

# Schizophrenia

Psychology



**ASSIGN  
BUSTER**

Schizophrenia by Schizophrenia remains one of the most frightening and mystical mental disorders as no other illness provokes so much anxiety in general public, patients, and doctors. It has very long history and still lacks profound information and well-defined conclusions regarding diagnostics and treatment (Castle & Buckley, 2012). Schizophrenia is a disorder of thinking which deteriorates patient's ability to recognize reality and emotions, worsens social interaction and communicative skills to such an extent that the person is not able to function normally (Jackson & Birchwood, 2001). This mental disorder is linked to evident alternations in brain structure and shifts of dopamine neurotransmission (Os & Kapur, 2009). The excess of dopamine received necessary evidence to be connected to schizophrenia. One of the functions of dopamine is to add "salience" by transforming neutral representations into more attractive. Thus, with constant dopamine excess the brain of schizophrenic turns insignificant thoughts into obsessive (Pichionni & Murray, 2007). The symptoms of schizophrenia usually appear at adolescence or early adulthood (Os & Kapur, 2009).

Schizophrenia has similar symptoms with psychosis and bipolar disorder, and the diagnosis is based on the duration, drugs intake, bizarreness of hallucinations, and presence of depression (Os & Kapur, 2009). Among the most frequent symptoms psychiatrists distinguish positive symptoms such as hallucinations, delusions, thoughts disorder, and movement disorders, and negative symptoms such as social withdrawal, self neglect, loss of motivation, emotional blunting, paucity of speech, and "flat affect" (Pichionni & Murray, 2007). Auditory hallucinations are most significant symptoms which are mostly described by the patients as noises or voices talking to each other, ordering the patient what to do or even discussing and

<https://assignbuster.com/schizophrenia-essay-samples/>

criticizing him (Jackson & Birchwood, 2001). Delusions presuppose unreal beliefs about the world, such as persecution, references meant for the patient or grandiose (Jackson & Birchwood, 2001). Uncontrollable thinking process, when thoughts change their direction dramatically and suddenly can also serve as the symptom of this mental illness (Pichionni & Murray, 2007). The patient is also prone to feel difficulties memorizing things, keeping attention for a long period, and performing certain tasks (Os & Kapur, 2009). Emotions lose their brightness and are often blurred; the patient suffers from lack of energy and motivation (Jackson & Birchwood, 2001). Third persons often mark catatonic or disorganized behavior of the patients with schizophrenia (Castle & Buckley, 2012).

There is certain distinction between acute and chronic schizophrenia. The first starts rather unexpectedly for the patient, often as a result of stressful event. This type of schizophrenia is more likely to respond to treatment, drugs intake in particular, for several reasons. Firstly, the person with acute schizophrenia often turns out to be a normally functioning person caught by stressful situation. Secondly, medications are the most efficient for the positive symptoms of this mental disorder, which are specific to acute form. Chronic schizophrenia has longer periods of symptoms development, symptoms progression, and more negative symptoms appearance as a result (Taylor, 2011).

Castle & Buckley underline the necessity to distinguish between schizophrenia and such disorders as alcoholic hallucinosis, shizoffective disorder, delusional disorder, and Axis II disorders (2012). Absence of laboratory tests or pathognomonic symptoms capable to indicate schizophrenia directly makes diagnosis more difficult (Castle & Buckley, <https://assignbuster.com/schizophrenia-essay-samples/>

2012). Pichionni & Murray claim that an average general practitioner in England faces two cases of schizophrenia out of two thousands patients a year (2007). As soon as the diagnosis is made the doctor has to prescribe antipsychotic drugs to the patient. These agents, often referred to first generation antipsychotics, block dopamine D2 receptors but have certain adverse reactions in patients. Haloperidol and chlorpromazine can cause dystonia, sexual dysfunction, and motor side effects (Os & Kapur, 2009). The drugs of second generation, such as risperidone, olanzapine, quetiapine, ziprasidone, and aripiprazole also have multiple side effects such as hypertension, insomnia, sedation, hypersalivation. Thus, the medication depends on the patient`s concomitant dysfunctions and doctor`s preferences (Pichionni & Murray, 2007).

The concept of schizophrenia is absolutely enigmatic as it has changed during past 100 years since the time when the disorder was first defined. It was perceived as biological dysfunction, psychological illness, and a social construct. The advances of the sciences allowed combining different approaches to the disorder and providing with coherent explanation of its reasons. Schizophrenia is mostly associated with severe hallucinations, delusions, social withdrawal, and sometimes the symptoms of this disorder overlap with other mental illnesses. Treatment of schizophrenia includes antipsychotic drugs which block dopamine receptors and prevent dopamine excess. Family therapy and art therapy are sometimes used as additional psychosocial ways of treatment.

## References

Castle, D., & Buckley, P. (2012). Schizophrenia. Oxford: Oxford University Press.

<https://assignbuster.com/schizophrenia-essay-samples/>

Os, J., & Capur, S. (2009). Schizophrenia. *The Lancet*, 374, 635-645.

Pichionni, M., & Murray, R. (2007). Schizophrenia. *British Medical Journal*, 335(7610), 91-95.

Taylor, V. (2011). Acute schizophrenia. About schizophrenia. Retrieved from: <http://www.schizophrenic.com/articles/schizophrenia/acute-schizophrenia>

Jackson, H., & Birchwood, M. (2001). Schizophrenia. East Sussex: Psychology Press Ltd.