

# Psychotic Disorder

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## Psychosis

- A condition characterized by loss of contact with reality
- Hallucinations: false perceptions
- Delusions: false beliefs

## Examples of Hallucinations and Delusions

- Hallucinations:
  - hearing voices,
  - seeing visions,
  - experiencing odd tastes and smells,
  - experiencing odd feelings.
- Delusions:
  - Persecution
  - Grandeur
  - Somatic
  - Jealousy
  - Erotomania
  - Thought control
  - Behavioural control
  - Thought withdrawal

## Psychoses may be caused by:

- Drugs: LSD, Amphetamines, Cocaine
- Brain Diseases: Alzheimer's Disease
- Brain Injuries: HI, CVA
- Bipolar and major depressive disorders
- Delusional Disorders
- Schizophrenia – most common

### Wife-killer spared gallows on appeal

**Mental disorder should factor into judgment, rules court**

Ansley Ng  
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HE HAD been sentenced to death for killing his unfaithful wife in broad daylight, slashing her six times with a chopper – with one blow almost severing her neck.

Yesterday, G Krishnasamy Naidu was spared the gallows after a Court of Appeal overturned the earlier decision, reducing the murder charge to one of culpable homicide.

The former taxi driver killed his wife, Madam Chitrabathy Narayanasamy, outside her workplace in Tuas two years ago.

During the trial last year, Justice Woo Bih Li accepted that Krishnasamy suffered from morbid jealousy – a

form of mental disorder – but found that the illness did not diminish his responsibility during the killing.

This was despite two Government psychiatrists concluding that the 44-year-old suffered from the mental disorder, stemming from discoveries about his wife's affairs with four different men from 1987 to the time she was killed in May 2004.

The couple had been married for 19 years and have two teenage children.

Each time he suspected his wife was having an affair, Krishnasamy – who has never denied killing Mdm

Chitrabathy, 39 – would call her many times a day, or check her underwear for semen stains.

Justice Woo was not convinced by his defence argument, adding that for Krishnasamy to qualify for a defence of morbid jealousy, three conditions had to be fulfilled.

First, that his state of mind was abnormal; second, that the abnormality was a result of a mental illness, and third, that the abnormality substantially impaired his mental responsibility.



## The Constance Chee case

The case, which riveted Singaporeans, had its beginnings in an unlikely love affair.





"Today, she is remanded at the Changi Women's Prison. She is on trial for culpable homicide not amounting to murder. She also faces one charge of kidnapping Sinee Neo, 4, on 7 Oct 2004.

Dr X, who interviewed her on six occasions, said that she suffered from simple schizophrenia... characterized by a progressive development of oddities of conduct and an inability to meet the demands of society. (They) drift downwards socially into poverty and typically end up living in the lowest stratum of society, a typical description being that of an unemployable idler, tramp or even prostitute."

*The New Paper, 17 Aug 05*

## Schizophrenia

- Most schizophrenia are NOT violent
- Diagnosis base on constellation of symptoms

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## Positive and Negative Symptoms

<ul style="list-style-type: none"> <li>□ Positive                     <ul style="list-style-type: none"> <li>■ Hallucinations</li> <li>■ Delusions</li> <li>■ Disordered speech</li> <li>■ Bizarre behavior</li> </ul> </li> <li>□ Good response to drugs, normal brain ventricles, limbic system abnormalities</li> </ul>	<ul style="list-style-type: none"> <li>□ Negative                     <ul style="list-style-type: none"> <li>■ Emotionally flat</li> <li>■ Poverty of speech</li> <li>■ Associality</li> <li>■ Apathy</li> <li>■ Avolition</li> </ul> </li> <li>□ Frontal lobe abnormalities, enlarged ventricles, variable response to drugs</li> </ul>
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## Diagnostic Criteria for Schizophrenia

- Delusions
- Hallucinations
- Disorganized Speech
- Disorganized or catatonic behavior
- Negative Symptoms (deficits)
  - Two or more of the above must be present for at least one month and some disturbance for six months
- Significant impairment in social/occupational functioning

## Disorganized Speech

- Disorder of thought *form*
- Loose Associations
- Thought derailment
- Neologisms (making up words)

## Treatment Overview

- Antipsychotic medications
- Psychosocial Rehabilitation: ACT
- Crisis Intervention
- Psychotherapy usually NOT appropriate

## Antipsychotics

- Main stay of treatment in Psychotic disorders such as Schizophrenia
- As adjuncts to mood stabilizers in bipolar disorder
- To augment resistant depression
- To manage psychotic depression
- Low dose antipsychotics have anxiolytic effects

## Typical antipsychotics / First generation

- High potency drugs like haloperidol, trifluoperazine (Stelazine)
- Low-potency drugs like chlorpromazine (lagactil)
- Effective in controlling positive symptoms but less effective for negative symptoms
- About 10% to 20% of patients derive little benefit from conventional neuroleptics
- Considerable side-effects especially:
  - Extrapyramidal side-effects (parkinsonism, dystonia)
  - Akathisia
  - Tardive dyskinesia

## Depot Preparation

- Longer acting
- Lipid based
- Zuclopentixol (Clopixol)
- Fluphenazine (Modecate)
- Flupentixol (Fluanxol)
- Pipothiazine (Piportil)

## Atypical Antipsychotic drugs SGAs

- Clozapine (Clozaril) 12.5-900 Mg/Day
- Risperidone (Risperdal) 2-16 Mg/Day
- Olanzapine (Zyprexa) 5-20 Mg/Day
- Ziprasidone (Geodon) 40-60 Mg/Day
- Quetiapine (Seroquel) 50-750 Mg/Day
- Aripiprazole (Abilify) 10-30 Mg/Day

## Atypical antipsychotic drugs

- Block dopamine but also involve serotonin (and maybe other neurotransmitters)
- Reduce psychosis (positive symptoms)
- May improve negative symptoms
- Few motor side effects
- Weight gain
- Diabetes
- Strokes in users over age 65
- Expensive (e.g., \$5 to \$10 per day)

## Clozapine

- Affects dopamine, serotonin, perhaps more
- May improve positive and negative symptoms
- Side effects include weight gain, seizures, sedation, and salivation (but not tardive dyskinesia)
- Agranulocytosis (no white blood cells) possible
  - Blood draws weekly or twice monthly
  - National registry system
  - Need to fail other antipsychotic drugs
- Works extremely well for a few people

## Olanzapine

- Zyprexa
- Improves positive symptoms
- Might help negative symptoms
- Weight gain in almost all users
- Diabetes in many (perhaps most) users
- Intramuscular (short acting) form available
- Used (at least once) by 20 million people worldwide
- Used annually by 2 million people worldwide
- \$ 4 billion per year for manufacturer Eli Lilly
- Indicated for schizophrenia and bipolar mania

## Risperidone

- Risperdal (generic in 2007)
- Risperdal Consta (long acting injection – two weeks or more)
- Improves positive symptoms
- Rare improvement of negative symptoms
- Extra-pyramidal side effects not uncommon
- Some weight gain
- Indicated for autism irritability as well as psychosis (schizophrenia and bipolar mania)

## Quetiapine

- Seroquel
- Some improvement in positive symptoms
- Rare improvement in negative symptoms
- Sedating
- Twice a day dosage not uncommon
- Indicated for bipolar depression as well as schizophrenia and bipolar mania

## Aripiprazole

- Abilify
- Perhaps some impact on positive symptoms
- Rare (if ever) impact on negative symptoms
- No (or rare) weight gain

Parameters	Baseline	Quarterly	After 12-24 weeks	Every year
Weight (BMI)	☀	☀		☀
Waist circumference	☀			☀
Blood pressure	☀		☀	☀
Fasting plasma glucose	☀			☀
Fasting lipid profile	☀			☀

## Other Psychosocial Interventions

- Family Therapy
- Case Management/Assertive Community Training (ACT)
- Social Skills Training
- Vocational Rehabilitation
- Cognitive Behavioral Therapy
- Individual Therapy
- Crisis Management

## Towards Community-Based Care

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### Key Recommendation of WHO 2001 Report on Mental Health:

Give cost-effective care in the community, with a better outcome and quality of care to individuals with chronic mental disorders and limit the stigma of treatment

### Benefits of Community-Based Psychiatric Care:

- Reduces stigmatization
- Better outcomes and quality of life
- Lower barriers to treatment-seeking behaviour
- Avoidance of the disabilities that result from 'institutionalisation'

## Community Mental Health Teams

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- Objectives: Maintain persons with mental illness (PMI) in the community for as long as possible and reduce hospital readmissions and length of stay through:
  - (a) **Psycho-social rehabilitation** (ACT + CPN) for patients with severe mental illness
  - (b) **Crisis Intervention** (MCT)
- To support (a) and (b) via
  - Collaborations with social, health and government agencies in the community to provide holistic support to patients and their caregivers living in the community
  - Provision of training, consultation and support to social agencies and primary health service providers to strengthen their capability in the understanding and management of PMIs

## Home Visits and Community Treatment

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- Call our centre to enquire: 64796456
- Or email: [info@psywellness.com.sg](mailto:info@psywellness.com.sg)