CHAPTER X

PSYCHIATRIC TREATMENT

Psychological treatment
Symptomatic treatment
specific treatment
PSYCHIATRIC TREATMENT

There are however, Psychological treatment and physical treatments. This does not mean that disease entities are divided into two categories of those that respond to psychological or physical treatments respectively. Very often at any given time, a single illness may need a combined treatment of both types the dominance of which depends on the specific underlying psychopathology.

Psychological treatment aims at improving communication with the patient by reassuring, interpretation and explanation to help him comprehend better the nature of his illness and react in a healthy way to the internal and external stress. This is called Psychotherapy, an umbrella term used to combine both the Psychoanalytical school or «Frueedian theory» and the behavioural school or conditioning theory of Pavlov and Skinner.

The history of physical treatment in psychiatry goes back as long as any form of medical treatment. The primary objective is to produce a change in the patient indirectly by altering the physiological and biochemical basis of brain functions. All various forms of physical treatments have been employed to relieve the suffering or to cure mental illness in the patient. The various techniques of electrical therapy, drug therapy, deep narcosis, abreaction and the neuro-surgical techniques vary widely in their applications and specific aims.

Psychiatry has passed the era of mystical concepts of possession by demon and magical control by straight-jacket or shock treatment. Modern electrical treatment carried out under general anaesthesia is neither shocking nor unpleasant.
After careful assessment both clinically and psychologically one has to set up a therapeutic plan for the patient. This plan has three guidelines:

1. Psychological treatment
2. Symptomatic treatment

Psychological treatment can be of two types:

1. Psychoanalysis
2. Behaviour therapy

**Psychoanalytic Psychotherapy:** could be superficial or deep Specific Psychotherapy could be:

a. Supportive Psychotherapy which is simple understanding and sympathetic handling without indulgence into more heroic analytic deep approach. This can be tried with all patients.
b. Interperative Psychotherapy - This aims at improving the health as well as to a more mature and developed personality. It is defined as «any process which makes availables to individual consciousness the true significance of emotional conflicts and tensions hitherto repressed and would produce high awareness and increased stability and emotional control to achieve an awareness of himself which would help him face his difficulties.

2. **Deep Analytic Psychotherapy.** It is the task of the patient to express freely and absolutely without suppression or inhibition the ideas, anxieties and preoccupations, that come foremost in his mind. Patients are encouraged to relax completely, lying down comfortably and think about nothing in the external surroundings with no distraction or interruptions. The concept of lay people in the mass media about the true nature of this form of treatment has fallen in disrepute and led to a great distortion of the image of Psychiatry in the eyes of ordinary people. It requires special training for the understanding of its concepts and techniques. Psychotherapy could be conducted with the patient alone or family or a group of patients with similar problems called individual psychotherapy, family therapy or group therapy respectively.

**BEHAVIOUR THERAPY:**

This is based on the learning theory of Pavlov work on conditioning. It consists of empirically developed methods of unlearning the phobias and retraining the patient in desired form of behaviour. The
aim is to abolish faulty conditioned reflexes and set up well constructed conditioned reflexes to replace the old ones by extinction. Some examples, are «token economy» for rehabilitating patients with Schizophrenia, «desensitisation and exposure» for anxiety and obsessive compulsive disorder and the electric bell and pad for bed-wetting.

The target behaviour is discussed with the patient who would cooperate fully in the treatment if any success is expected. Unlike Psychoanalysis it aims at treating the symptoms and not the cause and there are areas of major conflicts between the two schools of thought. Both are sceptical about each other but for the experienced observer the two methods can be used with some discretion in the same illness. The commonest forms are aversion therapy by apomorphine discussed in alcoholism or electric shock for sexual disorders as in homosexuality transvestism or fetishism. Desensitisation techniques described by Wolpe stated «if a response inhibitory to anxiety can be made to occur in the presence of anxiety-provoking stimuli, it will weaken the bond between these stimuli and the anxiety». This can be achieved either by placing the subject directly into the anxiety-including situation or by desensitisation in imagination by discussion. These methods are now more commonly used than aversion therapies.

PHISICAL METHODS OF TREATMENT:

1. Symptomatic Treatment: As the name implies it aims at reducing the severity of the symptoms which are distressing to the patient like insomnia or tension.

a) Sedation: diurnal sedation or nocturnal. It should be noticed that barbiturates are dangerous as they are toxic. They can cause addiction and lead to suicide. Continuous use of barbiturate could interfere with carbohydrate metabolism and concomitant administration of vitamine is essential. In cases of continuous sleep which is rarely now used heavy sedation by chlorpromazine or chloral hydrate is supplemented with adequate hydration, vitamine supplement and intensive nursing care and adequate respiratory ventilation. Benzodiazepine are the commonest group of sedatives now used for day and night purpose.

TRANQUILIZERS:

Transquilizers have a sedative effect without as a rule lowering the level of consciousness and although their direct effect may be similar their pharmacological actions may vary. Though they are used widely
in psychosis (major tranquilizers) they are often prescribed for neurosis as minor tranquilizers. The most common type are major tranquilizers, i.e. Chlorpromazine. These are used widely in:

a. Mental illness, i.e. Schizophrenia or Mania for agitation and restlessness.
b. Post-operative excitement and confusion, as post-leucotomy behaviour disorder.
c. Mixed Psychotic reactions.

Therapeutic effects:
1. Anti-psychotic
2. Anti-hallucinogenic
3. Anti-cholinergic

Side effects include:
1. Jaundice, dermatitis, and urticaria, leucopenia, parkinsonism, dystonic reactions, photosensitivity, pyrexia, hypotension and lactation.

Other phenothiazine, i.e. perphenazine, tricluoperazine, fluophe na zine or long acting fluophenazine decanoate (moderate) used in chronic Schizophrenia.

BUTYROPHENONES: (haloperioldol) is anti-excitement and in high doses is similar to phenthoazine with negligible adrenergic activity and no significant side effects except for dystonic reaction, psuedo- parkinsonism and motor restless or akathisia.

STIMULANTS:

Amphetamine derivatives, i.e. dexamphetamine and methylamphetamine are symptomatic anti-depressants and cerebral stimulants but they cause insomnia and lead to addiction and acute psychotic episodes. Their effect is better limited to cases of behaviour disorder. In cases of brain damage in children it has a paradoxical effect of sedating, these patients while barbiturates cause agitation and excitement by the same token. Their use in nocturnal enuresis, narcolepsy, slimming, and epilepsy with behaviour disorder is not without danger.

SPECIFIC MEDICAL TREATMENT.

Anti-depressant drugs:

The principal anti-depressant drugs are now divided into two main groups:
A) **Tricyclic drugs** and B) **Monoamine Oxidase**

A) **The Tricyclic Drugs** are closely chemically related to chlorpromazine. Imipramine (tofranil) and Amytriptyline (Tryptazole) are the best two effective of the whole range. A new Tetracyclic version of the drug is being introduced claiming less side effects especially the cardiotoxic properties of the drug. Some Psychiatrists claim that the patients who benefit mostly from the Tricyclic drugs are typically suffering from endogenous type of depression with the classical signs and symptoms as opposed to reactive depression. The tricyclics seem to act by preventing the inactivation and rebinding of the catecholamines, noradrenaline and dopamine at nerve ending. There are contraindications like Glucoma prostatic enlargement and retention of urine. Troublesome side effects like cardio toxic effects should be carefully assessed in patients suffering from myocardial infarction. The patients should be warned in advance of these possible side effects lest they should be deprived of what could be a life-saving treatment. It takes 10 - 15 days to act and 10 - 12 weeks to get a lasting improvement. Long-term maintenance may be necessary to avoid recurrence.

B) **M.A.O.I.**

They increase the amount of amine turnover in the receptor site of the C.N.S. by inhibiting the monoamine oxidase an enzyme which is widely distributed in the body to oxidize catecholamines to inactive form excreted in the urine. Some examples of the group are:

- Phenelzine (Nardil) 40 - 90 mgm daily
- Isocaboxoside (Marplan) 10 - 30 mgm daily
- Trajicyprone (Parnate) 10 - 60 mgm daily

These are the most commonly used drugs in the reactive depression type and in typical cases in which phobias and anxiety symptoms are prominent. There are more severe restrictions to the use of these drugs than the tricyclic especially as far as food is concerned particularly those rich in amine. Side effect include hypertensive crisis with food containing dopa, hypertension, liver damage, allergic conditions retrobulbar neuritis. Tricyclic drugs should not be given before two weeks of the last dose of M.A.O.I. as there is a synergism between the milder side effects shared by both types of drugs. An acute syndrome of hyperpyrexia, excitability, fluctuation in blood pressure which can lead to coma and death has been described. The patients should carry a card with these instructions for the danger of any emergency requiring anesthesia or ECT.
ELECTRO-CONVULSIVE TREATMENT (ECT)

The use of this common method of treatment is empirical. There is evidence to suggest that the beneficial effect involves the cerebral cortex, mid-brain, hypothalamus, the anterior pituitary and autonomic nervous system. In depressed patient it probably increases the amount of 5-hydroxy tryptamine in the brain-stem. The treatment consists of passing an electric current through the skull between the two electrodes placed on the temple under complete general anesthesia. It should produce a convulsion as it is thought that the epileptic fit is an essential part of the treatment. Now more Psychiatrists are using the unilateral techniques more than the bilateral one to diminish the side effects of post-epileptic amnesia. Given in standardised form for ECT is very effective and safe procedure with good results, especially in acute psychotic depression with suicidal tendency, depressive stupor, catatonic stupor or severe excitement not responding to other major tranquilizers.

CEREBRAL SURGERY:

Prefrontal leukotomy: This surgical procedure depends on severing the fronto-thalamic connection to the rest of the brain, thus cutting off the incoming sensory information going to the frontal lobes. Thus the emotional quality and interpretation of the associated feelings are affected and thus the patient’s subjective feeling of pain and anguish and consequent objective behaviour disturbance are modified. The principal indications for this operation:

a. Chronic recurrent affective disorder with considerable agitation and tension not responding to other forms of treatment.

b. Severe obsessive compulsive disorder with distressing rituals and ruminations.

c. Chronic resistant case of Schizophrenia with fear of grave state of institutionalisation.

The decision to perform such an operation is one of the most difficult tasks of the psychiatrist as to the suitability of the case, the irreversibility of the operation, the prognosis and the ethical issue of the whole management of the case under consideration.