Research paper on schizophrenia

Health & Medicine, Disease



Abstract

Schizophrenia is a serious mental disorder that has affected lives of 1 percent population of the world. It affects the people adversely irrespective of their race, sex and ethnicity. Patients of schizophrenia become helpless and unable to hold a job and rely on others for help. Delusions and hallucinations are common in schizophrenia. It can be genetically transmitted, or a person's surroundings can be a cause. Psychological factors also contribute in the development of the disease. This paper discusses the incidence of the disease, its onset in children, causes, symptoms, different treatments and future outlook of the disease.

Schizophrenia is a chronic mental disorder which is associated with abnormal social behaviors. People with schizophrenia cannot make sense when they talk. They sit for a long time even without moving and speaking. The person suffered from the disease, fails to recognize what is real. Schizophrenia can be treated, and the treatment is more effective at the start of the disease. Today more than 50% of the patients are not getting proper treatment and care. Almost 90% patients of schizophrenia who are not receiving treatment are in developing countries. The incidence of schizophrenia in both men and women is equal. The symptoms of schizophrenia can be classified. There are positive, negative and cognitive symptoms. Positive symptoms include hallucination, delusions, false perceptions and beliefs. Negative symptoms are inability to express emotion, lack of pleasure and no interest in life. And

cognitive symptoms include problems with speech and memory, disorganized thoughts and difficulty in decision making and paying attention.

The causes of schizophrenia can be biological, environmental and psychological. It has been known since long that schizophrenia occurs in families. The incidence of the disease is 1% in the general population, but its possibility is 10 percent in people who have someone in the family with schizophrenia, for example, a sister, parents or brother. If one of the identical twins is suffered from schizophrenia then, the chances of other to develop the disease is high that is 40 to 60% (Cardno and Gottesman, 2000). According to a research, the disease also develops when a gene responsible for making important brain chemicals malfunctions. Inherited genes play a significant role to make a person vulnerable to schizophrenia and environmental factors increase this vulnerability. Environmental factors include living environment, parental stressors and drug use. Other factors contributing to schizophrenia are migration, discrimination, unemployment and family problems (Selten, Cantor-Graae and Khan, 2007). The development of schizophrenia can also be due to the psychological mechanism. Many studies have indicated that people suffered from schizophrenia are sensitive, and emotionally reactive to stress. And this sensitivity leads to the disease.

Schizophrenia is a severe neuropsychiatric disorder, and almost 1% of the world's total population is affected by it. The incidence of the disease is same in all ethnic groups in the world. People in higher income countries are more likely to suffer from schizophrenia than low-income countries. Surveys

are carried out in different countries to see the incidence of schizophrenia. The findings of the surveys showed that the schizophrenia is found in adults between the range of 0. 1 and 0. 4 per 1000 population. This data is taken from a study conducted byWHO on 10 countries (Jablensky et al., 1992). Moreover, the high incidence is seen in minorities in Western Europe like Afro-Caribbean communities in England and immigrants from Surinam in Netherlands (King et al., 1994). In U. S. A, 2. 5 million people are suffered from schizophrenia. There are 6 to 12 million people with schizophrenia in China, 285000 people in Australia and 250000 in Britain.

Schizophrenia appears in early adulthood between the ages of 15 and 25. In men, schizophrenia develops earlier than women. The symptoms of the disease appear in men between 16 and 25 years of age but in women symptoms appear lately. The disease starts in men at 18 and in women at 25. Schizophrenia does not develop in children below 10 years and elders above 40 years of age. Young males are more affected by schizophrenia between the age of 15 and 40. Schizophrenia can be developed at any age, but the most affected age is between 16 and 30.

Schizophrenia in children is also called pediatric schizophrenia or early-onset schizophrenia. The symptoms of schizophrenia in children are the same as in adults. Schizophrenia is not common in children less than 7 years of age (Wicks-Nelson and Allen, 2009). 50% of the children diagnosed with schizophrenia experienced severe symptoms. Only 4% of children under the age of 15are suffered from schizophrenia. The early signs of schizophrenia developed in children are motor development and lag in language. On the other hand, behaviors of children are changed, and they look confused,

disturbed and anxious.

Schizophrenia is diagnosed on the basis of medical history, psychiatric evaluation, physical exam and lab tests. A Lab test, complete blood count (CBC) is performed to diagnose the disease. However, doctors can also advise MRI or CT scan. In a psychological evaluation, doctor can ask about mental condition of the patient like hallucination, moods, thoughts, delusions, potential for violence and suicide. A person to diagnose with schizophrenia must meet the criteria of Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual is published by American Psychiatric Association and is mostly used by psychiatrists and mental health providers to check mental condition. During the diagnosis of schizophrenia, it is considered that symptoms of the disease should not be due to medication or substance abuse. Moreover, a person must have the symptoms of delusions, hallucinations or lag in speech once in a month. A person diagnosed with schizophrenia finds it difficult to perform routine activities.

The treatments of schizophrenia concentrate on eliminating the symptoms of the disease. The treatments include an anti-psychotic medication, psychosocial treatment and psychotherapy. Antipsychotic medications have been used since 1950, and most common typical medications include Choloromazine (Thorazine), Haloperidol (Haldol), Perphenazine (Eltrafon, Trilafon) and Fluphenazine (Prolixin). New medications are also developed which are called atypical or second-generation antipsychotics. Clozaril is an effective atypical medication that reduces the symptoms to a great extent, but there is a problem with the use of this medication. People who use Clozarilloss their White Blood Cells, so they have to check their WBC count

every week. There are many side effects of using antipsychotics which are weight gain, drowsiness, menstrual problem, palpitation, tremors, etc. Despite taking antipsychotic medication, patients with schizophrenia have difficulty in thinking, communication, self-care, work and maintaining relationships. Psychosocial treatments can help the patients to deal with everyday challenges and to cope with the diseases by educating them. Rehabilitation is included in psychosocial therapies in which the person is educated to manage money, solve problems, counseling and social skills development training. The role of family in fighting with the disease is very important. It is evident from many studies that patients who have support of their families progress better than patients who fight alone. Cognitivebehavioral psychotherapy is an effective option to treat the disease when patients are not willing to take antipsychotic drugs. Psychotherapy is effective in improving positive and negative symptoms of the disease. Schizophrenia is also treated with Electroconvulsive therapy (ECT) in which an electric current is passed to the brain through the scalp. ECT is effective therapy to treat severe patients with mental disorders. In schizophrenia, ECT is very helpful in the treatment of symptoms like hallucination, delusions and unusual movements.

The outlook of schizophrenia is improved during 30 years. The future for the People with schizophrenia is continually improving. Due to scientific research in genetics, behavioral science and neurology, now it is possible to understand the causes of the disease and its treatment. Now there are better treatments and therapies to help the people with schizophrenia. Now

people with schizophrenia can live a rewarding and happy life and perform normal activities.

References

Cardno AG and Gottesman II. 2000 Spring. Twin studies of Schizophrenia: from bow-and-arrow concordances to star wars Mx and functional genomics. American Journal of Medical Genetics. 97(1): 12-17.

Jablensky A, Sartorious N., Ernberg G., Anker M., Korten A., Coopre J. E., Day R., Bertelsen A. 1992. Schizophrenia: Manifestations, incidence and course in different cultures: A world Health Organization ten-country study.

Psychological Medicine Monograph Supplement 20. Cambridge: Cambridge University Press.

Selten JP, Cantor-Graae E, Kahn RS. 2007. Migration and schizophrenia. Current Opinion in Psychiatry. 20 (2): 111-115.

Wicks-Nelson, Allen C, Israel. 2009. Pervasive developmental disorders and schizophrenia. In Jewell, L. Abnormal child and adolescent psychology. Upper Saddle River, NJ: Prentice Hall Higher Education. Pp. 327-359.