Myths and misconceptions research paper sample

Health & Medicine, Disease

Schizophrenia is a persistent, debilitating and severe psychiatric disorder which, till date, is still poorly understood. The disease presents with psychotic symptoms such as auditory hallucinations and delusions. It is characterized by loss of contact with reality and symptoms being present for more than six months. The disturbances include disturbances in thought, perception, behavior, emotion and communication. (MDGuidelines, 2010). Schizophrenia has also been described as a group of diseases because the various types of schizophrenia have peculiar characteristics.

Benedict Morel was the first person to describe a syndrome which was similar to schizophrenia in 1853 when he termed it demence praecox which means early dementia. Arnold Pick went on to use the word dementia praecox later on. Moreover, in 1893, Emil Kraeplin differentiated between dementia praecox and mood disorders. He actually believed that dementia praecox was a different entity from dementia which occurs as a result of Alzheimer’s disease which occurs in senility. He believed that dementia praecox was a disease of the brain. The literary meaning of schizophrenia is 'split mind' and it was coined by Eugen Bleuler in 1908. The term was aptly used by him to connote a situation whereby functions of the brain such as perception, memory, thinking and personality bas been dissociated from one another. He described the major symptoms [the popular four as] as flattened affect, impaired association of ideas, ambivalence and autism.

Some myths have been associated with schizophrenia. The general belief is that people with schizophrenia have split personalities. This may have been as a result of the definition proposed by Eugen Bleuler who described schizophrenia as 'split mind'. However, a truly split mind means there is

incongruity between the thought and emotion. This may seem true with schizophrenics who react inappropriately to situations e. g. laughing when telling a sad story. In reality, however, schizophrenics do not have a split mind. (Grohol, 2012). Another myth is that schizophrenic patients are dangerous. This myth has been perpetuated for a long time and it is actually the image people see when describing a 'mad person'. In reality, some patients with schizophrenia have been observed to react violently in some situations; most patients with schizophrenia tend to withdraw to themselves, rather than being violent. Another myth is that once an individual is diagnosed with schizophrenia, they can never get back to their normal life. In reality however, people with schizophrenia have been known to have complete remission of their symptoms with adequate treatment. (Brichford, 2012). People are of the opinion that all people with schizophrenia all have the same symptoms. This fact is not true because there are various types of schizophrenia and the symptoms that patient present with vary from one patient to the other. Some people also believe that decline in the level of cognitive function is automatically a symptom of schizophrenia. In reality, decline in cognition may be as a result of a host of psychiatric conditions. Schizophrenia is just one of them. Some people also believe that people with schizophrenia can never live a productive life any longer once they have been diagnosed with schizophrenia. This is also not the case because schizophrenics can still live a normal life as long as they stick to their medications and take them as prescribed (Tartakovsky, 2010). Another myth is that the treatment for schizophrenia is worse than the disease itself. The reason for this belief is not farfetched. Schizophrenia can be a difficult

disease to manage because it does not respond to all antipsychotic drugs. One may need to try a host of drugs before finding the one that controls the patient's schizophrenia. Also, some of the drugs have serious side effects. (Tartakovsky, 2010).

Past treatment

Several forms of treatment have been used to manage the disease in the past. Some of them include Trepanation which was used in the prehistoric period to treat the disease. It involves drilling a hole into the skull. It was generally believed that they individuals had evil spirit in them that needed to be let out.

Also in the ancient period, all forms of illnesses, both physical and psychological, were attributed to possessive spirits. The treatment was exorcism. Also, incantations and prayers to gods were also offered to cure the disease.

Bloodletting was also practiced as a form of treatment for schizophrenia. The treatment was popularized by Galen, who believed that stagnation of blood caused mental illness. The practice was popular, even up to the nineteenth century.

Associated neurotransmitters and Pathophysiology

Two neurotransmitters that have been associated with schizophrenia are glutamate and Dopamine.

The dopamine pathway in the brain is extensive and they influence thinking and behavior. High levels of dopamine in some parts of the brain have been associated with psychotic symptoms and symptoms of being paranoid.

Dopamine is primarily involved with seeking new things, interests or experiences. This has led to the use of Dopamine antagonists for the treatment of Schizophrenia with great success. (AHN, 2009)

Glutamate, on the other hand, is another neurotransmitter that has been associated with schizophrenia. It is important in learning and memory. Low levels of glutamate have been documented in patients with schizophrenia. (AHN, 2009).

Positive symptoms of schizophrenia include hallucinations which are usually auditory in nature, delusions and disorganized speech and behavior. Negative symptoms include reduction in emotional range, poverty of thought and speech, loss of drive and interests. Cognitive symptoms include impairment in attention and memory. Mood symptoms include inappropriate cheerfulness or sadness. They sometimes have depression.

Investigations / professionals involved

Laboratory results are usually normal for patients with schizophrenia. However, it is still important to perform these tests in order to establish baseline value before commencing treatment. (Frankenburg, 2012). Imaging studies include CT-scan and MRI to rule out differentials like hematomas, vacuities or abscesses. Neuropsychological testing of the patient is carried out and it usually shows impairment in executive functions, impaired memory, impairment of attention and other intellectual skills. (Frankenburg, 2012). Professionals involved include physicians, nurses, clinical psychologists, occupational therapist and social worker.

Treatment includes the administration of antipsychotic drugs. Depending on the severity of the symptoms, patient might need to be admitted into a care

facility so that treatment is monitored closely. After the patient has made significant improvement, the patient can be discharged home on medications and regular follow-up visits.

The prognosis of schizophrenia depends on the identification of a trigger factor, genetic factors and age of onset, among other things. If an identifiable trigger factor is identified, the disease has a better prognosis.

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