



Psykisk helse

ENGELSK

Psychosis

Psykose



What is psychosis?

Psychosis is not one specific illness, but rather a term applied when we have the impression that a person has lost contact with reality. In layman's terms, it is often referred to as madness.

A person suffering from psychosis will most often describe a reality which we experience as very different than our own. They may speak of voices which no one else can hear, or sense things no one else can sense. Some may also feel persecuted. They may describe situations that appear to others as hopeless misunderstandings, have inexplicable ideas or experience chaos in their thoughts. For some, a psychosis may present as a feeling of having "lost oneself", often accompanied by significant agitation and anxiety.

Different psychoses

Psychoses may manifest extremely differently from person to person. The majority of psychoses present rapidly and are relatively short-lived. These are often triggered by an extremely stressful experience, or in connection with alcohol or drug use. Norwegian research has shown that 36 percent of those who become psychotic abuse alcohol or narcotics. Organic conditions in the brain and certain physical illnesses can also trigger psychosis. This means that anyone can become psychotic or have psychotic-like experiences.

If a psychosis lasts a long time, it may indicate that the person is suffering from a more serious condition. One often

experiences a number of vague signs that something is bothering them some time before they become psychotic. This might be disturbed sleep, anxiety, depression or isolation. Many have displayed a preoccupation over time with their identity, with who they really are. Some may display a noticeable decline in social functioning, for example with regard to control over daily life or being able to do two things at once. However not everyone displays these advance signs, nor can any of them predict a long-term psychosis.

Schizophrenia

One of the most discussed psychotic illnesses is that diagnosed as schizophrenia. For this diagnosis to be applied, a person must display extremely severe psychotic symptoms for a period of one month or more. To warrant this diagnosis there must however be more than psychotic symptoms, such as social withdrawal, concentration problems and a decline in overall functioning. Schizophrenia is a relatively rare condition, and approximately one percent of the population will have it over the course of their life. The majority are first diagnosed between the ages of 18 to 28, and males tend to be diagnosed at a younger age than females.

Previously, schizophrenia was regarded by many as a life-long illness. It is still true that those who have had this diagnosis have a greater likelihood of experiencing new psychoses, while there also are many people who live the rest of their lives without a relapse. The chances of this



increase if one gets treatment quickly. Among those to now be diagnosed with schizophrenia, around 25 percent will become symptom-free. The majority will however require long-term treatment, some for the rest of their lives.

When should you seek treatment?

If a person changes his or her behaviour and reaction patterns without any special reason, this should give cause for concern. Some examples of this are:

- withdraws from family and friends
- is afraid to leave the house
- quits exercise or hobbies
- sleeps poorly, sleeps in the day and is awake at night
- is extremely preoccupied with one special subject
- shows decline in school performance
- has problems concentrating and remembering
- talks or writes about things which are nonsensical
- has panic attacks, is very sad or has suicidal thoughts
- appears indifferent or has severe mood swings
- has strange reactions; may start laughing at something sad
- hears voices no one else can hear
- believes that others are plotting against him, spying on him or following him
- believes s/he is influenced to do things, for example by the television or the devil
- believes s/he has special abilities and can read others' minds
- believes his/her thoughts are being influenced by others

Assessment and treatment

The modern day psychiatric healthcare system has established a number of specialised teams that work with psychoses. Many of these have procedures which ensure a systematic examination of the specific afflictions of an individual. These teams also investigate whether there are any physical/ cerebral organic causes for what the person is experiencing. This includes taking a picture of the brain (CT/MR) to clarify such questions. While not all parts of the country have such specialised teams, the local psychiatric out-patient clinic will be able to carry out the same tests if such a team is not to be found where you live.

There are great variations in the way psychoses are treated. It is important to adapt treatment initiatives to the way in which a person experiences reality, how long the condition has lasted, and how it affects the person's functioning. However, one critical component of every treatment is information to both the person with the psychosis and his or her relatives. Knowledge about the psychosis, how it presents and has developed for the individual, is essential to reducing the risk of a recurrence.

Various types of treatment

Psychological treatment

Conversational therapy has proven very effective for many who suffer from psychosis, and is often based on reducing the person's agitation, anxiety and possibly depression. One does this by trying to organize or schematize the person's experiences in an attempt to make them less frightening and inhibiting. This may contribute to increased feelings of accomplishment, which in turn can help the person gain control over behaviour which is experienced as troublesome.



Therapy will also focus on how the development of the psychosis was experienced, in order to find out what to watch for in the future.

Family members often play an important role in the treatment of psychoses. They most often know the person well, and can assist in better understanding both recent and past events in the patient's life. Both family members and the person who has experienced a psychosis often have a number of questions about the condition. Many are worried about what could have triggered the psychosis, how the person who has the psychosis is doing, and what the future might bring. Many also experience feelings of guilt.

Information and teaching are as such an essential part of treatment. This can be carried out in different ways, and varies from place to place. It could for example take the form of teaching and courses for close relatives, opportunities to participate in a group, or distribution of informative material.

Medicinal treatment

Medication is suitable for certain individuals, and absolutely necessary for others. The latter applies in particular in cases where people suffer such severe psychosis that they may be at risk of harming themselves or others, or when the psychosis is so acute that agitation and anxiety have gotten completely out of hand. In many cases, medication can soon be reduced and terminated within a relatively short period of time. For others, it is important to continue medication longer, even when the symptoms are no longer present. For people diagnosed with schizophrenia, it is common to take medication for 2-5 years, and some may require life-long treatment. It is nonetheless also common practice to monitor the level of medication required by reducing it during certain periods.

Hospitalisation

Within the psychiatric healthcare system there is a great emphasis on providing as much treatment as possible on an outpatient basis at local polyclinics. Sometimes admission to hospital is nonetheless necessary in order to provide the best treatment possible. This is most often a question of a short stay in hospital in order to ensure the best possible start to assessment or treatment, or to help provide a safe framework around the person suffering from a psychosis.

Will I get rid of the psychosis?

The majority of psychoses pass after a relatively short time. However, after a psychotic episode, you will remain more vulnerable to new psychoses. It is recommended to continue treatment for some time after the psychotic symptoms have passed, and that discontinuation of treatment be decided upon in consultation with healthcare personnel and family members. Many live the rest of their lives without a relapse.

For those suffering from long-term illness, such as schizophrenia, it can often take longer before they experience themselves as much better. However, about two of three persons diagnosed with schizophrenia describe themselves as significantly better or cured after a lengthy period of treatment. Recent research has shown that one in four will be completely free of the illness after treatment. Some may however require close monitoring for many years in order to achieve a life they experience as valuable.

Irrespective of the type of psychosis one has, beginning treatment quickly is essential. The chances of being completely cured of a psychosis appear to be closely related to how soon one gets help.





Psyisk helse

IS-1471

Where to seek help

Emergency – call 113
Doctor/Casualty
Support phone: 810 30 030

Useful information

www.psyisk.no
www.psyiskhelse.no
www.mentalhelse.no
www.psykopp.no
www.nyinorge.no
www.nakmi.no

Broshures on mental health



Anxiety
IS-1465



Depression
IS-1466



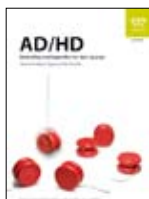
Obsessive Compulsive
Disorders IS-1469



Eating disorders
IS-1470



Psychosis
IS-1471



AD/HD
IS-1468



Legal protection
IS-1467



Mental health care in Norway
• For adults, IS-1472
• For young people, IS-1474
• About young children, IS-1473



BUP
• Children, IS-1301
• Young people, IS-1302
• Adults, IS-1303

Brochures can be downloaded at www.psyisk.no
under Information Material.

This brochure can be found in 'bokmål' and 'nynorsk', the two official
languages of Norway, English, Arabic, Farsi, French, Kurdish/Sorani,
Polish, Punjabi, Russian, Lappish, Serbian/Croatian, Somali, Spanish,
Turkish, Urdu, and Vietnamese.



Sosial- og helsedirektoratet