

Free schizophrenia research paper example

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Research paper

Introduction

Schizophrenia represents a group of similar mental disorders, in the development of which there are likely to be internally caused (endogenous) pathogenic mechanisms in the form of hereditary anomalies that are not revealed until a certain period of life. Without a needed treatment, continuously progressive course of illness usually ends with the same type of personality changes with disorganization of mental functions (thinking, emotions, psychomotor-behavior in general), with the preservation of memory and previously acquired knowledge.

This mental disorder as a disease has been discovered at the end of XIX century by the famous German psychiatrist Emil Kraepelin and called it “dementia praecox”, that is, to develop in adolescence or youth. Prior to this, various forms of schizophrenia were considered independent of mental illness. And in 1911, the Swiss psychiatrist Eugen Bleuler called this disease “schizophrenia”.

Schizophrenia is the illness that can be met in 1% of the population. The peak age of this disorder is 15-25 years for men, and 25-35 years for women. There is also a correlation with a population density, which states that in cities with population of more than a million people have more risk to get sick. There is evidence that indicates patients after recovery, living in rural areas, living longer than those in the cities, and are less likely to relapse. Endogenous nature of schizophrenia has been established with reasonable certainty. However, its specific pathogenic mechanisms are not fully explored, thus, and leave room for different hypotheses.

The most reliable one seems to be the hereditary theory of schizophrenia. At this time the attempts to match the type of inheritance of schizophrenia simple law distribution characteristics are abandoned. A multifactor (polygenic) inheritance of this disease is assumed in which the effect of each gene may be very weak, but their cumulative effect causes considerable expressive features-a mental disorder. This ensures the existence of clinical forms, forming a continuous series of hidden from subclinical to sharply distinct clinical manifestations. The behavioral tendency of the disease is determined by the combined action of genetic factors.

Numerous studies have shown that family cases of schizophrenia occur in a small percentage, but in patients' families there is accumulation of individuals with mild manifestations of the disease. The research suggests that although hereditary factors play greater role in the origin of schizophrenia, it does not exhaust its etiology. It is necessary to take into account the contribution of environmental factors, among which are the adverse conditions of embryonic development, birth and postnatal trauma, infectious diseases, psychological causes of the disease. It was established that detection of schizophrenia in about one third of cases occurs in direct connection to the external conditions.

Schizophrenia is characterized by a wide spectrum of clinical manifestations, and in some cases it is very difficult to diagnose. The fundamentals of the diagnostic criteria are based on the negative disorder or peculiar changes in the patient's personality. These include depletion of emotional expression, impaired thinking and interpersonal disorders. Schizophrenia does not have any symptoms that would be specific for this disease only. Nevertheless,

there are several symptoms that are most common; also the pathogenesis of the disease differs from all other mental illnesses, though not always self-evident. For example, Eugen Bleuler believed that the loss of associative thinking occupies the central place in the disease symptoms. Kurt Schneider proposed a list of symptoms, which he called "first rank symptoms".

American psychiatry has made a significant step forward in 1980 by adopting a new, substantially revised diagnosis scheme and classification of psychiatric diseases, described in the third edition of the "Diagnostic and Statistical manual of Mental Disorders" (DSM-III). In 1994 the fourth edition (DSM-IV) was published. In accordance with DSM-IV schizophrenia can be diagnosed only in the case if the following conditions are met:

If symptoms of the disease appear for at least six months, changes in the ability to perform certain actions (work, communication, self-care) can be observed.

- If these symptoms are not related neither with organic changes of brain tissue, nor with mental retardation.

- If symptoms are not associated with manic-depressive psychosis.

Two of the following symptoms should be observed for at least a month:

delusions; hallucinations; thought and speech disorder (incoherence or frequent loss of associative links); largely disorganized or catatonic behavior; "negative" symptoms (blunted emotions, apathy); explicit auditory hallucinations in the form of one or more "voices" commenting patient's actions or arguing with each other.

Symptoms can occur with different frequency, with patients being able to skillfully hide some of the manifestations of the disease that is why doctors,

quite often, cannot be instantly sure of the diagnosis.

Peculiar disorders are the most significant for schizophrenia that characterize the patient's personality changes, and the magnitude of these changes reflects the malignancy of the disease process. These changes apply to all mental personality traits, but the most typical are intellectual and emotional changes.

Intellectual disorders are manifested in thought disorders: patients complain of uncontrollable stream of thoughts, blockage. For schizophrenia is also typical symbolic thinking, when sick individuals explain objects and various phenomena by its only significant meaning for them. A patient loses the ability to delimit one concept from another. Patient starts to pick a special meaning in words, sentences, and new words - neologisms appear in speech. Logic is often vague in his statements if as slipping from one topic to another without any apparent logical connection. Incoherence of the logical statements soon acquires speech incoherence, and it is due to the loss of unity of mental activity.

Emotional disturbances start with a loss of ethical properties, loss of affection and compassion towards relatives, and sometimes it is accompanied by hostility and malice. An interest to favorite things decreases and can eventually completely disappear. Patients become grubby, and do not observe basic hygienic care. A patient's behavior proved to be an essential feature of the disease, with early signs of the disease may be autistic: isolation, alienation from loved ones, strange behavior (unusual behavior, demeanor, which were previously not peculiar, personality and motives which cannot be linked to any circumstances). As a result, patient

withdraws into himself, into a world of his own painful experiences.

There are several treatment options for schizophrenia. Medicines are still the main treatment for schizophrenia. Medicines include antidepressants, psycholeptics, and tranquilizers.

There are certain courses used for the relief of acute exacerbations, for the purposes of maintenance therapy. The choice of drug depends on the structure of psychopathological syndrome, determining the time of initiation of treatment clinic exacerbation. The available options are insulin and electroconvulsive therapy

In depressive state antidepressant sedation is often used (nozinan, amitriptlin). When slow process and maintenance therapy connect Librium, meprobamate, and valium are prescribed. Insulin in the dose of 15-20 comatose states is applied for periodic forms of schizophrenia, often in combination with psycholeptics. Insulin-shock therapy is useful for patients with acute manifestations of schizophrenia and somatic weaknesses; electroconvulsive therapy is for patients that are resistant to other methods of therapy, and are in chronic depressive state. Due to the wide use of psychotropic drugs substantial proportion of patients are now treated on an outpatient basis.

Conclusion

With a variety of symptoms associated with the disease course, specialists can give more or less positive outlook about the future prospects of development of patient. The negative outlook suggests an early start debut with mild disease, autism, the absence of direct stressors, negative symptoms, and poor social adaptation. A positive forecast indicate the

presence of depression or mania, late onset, acute debut, the immediate availability of stressors, positive symptoms, the presence of close social ties. And given the modern technological advances that allow to produce medicines, patients can be treated to have almost normal lives.

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