

## WARNING SIGNS OF PSYCHIATRIC RELAPSE

The following is a list of observable changes in behavior that may indicate the need for help:

### APPETITE

- \* Sudden increase or decrease in appetite
- \* Weight loss or gain

### SOCIAL INTERACTION

- \* Isolative or withdrawn behavior
- \* Excessive talking

### MEDICATION

- \* Resisting medication
- \* "Cheeking" medication
- \* Constantly asking for more medication

### SUICIDE

- \* Preoccupation with death
- \* Thoughts of suicide
- \* Self destructive behavior
- \* Description of a suicide or or self-harm plan

### HOSTILITY

- \* Verbal or physical threats
- \* Desire to hurt others
- \* Angry outbursts
- \* Destruction of property

### APPEARANCE

- \* Decreased personal hygiene and/or self-care
- \* Increased use of makeup
- \* Bizarre dress

### MOOD

- \* Increased isolation
- \* Tearfulness
- \* Irritability
- \* Unusual or unprovoked anxiety
- \* Agitation
- \* Talkativeness

### THOUGHT PROCESS

- \* Trouble concentrating
- \* Increased response to hallucinations
- \* Appears distracted
- \* Increased confused thinking

### SUBSTANCE ABUSE

- \* Increased alcohol use
- \* alcohol on breath
- \* seeking other's medication
- \* glassy eyes
- \* slurred speech

## **SYMPTOMS OF RELAPSE**

(Herz, 1982)

These symptoms usually occur in a predictable manner.

### **A. ANXIETY**

"feeling nervous and tense," "having difficulty sleeping," "not eating as much," "having trouble concentrating," and "not being able to remember things".

### **B. DEPRESSION-WITHDRAWAL**

"not enjoying things as much," "losing interest in things," "feeling worthless," and "feeling suicidal." (Suicide occurs in over 10% of schizophrenic patients).

### **C. SCHIZOPHRENIC**

"someone else is controlling me," "I feel like I'm going crazy," and "the voices are back."

### **D. INTERPERSONAL**

"having trouble with a spouse or mate," "feeling like killing someone."

### **E. DRINKING/DRUGS**

"marijuana and alcohol make me feel better than my medicines."

## STAGES OF RELAPSE

(Moller, 1994)

Seventy percent of clients and 92.6% of families are able to notice symptoms of illness reoccurrence. 98% of clients can sense when symptoms are intensifying. 8% of clients experience full relapse in 24 hours or less. 66% of clients indicate that the prodromal\* period leading to full relapse takes longer than one full week.

\*Prodromal phase - defined as the length of time between the onset of symptoms and the need for treatment.

1. **OVEREXTENSION:** The individual complains of feeling overwhelmed; symptoms of anxiety are intensified; great energy is expended to overcome symptoms; words are lost in the middle of sentences.
2. **RESTRICTED CONSCIOUSNESS:** A deeper feeling of depression with the added dimension of appearing bored, apathetic, obsessional, and phobic. It seems like the person withdraws from everyday events as a means to protect against the upcoming loss of control.
3. **DISINHIBITION:** First appearance of psychotic symptoms. Clients appear hypomanic and are often diagnosed as such.
4. **PSYCHOTIC DISORGANIZATION:** Grossly psychotic symptomatology occurs and the person appears "loudly" psychotic. Hallucinations and delusions intensify and the client ultimately loses control. There are three sub-stages with this stage:
  1. **DESTRUCTURING OF THE EXTERNAL WORLD:** The individual no longer recognizes his/her own normal environment--accuses family of not being one's parents; states "This house is not yours"; is highly agitated; believes, due to concrete thinking, "If I can't see it, it doesn't exist".
  2. **DESTRUCTURING OF THE SELF:** Loses personal identity; looks in the mirror and says, "That's not me", denies personal accountability, stating, "I didn't do that, you did" or "I wouldn't do that".
  3. **TOTAL FRAGMENTATION:** Total loss of the ability to differentiate reality from symptoms of psychosis. The person experiences complete loss of control.

Hospitalization usually occurs here and may involve law enforcement to get the client to the hospital. It is very devastating to clients and to their families to have to access health care via law enforcement.

**NOTE:** It has been identified that recompensation occurs via the reversal of these stages.

**LIFE EVENTS WHICH CAUSE STRESS  
FOR THE SERIOUSLY AND CONSISTENTLY MENTALLY ILL**

1. Changes in structured daily activities: even the slightest change, such as rearranging the furniture or missing a scheduled T.V. show can trigger an episode in a medically fragile client
2. Changes in residence
3. Changes in physical health
4. Changes in finances
5. Hospitalization
6. Changes in family relationships
7. Changes in interpersonal relationships with non-relatives
8. Changes in interpersonal relationships with spouse
9. Changes in personal habits
10. Death of significant others
11. Holidays and vacations
12. Changes in the environmental conditions of current residence
13. Changes in transportation resources
14. Legal problems
15. Notable personal achievement