INTRODUCTION

Acute and transient psychotic disorders, as defined by the ICD-10, are, but disorders which mainly concern females, with possible onset in all ages of adult life usually between the thirtieth and fiftieth year of life. Their onset is acute or even abrupt within 48 hours, but only rarely dependent on acute severe stress in spite of former assumptions. The psychiatric period is very short, with a mean of 17.5 days, in some cases even only one day. Their response to antipsychotic drugs is very good and their outcome is usually favourable in spite of the fact that they are usually recurrent. They differ from schizophrenia regarding the gender distribution, age at onset, premorbid level of functioning and social interactions.

Definition

It is characterized by the development of delirium, hallucinations, and jumbled speech. A delusion with quick changes in the structure occurs in the individual who suffers from acute psychosis.

Case study of Master X

Master X, 18-year-old male, presented with the history of abnormal behaviour, irregular talk, agitation, restlessness, fearfulness, decreased sleep pattern, loss of appetite, poor self-care. There was no family history of psychiatric illness. Master X was diagnosed as an acute transient psychotic disorder.

Incidence

Disorders that mainly concern females, with possible onset in all ages of adult life usually between the thirtieth and fiftieth year of life.

Etiology

- Delusional disorder
- Depression
- Alcoholic hallucination
- Head injury

ABSTRACT

There are psychotic disorders characterized by an abrupt onset of symptom without previous psychiatric history. The episode is characterized by delusion, hallucination and depersonalization. The objective of this study is to define acute transient psychotic disorder, incidence, etiology, symptoms, diagnostic evaluation, treatment, medical management. The method and symptomatology applied in this study is to describe the etiology of acute transient psychotic disorder. The results of this study show that Master X 18 years male, presented with the history of abnormal behaviour, irregular talk, agitation, restlessness, fearfulness, decreased sleep pattern, loss of appetite, poor self care. It is concluded that it is a psychotic disorder, associated with events that would be distressing, include family members in providing an effective care to the patient and to develop support and explore the emotional experience of the client.

KEYWORDS acute transient disorder, trauma, psychotic disorder, hallucination

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Diagnostic evaluation

Blood test
ECG
EEG
Brain imaging CT
MRI

Clinical manifestation

- Affecting symptoms
- Aggressive and impulse symptoms
- Positive thinking
- Negative symptoms
- Mood symptoms
- Biological symptoms
- Others

MANAGEMENT

Pharmaco therapy

Drug therapy
He is taking anti-psychotic drugs like tab.zapiz 100 mg, tab.Quatan 75 mg, tab.bromocriptine and inj.serenance 1 ampule is administered as a priority to drug therapy.

Individual therapy

- Provision of warmth and reassurance
- Avoid anxiety stimulants
- Encourage honesty, self confidence, self worth

Behaviour therapy

He must undergo behaviour modification technique like token economy in his hospitalization.

Family therapy

Therapist taught the techniques to significant personalities for reducing family expectations, tensions, comment and to enhance adaptations of client to family environment.

Nursing intervention

1. Obtain family history and client history from the primary sources.
2. Assess the functioning capacity of an individual.
3. Physical examination is done.
4. Performing a mental status examination.
5. Process recording done to explore verbal and non-verbal communication.
6. Assist in medication and therapy.

CONCLUSION

Master X was with the complaints of aggressive behaviour, loss appetite and sleep pattern disturbance and irregular talk and he diagnosed as an acute transient psychotic disorder. He has been under medication and behaviour, individual and family therapy. Providing an effective care to the patient and to develop support and consistent empathetic approach to help the client to improve his condition.

REFERENCES