

# Marijuana and schizophrenia term paper examples

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## **Introduction**

Schizophrenia is a disabling brain disorder which has severe and chronic symptoms. Study has shown that 1 percent of American citizens suffer from this disorder. People suffering from this disorder often believe that other people can read their minds, control their thoughts or they are planning to hurt them. People suffering from this illness get extremely agitated causing them to get withdrawn. Patients suffering from this mental disorder seem okay, until they talk and one realises that they are not making sense. The patients are unable to concentrate, making them unable to care for themselves. They have to rely on family, friends and the state to take care of their needs. The following research will look at the recent research study, Schizophrenia and violence, Causes, symptoms, substance abuse and future outlook of the mental disorder

## **Recent research study**

According to research, the disorder affects both women and men equally around the world. Men are the most affected because they tend to realise these symptoms earlier than women. The disorder is rare among children. For teenagers, the signs to look out for are irritability, change of friends, lack of sleep and a drop in grades. 80 per cent of the youth in the United States are at a higher risk of developing the disorder because of the following factors; unusual thoughts, family history of the disorder, isolating one self and being suspicious. The stage at which young people develop the disorder is known as the Prodromal period (Pogue-Geile, & Yokley, January 01, 2010).

## **Schizophrenia and violence**

Patients with Schizophrenia do not have cases of violence. Their risk of violence has been recorded to be minimal according to research. However they may exhibit symptoms which are likely to be associated with violent behaviour such as a delusion of being attacked. The recipients of this violent behaviour are close friends and family members. Patients suffering from this disorder resort to committing suicide due to frustrations. A person having suicidal thoughts should be referred to a therapist to find out the root cause of the problem (Swanson, Swartz, Van, Elbogen, Wagner, Rosenheck, Stroup, & Lieberman, January 01, 2006).

## **Causes**

Schizophrenia is caused by the following factors;

- Genes
- Environment

The mental disorder is believed to occur in one per cent of the population, while 10 per cent of the population get it through hereditary from close relatives such as parents. The risk is higher for identical twins.

## **Recent research studies shows that people suffering from the mental disorder:**

- Have a high rate of rare genetic mutation. The several genetic differences disrupt normal brain development. Faulty brain development leads to faulty neurotransmitter connections.
- The disorder may result due to a malfunction of a certain gene which produces vital brain chemicals. This problem affects part of the brain that is involved with development of high functioning skills.

- The brains of the people with the disorder have a smaller amount of gray matter than that of the normal person. Brain chemistry structure which involve neurotransmitters substances such as glutamate and dopamine. These substances allow brain cells to interconnect with each other.
- Major changes during adolescence can trigger Schizophrenia symptoms. Research about this gene is still on-going making it impossible to predict who is most likely to develop the disorder. The gene variations that cause this disorder are not yet known; therefore a scan of the genome is not likely to provide comprehensive information on the likelihood of someone developing the disorder.

Environmental factors that researchers say are likely to make an individual to develop Schizophrenia are; birth related problems, exposure to viruses, and malnutrition before birth. Extensive research is required to shed light about what exactly causes the mental disorder.

## **Symptoms**

Patients suffering from Schizophrenia hallucinate a lot which seem very bizarre. Some types of hallucinations observed are hearing people talk, or smelling odours which no one else can, false beliefs or paranoid delusions such as, they are being spied on or someone is trying to poison them. Its symptoms are grouped in three categories which include;

- Cognitive symptoms- like the negative symptoms they are difficult to recognise and they are only realised after a series of tests are performed on the patient. Cognitive symptoms include poor ability in understanding information, making decisions and memory loss. These symptoms can cause distress making the patient not to lead a normal life.

- Negative symptoms- these are symptoms associated with distraction of normal behaviour and emotions. Negative symptoms are hard to recognise because they can be mistaken for stress or depression. The patient talks in a coherent voice, they cannot be able to sustain normal activities, and they speak very little and that is after they are coerced to interact. They neglect normal tasks such as basic hygiene.
- Positive symptoms- these are psychotic symptoms which are not present in healthy people. The patient will lose touch with the real world. The symptoms can get so severe, they can present themselves for a short period of time then disappear, and at times they can hardly be noticed. This depends on whether the patient is receiving regular treatments.

## **Substance abuse**

People on substance abuse have similar symptoms as those seen with patients with the mental disorder and this makes them to be mistaken for substance abuse. However, people with this problem have a higher likelihood of abusing substances such as alcohol, marijuana and other stimulants. Substance abuse makes Schizophrenia treatment less effective since the patient is unlikely to follow the treatment plan. Substance abuse only aggravates the problem.

## **Treatment**

Treatment focuses on elimination of the symptoms because the cause of the mental disorder is still unknown. Treatment include

- Psychosocial treatment – this is where the patient who is already stabilised will be examined by a psychiatric. The treatment helps the person to deal

with the challenges brought about by the illness. These challenges are self-care, nurturing relationships, socialising and coping mechanisms. Patients on psychosocial treatment are less likely to be hospitalised or suffer relapses. A psychiatrist helps the person to understand and adjust on how to live with the disorder.

- Antipsychotic medication- this type of medication has been available since 1950. The old type is known as typical or conventional antipsychotics such as Haloperidol, Fluphenazine, and Chlorpromazine. New antipsychotic drug was developed by researchers in the 1990's. The drug treated hallucinations but caused the patient to develop a low count of white blood cells. This made the treatment costly and difficult for some individuals.

- Rehabilitation- this emphasizes on vocational and social training to help the patient integrate with the community. Rehabilitation programs include job training and counselling, use of public transport, money management and communication skills.

The side effects that patients have when they are put on medication are dizziness, drowsiness, skin rashes, blurred vision, major weight gain and one is at high risk of developing diabetes due to the rapid weight gain. Long term use of this medication can cause the person to develop a condition known as tardive dyskinesia which inhibits normal muscle control and movement.

## **Future Outlook**

The outlook for patients living with the disorder continues to improve through better management of the illness. Although a cure has not been found yet, treatment plans that work well are available. Continued understanding and research in neuroscience, behavioural science and

genetics, will help health professionals and researchers to understand the cause of the mental disorder, how it can be predicted in a patient and preventive measures to be taken. Families of patients living with this disorder are encouraged to actively participate in the clinical researches (Pogue-Geile, & Yokley, January 01, 2010).

## **Conclusion**

In a recap, patients suffering from Schizophrenia can still lead meaningful lives with the help of close family, a therapist, and a proper treatment plan. Patients can engage in the illness management skills and learn the basic facts of managing their illness. They can also learn coping skills which will help them deal with the problem if symptoms persist. This will enable them to make informed decisions in case of an early warning sign of a relapse. Researchers are working hard, and using the latest research tools in developing effective medication. In future, researchers and doctors might come up with successful treatment or a better way to manage the illness (Morrissey & Hollin, January 01, 2011).

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