

What is Schizophrenia?

- Schizophrenia is a chronic, and sometimes disabling illness of the mind that has affected people throughout history.
- People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can terrify people with the illness and make them withdrawn or extremely agitated.
- People with schizophrenia may not make sense when they talk. They may sit for hours without moving or talking. Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking.
- Families and society are affected by schizophrenia too. Many people with schizophrenia have difficulty holding a job or caring for themselves, so they rely on others for help.

Epidemiology

- Schizophrenia is thought to affect 20 million people worldwide, with half of these being in the developed world.
- It is estimated to affect 1% of the Indian population.
- The age of onset is commonly during a patient's early 20s.
- Up to 20% of patients suffer only a single acute episode.
- The cause of death in approximately 10% of those with schizophrenia is suicide.

Signs and Symptoms

- Schizophrenia is characterized by a multiplicity of symptoms arising from almost all domains of mental function, e.g. language, emotion, reasoning, motor activity and perception.
- These symptoms vary between patients, creating very diverse symptom profiles.
- An acute episode can be divided into positive and negative symptoms:
 - ❖ Positive symptoms
 - Hallucinations, such as perceived sounds, images, tastes, smells or other sensory experiences without a real stimulus
 - Thought disorders and disorganized communication, such as thought broadcasting where the sufferer thinks that others can read their thoughts
 - Delusions, which may present as irrational beliefs

❖ Negative symptoms

- Withdrawing from social contact
 - Reduced activity accompanied by emotional flattening
 - Mood abnormality: Patients and their family notice that the persons mood is rather flat or that the patient doesnot react adequately to emotional events
 - Cognitive impairment: there is slowing down of thinking process which is noticed as delay in responding to events or questions
- Patients may have some or all of the symptoms during an acute episode, with some being more prominent than others; for example, in some patients thought disorders may dominate where as in others it may be delusions.
 - Chronically, schizophrenic patients may have a course of relapses involving acute symptoms but overall will often develop social withdrawal and apathy.
 - Negative symptoms are often much more difficult to treat than positive symptoms.

Duration

- More than 1 month (ICD-10)

Treatment

- Two main types of treatment can help control symptoms, **medication** and **psychosocial** treatments.

❖ **Medication**

- Several types of antipsychotic medications can help, so the type of medication depends on the patient. Sometimes a person needs to try different medications to see which work best for him or her.
- Medications can cause side effects. Most side effects are manageable with treatment.
- Sometimes patients might not respond to one class of medication and the psychiatrists may try different classes of medication and combine them with other treatments to get the best result.

❖ **Psychological treatments**

- Psychosocial treatments is more effective in combination with medication.

- Psychosocial treatments help these patients deal with the everyday challenges of the illness, such as difficulty with communication, self-care, work, and forming and keeping relationships. Learning and using coping mechanisms to address these problems allow people with schizophrenia to socialize and attend school and work.
- It begins with the formation of a therapeutic psychiatrist–patient relationship and must combine the latest developments in pharmacological and psychosocial therapeutics and interventions.

The psychiatrist–patient relationship is the foundation for treating patients with schizophrenia. Because of the clinical manifestations of the illness, the formation of this relationship is often difficult.

❖ Cognitive behavioral therapy

- Cognitive behavioral therapy (CBT) is a type of psychotherapy that focuses on thinking and behavior.
- CBT helps patients with symptoms that do not go away even when they take medication. The therapist teaches people with schizophrenia how to test the reality of their thoughts and perceptions, how to “not listen” to their voices, and how to manage their symptoms overall.
- CBT can help reduce the severity of symptoms and reduce the risk of relapse.

❖ Social intervention

- Social interventions include family intervention,
- Helping with activities of daily living,
- Working towards productive employment and
- Working for a position and status in the mainstream society
- Preventing drifting away from the society
- Family interventions, which are primarily aimed
 - Educating the family regarding the nature of illness.
 - Educating them about early warning signs of relapse.
 - Dos and Dents while living with a member of the family suffering from schizophrenia.

- Need for long term treatments and
- Compliance with medication.

❖ Rehabilitation

- Rehabilitation emphasizes social and vocational training to help people with schizophrenia function better in their communities. Because schizophrenia usually develops in people during the critical career-forming years of life (ages 18 to 35), and because the disease makes normal thinking and functioning difficult, most patients do not receive training in the skills needed for a job.

The outlook for people with schizophrenia continues to improve. Treatments that work well are available. Many people with schizophrenia improve enough to lead independent, satisfying lives and hold a job to sustain their lives and support others.

Early and effective multispeciality interventions have a better outcome. Patients will need longterm medication and treatments. Please donot stop the treatments without consulting the specialist treating the patient.