Core Concept (Neurotransmitters)

- Neurotransmitters are endogenous chemicals that enable communication between neurons.
- These are the chemical messengers that travel from one brain cell to another and are synthesized by enzymes from certain dietary amino acids or precursors.
- These are stored in the axon terminals of the presynaptic neuron. An electrical impulse through the neuron stimulates the release of the neurotransmitter into the synaptic cleft which in turn determines whether another electrical impulse is generated.
- Neurotransmitters help relay messages from one part of the brain to another and between the brain and the rest of the body, primarily through synaptic transmission.
- Signals sent by neurotransmitters are responsible for the vast majority of brain and motor functions such as memory, planning, heart rate, respiration, digestion, hormonal responses, movement and others.
- Many different diseases involve increased or decreased levels of neurotransmitters in the brain such as anxiety, depression, schizophrenia, Parkinson's disease, drug addiction, etc.
- Neurotransmitters are synthesized and stored in the presynaptic neuron.
- An action potential in the presynaptic neuron causes an influx of Ca^{2+} into the neuron.
- The influx of Ca^{2+} causes the neurotransmitter to be released into the synapse.
- The neurotransmitters bind to neurotransmitter receptors that are located on the membrane of the postsynaptic cell.
- Receptors are molecules situated on the cell membrane that are binding sites for neurotransmitters. The synapse separates the two neurons (pre- and postsynaptic cells). These neurotransmitters are stored in the vesicles waiting to be released into the synapse **(Figure 6.1)**.
- After neurotransmission, they are either reabsorbed (reuptake) and stored by the presynaptic cell for later use or metabolized (broken down) by enzymes such as monoamine oxidase (MAO) and cholinesterase (ChE).
- During neurotransmission, the chemical neurotransmitter released from a storage vesicle in the presynaptic cell crosses the synapse and is recognized by the receptor on the postsynaptic cell membrane termed as binding.
- Depending on the type of neurotransmitter they have either an excitatory effect or an inhibitory effect on the postsynaptic cell.
- An excitatory effect causes depolarization of the postsynaptic cell; an inhibitory effect causes hyperpolarization making the postsynaptic cell less active.
- After release and binding, the neurotransmitter is either degraded by an enzyme or brought back by the transport molecules to the presynaptic neuron, a reuptake process.
- Drugs affect neurotransmission in several ways **(Figure 6.2)**:
  - *Release:* Many neurotransmitters are released into the synapse from the storage vesicles in presynaptic cell.
  - *Blockade:* Neurotransmitters are prevented from binding to the postsynaptic receptors.
  - *Receptor sensitivity changes:* Receptor becomes more or less responsive to the neurotransmitter.
  - *Blocked reuptake:* As the presynaptic cell does not reabsorb the neurotransmitter it is retained in the synapse and therefore enhances or prolongs the action.
  - *Interference with storage vesicles:* Either released more or less.

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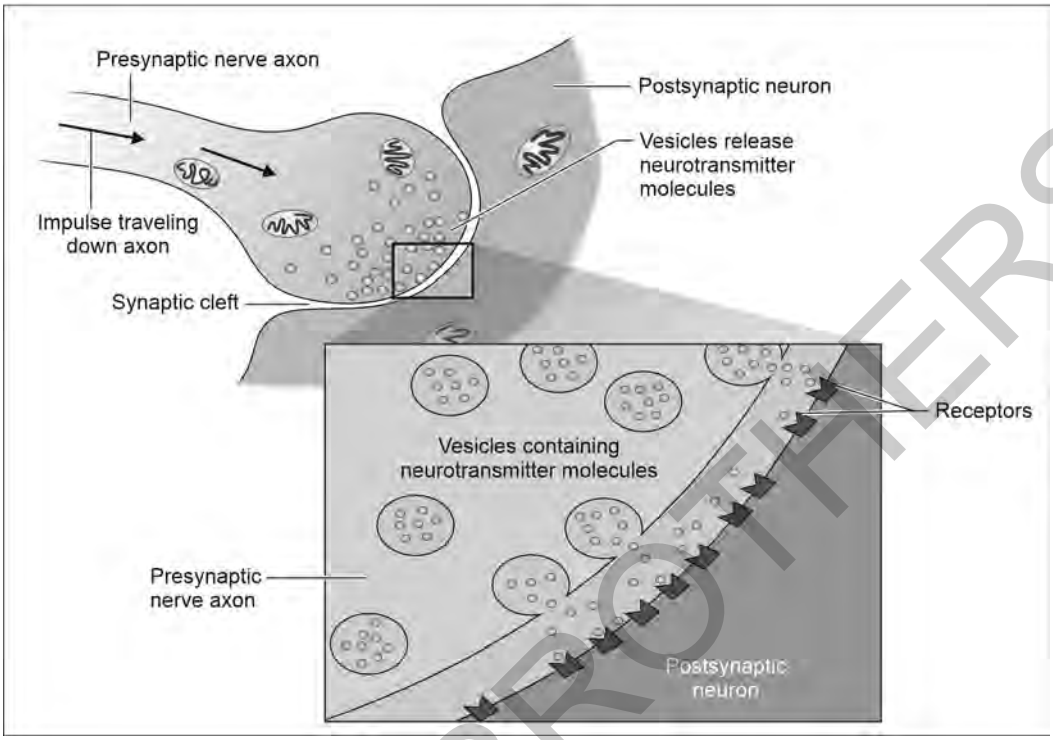

Figure 6.1: Synapse

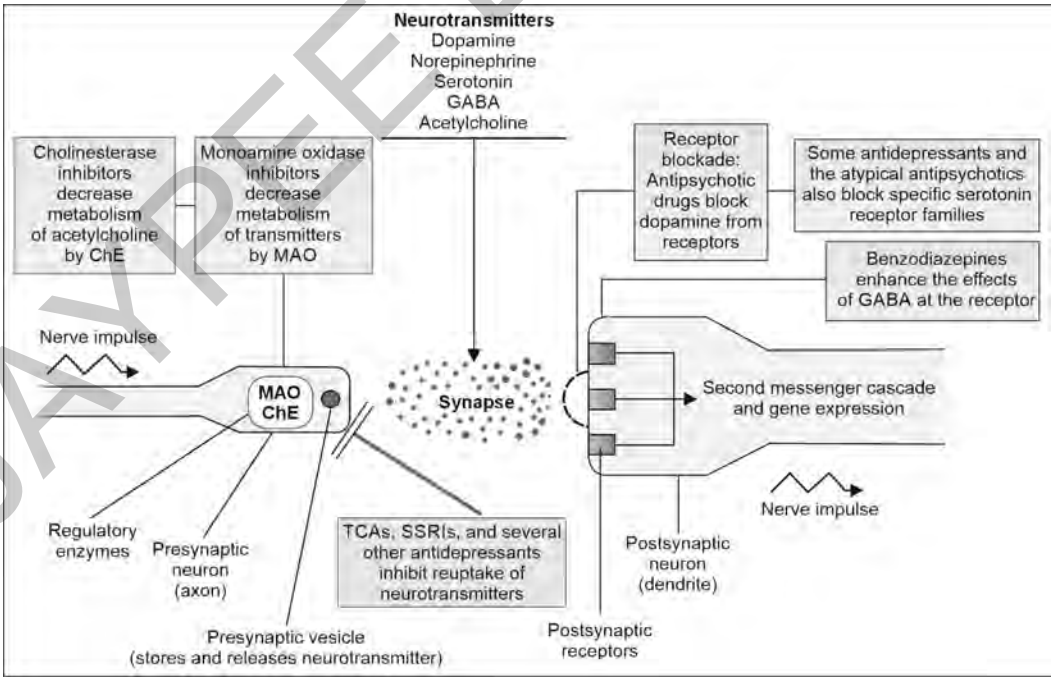

Figure 6.2: Neurotransmission and drug effects at the synapse

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- *Precursor chain interference:* The process that 'makes' the neurotransmitter either synthesized more or less.

❖ **Psychotropic drugs alter synaptic activity by:**
- Modifying the reuptake of a neurotransmitter into the presynaptic neuron.
- Activating or inhibiting postsynaptic receptors.
- Inhibition of enzyme activity.

❖ **Biological theories suggest that:**
- Many of the psychiatric disorders are caused by dysregulation (imbalance) in the complex process of brain structures communicating with each other through neurotransmission.
- Psychosis involves excessive dopamine and serotonin dysregulation. Antipsychotic drugs block dopamine from the receptor site.
- Mood disorders result from disruption of normal patterns of neurotransmission of norepinephrine, serotonin and other transmitters. Antidepressants block the reuptake of norepinephrine or serotonin and regulate the areas of the brain that manufacture these chemicals. Some antidepressants and atypical antipsychotics block specific subtypes of serotonin receptors thereby enhancing serotonin transmission at serotonin receptors implicated in depression. MAOIs slow down enzymatic metabolism of norepinephrine and serotonin. Cholinesterase inhibitors slow down the metabolism of acetylcholine.
- Anxiety results from dysregulation of GABA and other neurotransmitters. Benzodiazepines enhance the effects of GABA.

General Guidelines on Drug Administration in Psychiatry

❖ The nurse should not administer any drug unless there is a written order. Do not hesitate to consult the doctor when in doubt about any medication.

❖ All medications given must be charted on the patient's case record sheet.

❖ **While administering medication:**
- Always address the patient by name and make certain of his/her identification.
- Do not leave the patient until the drug is swallowed.
- Do not permit the patient to go to the bathroom to take the medication.
- Do not allow one patient to carry medicine to another.

❖ If it is required to leave the patient to get water, do not leave the medicine tray within the reach of the patient.

❖ Do not force oral medication because of the danger of aspiration. This is especially important in stuporous patients.

❖ Check drugs daily for any change in color, odor and number.

❖ Bottles should be tightly closed and labeled. Labels should be written legibly and in bold lettering.

❖ Make sure that an adequate supply of drugs is on hand, but do not overstock.

❖ Make sure no patient has access to the drug cupboard.

❖ Drug cupboards should always be kept locked when not in use. Never allow a patient or worker to clean the drug cupboard. The drug cupboard keys should not be given to patients. *(See Appendices 21 and 25 for Drug Book Format and Drug Guide)*

Patient Education Related to Psychopharmacology

❖ Nurses assess for drug side effects, evaluate desired effects, and make decisions about prn (pro re neta) medication. Thus, nurses must understand general principles of psychopharmacology and have specific knowledge related to psychotropic drugs.

❖ Teaching patients can reduce the incidence of side effects while improving compliance with the drug regimen. Specific areas of education include the following:
- *Discussion of side effects*: Side effects can directly affect the patient's willingness to adhere to the drug regimen. The nurse should always inquire about the patient's response to a drug, both therapeutic responses and adverse responses.

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- *Discussion of safety issues*: Because some drugs such as tricyclic antidepressants have a narrow therapeutic index, thoughts of self-harm must be discussed. Discussion should also include abruptly discontinued effects. Many psychotropic drugs cause sedation or drowsiness. Discussions concerning use of hazardous machinery, driving must be reviewed.
- *Drug interactions*: Patients and families must be taught to discuss the effects of the addition of over-the-counter drugs, alcohol and illegal drugs to currently prescribed drugs.
- *Instructions for older adult patients:* Because older individuals have a different pharmacokinetic profile than younger adults, special instructions concerning side effects and drug-drug interactions should be explained.
- *Instructions for pregnant or breastfeeding patients:* As pregnant or breastfeeding patients have special risks associated with psychotropic drug therapy, special instructions should be tailored for these individuals. Teaching patients about their medications enables them to not only be mature participants in their own care but also decreases undesirable side effects. Furthermore, effective teaching can reduce noncompliance **(Box 6.1)**.

BOX 6.1: Common reasons for patients not taking medication as prescribed

- Side effects
- Emotional dulling
- Cognitive slowing
- Sexual dysfunction
- Denial of need
- Fear of becoming addicted
- Interference with work
- Illness (suspiciousness)
- Inability to use alcohol or other recreational drugs
- Busy lifestyle
- Duration of treatment

Classification of Psychotropic Drugs

Psychotropic drugs can traditionally be classified based on clinical indication as under **(Figure 6.3)**:

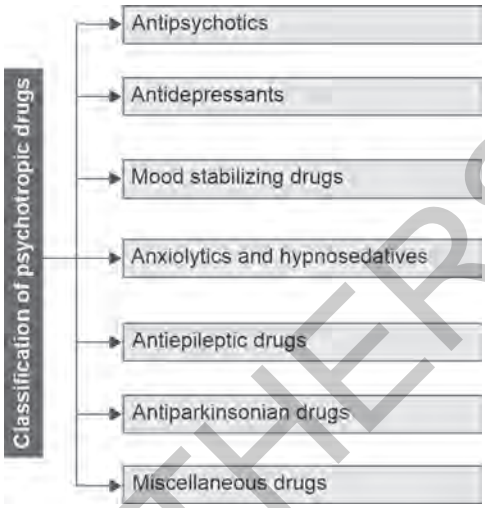

Figure 6.3: Classification of psychotropic drugs

ANTIPSYCHOTICS

Antipsychotics are psychotropic drugs that are used for the treatment of psychotic symptoms. These medications cannot 'cure' the illness but can take away many of the symptoms or make them milder, help patients to lead a more normal and fulfilling life by alleviating psychotic symptoms. In some cases they can shorten the course of an episode of the illness as well. Antipsychotic drugs are also known as neuroleptics, major tranquilizers, anti-schizophrenic drugs or D2-receptor blockers.

Classification

The first antipsychotic medications were introduced in the 1950s with the invention of phenothiazines. Also known as typical antipsychotics or conventional antipsychotics, these first-generation antipsychotics are dopamine receptor antagonists. These often have unpleasant side effects such as muscle stiffness, tremor, and abnormal movements thereby leading the researchers to continue their search for better drugs.

The 1990s saw the development of second-generation antipsychotics. Also known as atypical antipsychotics, these are serotonin-dopamine antagonists. Due to fewer side-effects than the older drugs they are now being used as first-line treatment. More recently,

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aripiprazole (Abilify) an atypical antipsychotic has been described as a third-generation drug due to its unique effect on dopamine receptors and minimal risk for extrapyramidal side effects (EPS).

In clinical trials, atypical antipsychotics were found to be more effective than conventional or "typical" antipsychotic medications in individuals with treatment-resistant schizophrenia (schizophrenia that has not responded to other drugs), and also the risk of tardive dyskinesia (a movement disorder) was lower. The 12 atypical antipsychotics approved by the Food and Drug Administration (FDA), 2016 are clozapine, risperidone, aripiprazole, olanzapine, quetiapine, ziprasidone, amisulpride, paliperidone, asenapine, lurasidone, iloperidone, cariprazine and brexpiprazole. Though each of these has a unique side effect profile, these medications are in general better tolerated than the earlier drugs.

Antipsychotics are classified based on pharmacological mechanism of dopamine D2 receptor antagonism which is linked to clinical efficacy. Classification of antipsychotics is presented in **Table 6.1**.

Pharmacokinetics

Antipsychotics when administered orally are absorbed variably from the gastrointestinal tract due to uneven blood levels. They are highly bound to plasma as well as tissue proteins. Brain concentrations are significantly higher than plasma concentrations. They are metabolized in the liver, and excreted mainly through the kidneys. The elimination half-life varies from 10 to 24 hours.

Most of the antipsychotics tend to have a therapeutic window. If the blood level is below this window, the drug is ineffective. If the blood level is higher than the upper limit of the window, it results in toxicity or the drug is again ineffective.

Mechanism of Action

Typical antipsychotics work by inhibiting dopaminergic neurotransmission. These drugs block D2 receptors in the mesolimbic and mesofrontal systems (concerned with emotional reactions). They also have noradrenergic, cholinergic and histaminergic blocking action. Sedation is caused by alpha-adrenergic blockade. Antidopaminergic actions on basal ganglia are responsible for causing EPS **(Figure 6.4)**.

Atypical antipsychotics work by blocking D2 dopamine receptors as well as serotonin receptor antagonist action such as anti-serotonergic (5-hydroxytryptamine or 5-HT), antiadrenergic and antihistaminergic actions. These are therefore called serotonin-dopamine antagonists.

Indications

The main indicators for antipsychotic drugs are management of schizophrenia, mania and depression with psychotic symptoms, behavioral problems in childhood disorders, eating and organic psychiatric disorders.

Psychiatric Disorders

- Schizophrenia
- Schizoaffective disorders
- Paranoid disorders

Mood Disorders

- Acute mania
- Major depression with psychotic symptoms
- Severe agitation

Childhood Psychiatric Disorders

- Attention-deficit hyperactivity disorder
- Autism
- Enuresis
- Conduct disorder

Neurotic and Other Psychiatric Disorders

- Anorexia nervosa
- Intractable obsessive-compulsive disorder
- Severe, intractable and disabling anxiety

Organic Psychiatric Disorders

- Delirium
- Dementia
- Delirium tremens
- Drug-induced psychosis

Medical Disorders

- Huntington's chorea
- Intractable hiccough
- Nausea and vomiting

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TABLE 6.1: Classification of antipsychotics

Category		Subclass	Common drugs (Generic name)	Trade names	Oral dose mg/day	Parental dose mg/day
Typical antipsychotics	Dopamine antagonist	Phenothiazines	Chlorpromazine	Thorazine, Largactil	300–1500 mg	50–100 IM only
			Triflupromazine	Vesprin, Siquil	100–400 mg	30–60 IM only
			Thioridazine	Mellaril, Thioril	300–800 mg	—
			Trifluoperazine	Espazine	15–60 mg	1–5 IM
			Fluphenazine Decanoate	Prolinate	—	25–50 IM every 1–3 weeks
		Thioxanthenes	Flupenthixol	Depixol, Fluanxol	3–40 mg	
		Butyrophenones	Haloperidol	Haldol, Serenace	5–100 mg	5–20 IM
		Diphenylbutyl Piperidines	Pimozide	Orap	4–20 mg	—
			Penfluridol	Flumap	20–60 mg/weekly	
		Indolic derivatives	Molindone	Moban	50–225 mg	
		Dibenzoxazepines	Loxapine	Loxitane	25–100 mg	
Atypical antipsychotics	Dopamine and serotonin antagonist	—	Clozapine	Clozaril, Sizopin, Denzapine	50–450 mg	Zyprexa Relprevv is a long-acting injectable (LAI) (Olanzapine) 10 mg, 2–4 weeks
			Risperidone	Risperdal, Sizodon, Sizomax	2–10 mg	
			Olanzapine	Zyprexa, Olanz	10–20 mg	
			Quetiapine	Seroquel, Qutan	150–750 mg	
			Ziprasidone	Geodon	20–80 mg	
			Amisulpride (Noval)	Solian	50–300 mg	
	Partial dopamine antagonist	—	Aripiprazole (Noval)	Abilify, Aristada	05–30 mg	Aripiprazole lauroxil is a long-acting intramuscular injection administered 4–6 weeks

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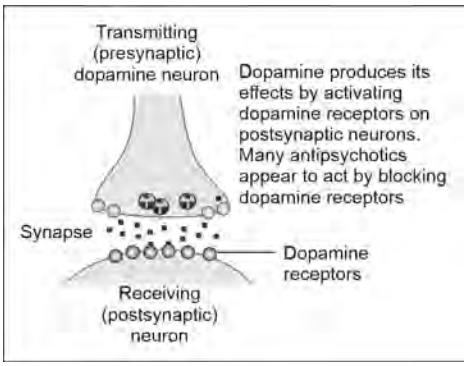

Figure 6.4: Dopamine neurotransmission and drug effects at the synapse

- Tic disorder
- Eclampsia
- Heat stroke
- Severe pain in malignancy
- Tetanus

Contraindications

Contraindicated Situations for First-generation Antipsychotics

- History of severe allergy
- Use of central nervous system depressants like barbiturates, benzodiazepines, opioids
- Severe cardiac, renal and liver disorders
- Poorly controlled seizures
- Narrow-angle glaucoma
- Prostatic hypertrophy
- Parkinson's disease

Contraindicated Situations for Atypical Antipsychotics

- History of severe allergy.
- Elderly patients diagnosed with dementia.
- Caution in the presence of a prolactinoma.
- Glaucoma, liver disease, cardiac arrhythmias, severe cardiac disorders, severe neutropenia or bone marrow depression.

Antipsychotics should be avoided during first trimester pregnancy. For women taking antipsychotics and considering breastfeeding, alternative treatments may be typically advised due to drug accumulation in breast milk.

Adverse Effects of Antipsychotic Drugs

The most common side-effects of conventional antipsychotic medication include anticholinergic effects, photosensitivity and extrapyramidal side-effects **(Figure 6.5)**.

Extrapyramidal Symptoms (EPS)

Antipsychotics cause four main extrapyramidal symptoms **(Figure 6.6)**. These occur due to blockade of D2 receptors in the midbrain region of the brainstem. Conventional antipsychotic drugs cause a greater incidence of EPS than do atypical antipsychotic drugs.

- **Neuroleptic-induced parkinsonism (Pseudoparkinsonism):** Symptoms include rigidity in the arms and shoulders, tremors in the hands and arms, bradykinesia, stooped posture, drooling, akinesia, masked facies and shuffling gait. The disorder can be reversible and treated with anticholinergic agents.
- **Acute dystonia:** Dystonic reactions are spastic contractions of the muscles resulting from a slow sustained muscular spasm that led to an involuntary movement. Dystonia can involve the neck, jaw, tongue and the entire body (opisthotonos). There is also the involvement of eyes leading to upward lateral movement of the eye known as oculogyric crisis. Dystonia can be prevented

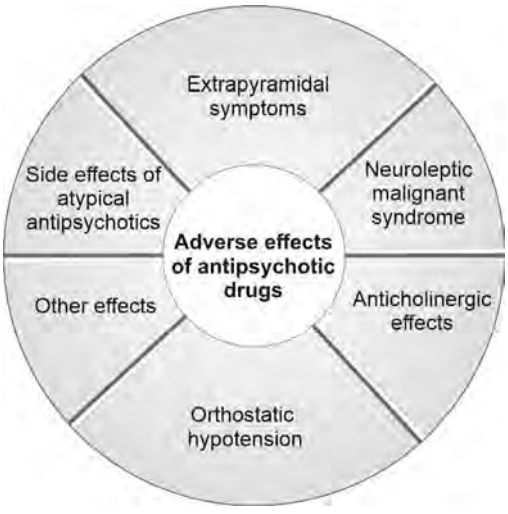

Figure 6.5: Adverse effects of antipsychotic drugs

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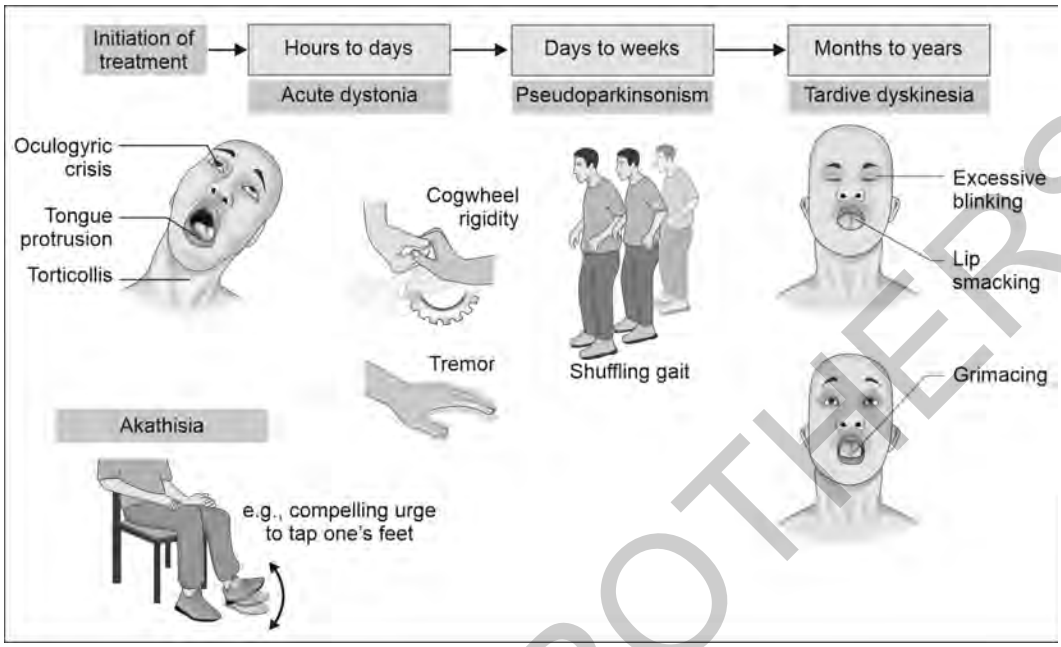

Figure 6.6: Extrapyramidal symptoms

by anticholinergic, antihistaminergic, dopamine agonists, beta-adrenergic antagonists, benzodiazepines, etc. These reactions are uncomfortable and can be life-threatening if left untreated.

- **Akathisia:** Akathisia is a subjective feeling of inner restlessness which is evident from the inability to remain still. It is associated with psychomotor restlessness with the individual experiencing an intense sensation of unease usually involving the lower extremities. Akathisia can be treated with low doses of beta blockers such as propranolol and also with benzodiazepines.
- **Tardive dyskinesia:** It is a delayed adverse effect of antipsychotics which may not be reversible even if the medication is discontinued. It consists of abnormal, irregular choreoathetoid movements of the muscles of the head, limbs and trunk. It is characterized by chewing, sucking, grimacing and perioral movements.

Neuroleptic Malignant Syndrome

It is a rare but serious disorder occurring in a small minority of patients taking neuroleptics, especially high-potency compounds. The onset is often in the first 10 days of treatment. The clinical picture includes rapid onset (usually over 24–72 hours) of severe motor, mental and autonomic disorders, the most prominent motor symptom being generalized muscular hypertonicity. Stiffness of the muscles in the throat and chest may cause dysphasia and dyspnea. Mental symptoms include akinetic mutism, stupor or impaired consciousness. Hyperpyrexia develops with evidence of autonomic disturbances in the form of unstable blood pressure, tachycardia, excessive sweating, salivation, and urinary incontinence. Creatine phosphokinase (CPK) in the blood may rise to very high levels; also the white cell count may increase. Secondary features may include pneumonia, thromboembolism, cardiovascular collapse, and renal failure. The syndrome lasts for one to two weeks after stopping the drug.
(Refer Chapter 8—Page No. 283 for Management of Neuroleptic Malignant Syndrome)

Anticholinergic Effects

Dry mouth, constipation, cycloplegia, mydriasis, urinary retention, blurred vision,

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- **Manic disorder:** Non-competitive activities that allow the use of energy and expression of feelings. Activities should be limited and changed frequently. Patient needs to work in an area away from distractions. For example, raking grass, sweeping, etc.
- **Schizophrenia (paranoid):** Non-competitive, solitary meaningful tasks that require some degree of concentration so that less time is available to focus on delusions. For example, puzzles, scrabble, etc.
- **Schizophrenia (catatonic):** Simple concrete tasks in which patient is actively involved. Patient needs continuous supervision, and at first works best on a one-to-one basis. For example, metal work, molding clay, etc.
- **Antisocial personality:** Activities that enhance self-esteem and are expressive and creative but not too complicated. Patient needs supervision to make sure each task is completed. For example, leather work, painting, etc.
- **Dementia:** Group activities to improve feeling of belongingness and self-worth. Provide those activities which promote familiar individual hobbies. Activities need to be structured, requiring little time for completion and not much concentration. Explain and demonstrate each task, then have patient repeat the demonstration. For example, cover making, packing goods, etc.
- **Substance abuse:** Group activities in which patient uses his talents. For example, involving patient in planning social activities, encouraging interaction with others, etc.
- **Children:** Playing, storytelling, painting, poetry, music, etc.
- **Adolescents:** Creative activities such as leather work, drawing, painting.
- **Mental retardation:** Repetitive work assignments are ideal; provide positive reinforcement after each achievement. For example, cover making, candle making, packaging goods, etc. *(See Appendix 16 for Occupational Therapy Format)*

ROLE OF A NURSE IN PSYCHOLOGICAL THERAPIES

The nurse has an important role in enhancing the therapeutic effects of activity therapies. Some points to be kept in mind are:

- Close co-ordination between the nursing staff and the activity therapy department is essential.
- By engaging in these activities, the nurse not only has an opportunity to support the therapeutic efforts of the recreational therapist but also has an invaluable opportunity to observe the patient in different settings.
- Through her observations of the patient's behavior during these activities, the nurse gains valuable information that she can subsequently utilize to therapeutic advantage in the working phase of the nurse–patient relationship.



- Physical therapies are treatment approaches that use physiologic or physical interventions to effect behavioral change.
- Psychopharmacology is the study of medications used to treat psychiatric disorders.
- Biological theories suggest that many of the psychiatric disorders are caused by dysregulation (imbalance) in the complex process of brain structures communicating with each other through neurotransmission.
- Nurses must understand general principles of psychopharmacology and have specific knowledge related to psychotropic drugs.

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- Psychotropic drugs are classified as antipsychotics, antidepressants, mood stabilizers, anxiolytics and hyposedatives, antiepileptics, antiparkinsonian drugs and miscellaneous drugs.
- Antipsychotics are psychotropic drugs that are used for the treatment of psychotic symptoms. Antipsychotics are typical and atypical.
- Typical antipsychotics work by inhibiting dopaminergic neurotransmission. Atypical antipsychotics work by blocking D2 dopamine receptors as well as serotonin receptor antagonist action.
- The main indicators for antipsychotic drugs are management of schizophrenia, mania and depression with psychotic symptoms, behavioral problems in childhood disorders, eating and organic psychiatric disorders.
- The most common side-effects of conventional antipsychotic medication include anticholinergic effects, photosensitivity and extrapyramidal side-effects.
- Antidepressants are drugs used for treatment of depressive illness. These are also called mood elevators or thymoleptics.
- Mood stabilizers are used for the management and treatment of bipolar affective disorders (having disturbance in mood including mania and depression).
- Lithium was the first mood stabilizer and the first-line treatment option in the treatment of mania.
- Carbamazepine and sodium valproate are anticonvulsant drugs used as mood stabilizers.
- Anxiolytics are also called minor tranquilizers with most of them belonging to the benzodiazepine group of drugs.
- In clinical practice anticholinergic drugs have their primary use as treatments for medication-induced movement disorders.
- Miscellaneous drugs include drugs used in deaddiction, child psychiatry, eating disorders, stimulants, vitamins, calcium channel blockers, etc.
- Commonly used deaddiction drugs are antabuse and anticraving drugs.
- Commonly used medications in child psychiatry are clonidine and methylphenidate.
- ECT is a form of treatment wherein a seizure is artificially induced in an anesthetized patient by passing an electric current through electrode applied to the patient's head.
- Electroconvulsive therapy is treated like a minor surgical procedure that requires pre-treatment, intratreatment and post-treatment nursing care.
- Psychological therapies refer to a variety of treatments that aim to help an individual to identify and manage disturbed thoughts, emotions and behavior.
- Psychotherapy is referred to as a systemic treatment primarily employing verbal communication as the means of treatment aimed at relieving the patient's symptoms and helping him to understand and modify his conduct so as to lead a well-adjusted life.
- Some of the techniques used in psychoanalysis are free association, dream analysis, hypnosis, catharsis and abreaction therapy.
- Individual psychotherapy is a method of bringing about change in a person by exploring his or her feelings, attitudes, thinking and behavior.
- In supportive psychotherapy, the therapist helps the patient to relieve emotional distress and symptoms without probing into the past and changing the personality.

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- ❖ Behavior therapy involves identifying maladaptive behaviors and seeking to correct these by applying the principles of learning theories.
- ❖ Cognitive therapy is a psychotherapeutic approach based on the idea that behavior is secondary to thinking.
- ❖ Psychosocial therapy is a form of psychotherapy which emphasizes the interface between the patient and the patient environment.
- ❖ Group psychotherapy is a treatment in which carefully selected people who are emotionally ill meet in a group guided by a trained therapist and help one another for personality change.
- ❖ Family therapy is an ideal counseling method for helping family members adjust to an immediate family member struggling with an addiction, psychological issues or mental health diagnosis.
- ❖ Therapeutic community is a therapy in which patient's social environment would be used to provide a therapeutic experience for the patient by involving him as an active participant in his own care and the daily problems of his community.
- ❖ Recreational therapy is a planned therapeutic activity that enables people with limitations to engage in recreational experiences.
- ❖ Music therapy is the functional application of music towards the attainment of specific therapeutic goals.
- ❖ Dance therapy is the psychotherapeutic use of movement which furthers the emotional and physical integration of the individual.
- ❖ Occupational therapy is the application of goal-oriented, purposeful activity in the assessment and treatment of individuals with psychological, physical or developmental disabilities.

REVIEW QUESTIONS

Long Essays

1. List the physical therapies used in psychiatry. Explain indications, contraindications, mechanism of action, side effects and nurses' responsibility for antipsychotics.
2. Role of a nurse in administration of psychotropic drugs.
3. Define ECT. Explain indications, contraindications, side effects and role of a nurse in ECT management.
4. Describe therapeutic community.
5. What is occupational therapy? Explain suggested occupational therapies for psychiatric patients.
6. Explain alternative therapies in psychiatry and role of a nurse.
7. What is the meaning of group therapy? Explain stages of group therapy and therapeutic factors involved in group therapy.
8. Describe indications, contraindications and side-effects of lithium. Explain nurses' responsibility for a patient receiving lithium.

Short Essays

1. Classification of psychotropic drugs
2. Classification of antipsychotic drugs
3. EPS
4. Neuroleptic malignant syndrome

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5. Mood stabilizing drugs
6. Lithium
7. Drugs used in treatment of anxiety
8. Psychological therapies
9. Psychoanalytical therapy
10. Abreaction therapy
11. Individual psychotherapy
12. Family therapy
13. Group therapy
14. Steps in family therapy

Short Answers

1. Drug-induced Parkinsonism
2. Akathisia
3. Dystonia
4. Complications of ECT
5. Dream analysis
6. Behavior therapy
7. Aversion therapy
8. Token economy
9. Psychodrama
10. Major assumptions of behavior therapy
11. Systematic desensitization
12. Meditation

Fill in the Blanks

1. Anti-anxiety drugs are also called as _____.
2. _____ is a drug of choice for mania
3. A major adverse effect of clozapine is _____.
4. The binding sites of neurotransmitters are called _____.
5. Main side effect of typical antipsychotics is _____.

State the Following Statements are True or False

1. Psychoanalysis is a form of psychotherapy developed by Sigmund Freud.
2. Aversion therapy means the desirable behavior is paired with an unpleasant stimulus.
3. A blood lithium level of less than 2.0 mEq/L may be associated with toxicity.
4. Drug induced parkinsonism is an extra-pyramidal symptom.
5. Diazepam is an anxiolytic drug.
6. Fluoxetine is an antipsychotic drug.

Multiple Choice Questions

1. **What is a receptor?**
   a. Binding site for neurotransmission
   b. Separates two neurons
   c. Situated in vesicles
   d. Releases chemicals
2. **What is a synapse?**
   a. Binding site for neurotransmission
   b. Separates two neurons
   c. Situated in vesicles
   d. Releases chemicals
3. **Haloperidol is a/an:**
   a. Antipsychotic b. Mood stabilizer
   c. Antidepressant d. Anticoagulant
4. **After three days of taking haloperidol the patient shows restlessness, becomes fidgety and is unable to sit still. Which of the following extrapyramidal symptoms is the patient experiencing?**
   a. Drug-induced Parkinsonism
   b. Acute dystonia
   c. Akathisia
   d. Tardive dyskinesia
5. **A patient is on clozapine drug for the past 2 weeks. He reports fever, sore throat and general weakness. Which of the following nursing intervention is most appropriate?**
   a. Inform the patient to take broad spectrum antibiotics
   b. Discontinue the therapy
   c. Inform the patient to check WBC count
   d. Both b and c
6. **Which of the following is a major side effect of typical antipsychotics?**
   a. Tardive dyskinesia
   b. Thyroid abnormality
   c. Weight gain
   d. Headache

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a. Response prevention
b. Flooding
c. Exposure
d. Relaxation training

46. A nurse wants to teach eye to eye contact maintenance behavior to a child. The nurse sits opposite the patient and reinforces the responses which are closest to the desired behavior and ignores the other responses. Which of the following technique is the nurse using?
a. Modeling b. Chaining
c. Shaping d. Response cost

47. Which of the following therapy takes the form of a group, where individuals share similar problems and psychopathologies?
a. Supportive psychotherapy
b. Group psychotherapy
c. Structured therapy
d. Family therapy

48. In which of the following behavioral techniques do participants receive tokens for engaging in adaptive behavior which at a later time can be exchanged for a variety of desired items?
a. Token economy
b. Response cost
c. Positive reinforcement
d. Negative reinforcement

49. All psychiatric disorders have cognitive and behavioral components. Which of the following is an important goal of cognitive behavior therapy?
a. Teaching adaptive skills
b. Reducing client's maladaptive behavior
c. Challenge client's irrational thought process
d. Help client reduce their fear responses to phobic stimuli

50. In a therapeutic community, patient participates in the decision making and problem solving processes that affects the management of the treatment setting. This refers to:
a. An autocratic form of staff government
b. A structured form of staff involvement
c. A democratic form of self-government
d. A structured form of patient involvement

ANSWER KEY

1. Anxiolytics	2. Lithium	3. Agranulocytosis	4. Receptors	5. Extra pyramidal symptoms
State the Following Statements are True or False				
1. True	2. True	3. False	4. True	5. True 6 False

Multiple Choice Questions									
1. a	**2. b**	**3. a**	**4. c**	**5. d**	**6. a**	**7. b**	**8. a**	**9. c**	**10. d**
11. b	**12. b**	**13. b**	**14. c**	**15. b**	**16. c**	**17. b**	**18. a**	**19. b**	**20. b**
21. d	**22. c**	**23. d**	**24. d**	**25. a**	**26. a**	**27. a**	**28. d**	**29. d**	**30. c**
31. c	**32. b**	**33. d**	**34. a**	**35. d**	**36. a**	**37. b**	**38. a**	**39. d**	**40. d**
41. d	**42. c**	**43. c**	**44. a**	**45. a**	**46. c**	**47. b**	**48. a**	**49. c**	**50. c**

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