Analyzing psychological disorders

Business

Introduction Sometimes, people are so anxious that their heart is raced, voice is quavered, and stomach is tightened up.

People can sometimes jump out of bed in the middle of the night, startled by a terrifying nightmare. Sometimes, when people hear the sound of laughter as they enter a room, they wonder whether everyone is laughing at them. Thus, when people go through the situations above mentioned, it does not mean that they are " crazy"; for many people, these episodes are fleeting and exceptionally rare, but for others, the episodes are intense, prolonged and frequent. According to nationwide surveys, it is estimated that approximately 30 % of all Americans suffer from a problem serious enough to be diagnosed as a psychological disorder (Kessler, 1994). In the United States, 28 percent of the adult population has some form of psychological state and 19 percent suffer from a disorder essential enough to require professional help (Pinel, 2006).

Part A of the Interview Process In 1908, the term " schizophrenia" has been introduced by Eugene Bleuler. Schizophrenia means a " splitting" of the mind. Areas of the Brain Affected by Schizophrenia The principal brain areas affected by schizophrenia are the limbic system, hindbrain and forebrain. The limbic system is a combination of brain systems including the amygdale and hippocampus; it is placed in the inmost part of the brain system and regulates learning process memory, sexual behavior and emotions. The hindbrain consists of the medulla, cerebellum and pons and manages posture, motor activity, circulation of blood and balance. Forebrain controls cognition (knowing, thinking, judging and learning), motor and sensory

function, reproduction, temperature regulation, emotional expression, hunger and sleep cycle (Weinberger, 2011).

Causal Factors of Schizophrenia Studies suggest that prenatal development, genetics, neurobiology, social and psychological processes are significant contributory factors of schizophrenia. No general cause of schizophrenia has been established in all patients diagnosed with this condition. Nevertheless, most clinicians and physicians believe that a combination of life events and either inherited or acquired brain vulnerabilities cause such condition. Usually, schizophrenia is first diagnosed in the late adolescence, sometimes in early adulthood. It is being discovered that men are more vulnerable to the condition than women. One of theories is about possible influence of estrogen hormone that is intrinsic only to women (Torrey, 2006).

Associated Symptoms of Schizophrenia The symptoms of schizophrenia are divided into three categories: cognitive symptoms positive symptoms and negative symptoms. Cognitive symptoms are elusive, hard to detect and, often, may be defined during other tests. Cognitive symptoms include such symptoms as issues with working memory, insufficient executive functioning and inability concentrating attention. Positive symptoms are psychotic behaviors that are not seen in healthy people. They include the following: delusions, hallucinations, movements and thoughts disorders. Negative symptoms are consociated with destructions to normal emotions and behaviors.

These symptoms are the following: apathy, sluggishness, disability to begin and keep going planned activities, taciturnity, etc. (Weinberger, 2011). The

Neural Basis of Schizophrenia The neural base of schizophrenia involves a disbalance of abnormal brain structures and neurotransmitters, which facilitate relationship between muscles, tissues, organs, and nerves. It is considered that exuberant number of the neurotransmitter dopamine (serotonin, acetylcoline glutamate and gamma aminobutyric acid) can provoke development of schizophrenia. Various symptoms of schizophrenia are caused by various neurological malfunctions. The neural base of schizophrenia may also involve structural abnormalities of the hindbrain, limbic system and forebrain; decreased density of gray matter in some parts of the brain may cause the symptoms of disorganized speech, thought and behavior (Weinberger, 2011).

Appropriate Drug Therapies Antipsychotic medicinal drugs are generally prescribed to treat schizophrenia. They regulate disorder by influencing the brain neurotransmitters serotonin and dopamine. New drugs represent a lower risk of side effects, they are: aripiprazole, clozapine, olanzapine, risperidone, quetiapine, paliperidone and ziprasidone. Side effects of these drugs are: diabetes, increasing blood cholesterol and gaining weight. Conventional (typical) antipsychoticsdrugs such asperphenazine, haloperidol, fluphenazine and chlorpromazine have serious neurological side effects, including a chance of a movement disorder (Torrey, 2006).

Part B of the Interview Process Case study # 1: Drug AbuseRon started drinking as a teenager, but his alcohol abuse began to be a serious problem in his late 20s. According to researchers, young people who began drinking when they were 14 or younger were four times more vulnerable to the alcohol dependence than those who began drinking after age of 21.

Perspective of a Biopsychologist Alcohol tolerance forms as a result of chronic exposure to alcohol; therefore, person becomes less sensitive to a given dose of alcohol. Tolerance often leads to dependence; the neuronal membranes begin to depend on alcohol substances for normal vital functions, and lack of alcohol leads to withdrawal symptoms. The ion channels could not to regain normal fluidity and result in hyperactivity of the central nervous system, which being accustomed to alcohol, reacts with mental confusion, dizziness and pain when the contents of alcohol became nonexistent.

At the same time, other parts of the human body, such as the liver or stomach, begin to deteriorate. Alcohol interferes with the capability of brain cells to create the new proteins that are necessary to maintain the function of short-term memory. In addition, the brain begins to synthesize the body’s hormones, concentrations of which are changed in the presence of alcohol. Latest studies have demonstrated that chronic use of alcohol decreases the level of serum testosterone in male organism. Primary, alcohol changes brain chemistry, but because of genes, the alcohol substance will affect different people in various ways.

It is proved that many genes play the significant role in susceptibility to the alcohol dependency; however, there is a decent chance to become an alcoholic, even, without heredity. In this respect, alcoholism is analogous to hay fever or diabetes. Some people have heredity and, accordingly, have bigger vulnerability, but such genetic inclination should be launched by specific conditions of lifestyle. Therefore, it can be said that nature and

nurture interact (Goodwin, 1978). Pharmaceutical Treatment for Alcoholism Nowadays, there are three medications permitted by the U.

S. law to treat the alcohol dependency. Antabuse is used as a deterrent against alcoholism. Naltrexone terminates the impacts of alcohol on the brain performance and alleviates an alcohol thirst. Antabuse is useful for people who want to give up drinking; if the people drink while they are taking antabuse their body reacts within an unfavourable reaction.

Naltrexone is an opioid receptor; antagonist is prescribed primarily to manage the alcohol and opioid addiction. Campral is the latest drug confirmed for the treatment of alcohol addiction or dependence in the United States. While antabuse functions by making people sick if tthey imbibe alcohol and naltrexone terminates the euphoria effect that people get while drinking, campral alleviates the physical stress and emotional frustration that people usually experience as a side effect of quitting alcoholism (Goldman, 1986). Side Effects For some people, Naltrexone can cause nervousness and upset stomach, anxiety or joint and muscle pain. In exceptional cases, Naltrexone can cause more serious and unpleasant side effects that include drowsiness, confusion, hallucinations, stomach pain, vomiting, diarrhea, blurred vision or skin rash. Moreover, in some cases, large doses of naltrexone cause liver failure.

The known side effects of campral are mild and temporary. These side effects can be such sicknesses as diarrhea, headache, dizziness, gas, dry mouth, itching and nausea, as well as loss of appetite, sweating, joint or muscle ache and insomnia. In occasional cases, campral can cause more

considerable side effects (Goodwin, 1998). Case Study # 2: Insomnia Perspective of a BiopsychologistInsomnia is not a primary type of psychological disorder, which can be caused by a medical condition or mental condition, or caused as a consequence of substance abuse. Primary insomnia is provoked by three contributing factors, which are caused by various circumstances, events and influences. The first of them is psychophysiological insomnia.

This type of insomnia occurs as a consequence of high and prolonged stress or anxiety. Idiopathic insomnia is another type that occurs as a consequence of neurological abnormalities. This type of insomnia is often conditioned by neurologic lesions that result in abnormalities of controlling of the over sleep-wake cycles. Finally, sleep misperception is a physical and mental condition in which people think that they are experiencing wakefulness; however, they sleep well. Biopsychologists draw attention to the fact that insomnia may become a consequence of secondary sources such as sleep apnea, somnifacient, or other medical conditions unfavourably affecting the quality of slumber. Sleep apnea is a condition in which people stop breathing periodically during their sleep cycle which forces them to awake.

Such condition is usually given diagnosed as hypersomnia. Secondary insomnia may be a consequence of anxiety, depression, and stress disorders, among other psychological and physical disorders (Ranjan, 2008). Pharmaceutical Treatment and Side Effects Sleeping pills and other types of somnifacient are generally effective in sleeping disorders; however, drugs can become an issue owing to the drug tolerance. Similar to alcohol dependency, people gradually develop a tolerance to somnifacient, and

progressively higher doses of sleeping drugs are required in order to gain the necessary effects for sleep inducing. Withdrawal symptoms of sleeping peels consist of trouble in falling asleep without extra dose of somnifacient; it can be combined with a high level of disturbances during sleep.

If people continue to take sleeping medication, they need higher and higher doses; therefore, it creates a serious problem not only with sleep, but with mental and physiological health (Pinel, 2006). Conclusion Though the disputes concerning the cause of many psychological disorders continue to be held, biopsychologists seem to find enough physical cause to explain the origin of such disorders. However, sometimes, defective genes are found in deoxyribonucleic acid of those people, who demonstrate no signs of specific disorders (Pinel, 2006). Such cases are evidence that causes of many disorders is not only in a biology body structure but the biological interaction with life experience and style. Genetics provide only a vulnerability to the disorder, while experience works as the trigger to launch a particular disorder.