

Outline and evaluate two or more therapies used in the treatment of schizophrenia...

[Psychology](#)



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Outline and evaluate two or more therapies used in the treatment of Schizophrenia (24 marks) There is no established permanent cure for Schizophrenia, but there are a variety of therapies which help prevent schizophrenic episodes and also help sufferers deal with their mental illness. One of the main types of therapy used is drug therapy. Drug therapy involves issuing a patient psychotherapeutic drug(s) which are used to alter the chemical functioning of the brain by affecting the action of neurotransmitters.

Neurotransmitters transmit signals between nerve cells called synapses. Neurotransmitters lead to changes in moods, feelings, perception and behaviour. The main category of drugs used for treating Schizophrenia is anti- psychotic drugs or neuroleptics. These lessen psychotic symptoms such as delusions and hallucinations, examples of these drugs could be chlorpromazine or clozapine. Typical antipsychotic drugs (neuroleptics) work by reducing dopamine within schizophrenia sufferers.

Common forms of neuroleptics include drugs such as Thorazine, Prolixin and Haldol. These drugs actually block the activity of the dopamine neurotransmitter, the drugs take effect within 48 hours but it can be several weeks before a noticeable difference is seen with symptom reduction. Barondes's (1993) research looked into balancing the dosage of the drug, lowering the drug dosage reduced the side effects but also reduced the effectiveness of the drug meaning it wouldn't necessarily be a successful or quick recovery compared to high dosages of the neuroleptics.

Although this showed clear evidence for the effectiveness of neuroleptics in combating schizophrenia, emphasized when changing the dosage changes the effectiveness of the neuroleptics. Comer's (2001) research study looked into the effectiveness of the drugs, and found that for the majority of schizophrenia sufferers the drugs were effective and are the most successful treatment as they are more effective as a single treatment opposed to other therapies available.

Researches conducted about neuroleptics shows neuroleptics are effective in reducing the symptoms of schizophrenia especially positive symptoms such as hallucinations and delusions. Although relapse rates appear to be high and fast from coming off the drugs, meaning that essentially the patients will need to permanently take these drugs. Neuroleptics are well known for their large set of side effects that are damaging to patients health and wellbeing, reports of sedation, grogginess, blurred vision and impaired concentration.

Approximately 2% of all patients who are using neuroleptics develop neuroleptic malignant syndrome which involves the patient gaining muscle rigidity, altered consciousness and fevers which can be fatal. Another serious side effect that is a negative to neuroleptics is that around 20% or more patients who have been regularly taking the drugs for over 1 year end up with movements and writhing of the mouth or face and even if the patient comes off the drugs these effects can be lifelong.

Although Birchwood and Jackson's (2001) provided contradictory evidence as their study concluded that there was no evidence that the use of neuroleptics were effective within treating the negative symptoms. Newer

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drug therapy for Schizophrenia is using atypical antipsychotics such as Clozaril and Zyprexa. These drugs work in the same way as typical antipsychotics by blocking/lessening the effects of the dopamine neurotransmitter but they also alter serotonin activity. Meltzer (1999) found in his study that roughly 33% of patients who've had no success when using neuroleptics responded much better with the atypical drug "clozapine".

Awad and Vruganti (1999) also backed the atypical drugs success rates when their study showed that 85% of patients suffering with schizophrenia benefitted from being on atypical drugs compared to the 65% rate given to those using neuroleptics. As Birchwood and Jackson found that neuroleptics had no effect within treat the negative symptoms of schizophrenia Remington and Kapur found in 2000 that atypical drugs treat the negative symptoms of schizophrenia making atypical a preferred choice in medication.

Atypical drugs are favourably the better choice for when using drug therapy to treat schizophrenia as it is more effective for symptoms and also has a higher rate of success within patients. The side effects of atypical drugs are also fewer compared to those of neuroleptics. There is one serious side effect of atypical drugs which is agranulocytosis, the risk of developing this is 1-2% and involves reduction in white blood cells within the patient which can be life threatening although olanzapine a type of atypical doesn't cause his side effect.

Drug therapy in total is the most effective than any other therapy that is used within the treatment of schizophrenia and the speed of therapy with drugs is much more rapid than that of psychological therapies. Although

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drug therapy only treats the symptoms of schizophrenia, and doesn't manage to address the underlying reasons that are responsible for causing the illness within sufferers which means that patients will have to stay on the drugs to keep the symptoms suppressed and by coming off them most of the symptoms that the drugs are removing return relatively fast.

Another issue with drug therapy for treating schizophrenia is that it's not 100% effective and therefore is not working for every patient. Atypical drugs as mentioned earlier by Awad and Vruganti are 85% effective and neuroleptics even less which means that there's a minimum of of schizophrenia sufferers who drug therapy has no benefit towards creating individual differences. Also neuroleptics have no effect towards treating negative symptoms within patients so there are nowhere near as effective as using atypical drug therapy. herapy when treating schizophrenia, and helps the dopamine system because there s an imbalance in schizophrenic sufferers although this isn't necessarily the root cause. One issue with drug therapy within schizophrenics is compliance because it can be difficult to confuse someone who is deluded and not in a correct state of mind to take the drugs which reduces its appropriateness and effectiveness.

Drug therapy is also a reductionist form of treatment towards schizophrenia sufferers as it focuses on biological factors contributing towards the illness and ignores the psychological approach. Another form of therapy within schizophrenia is ECT (electroconvulsive therapy), this orm of therapy was found when observing that epileptics don't develop schizophrenia, resulting in the conclusion that the two disorders could not both be had by an

individual at the same time. This led to the theory that inducing seizures like those that epileptics endure could help treat schizophrenia patients.

Initially this therapy was done using drugs but then it changed to electric shocks as it was found they could produce seizures and that ECT has better outcomes than using drugs such as cardiazol. An electric current is passed through the patient's head which in turn causes brain eizures. Originally it could result in broken bones as the entire body of the patient would be in seizure. Modern ECT uses muscle relaxants to minimise the convulsions the patient has and a use of anaesthetics allows the patient to sleep during the treatment and so therefore has no anxiety.

Chanpattana (2007) found that the effects of ECT caused a reduction in positive schizophrenia symptoms and also improves social life and functioning. However ECT actually had no effect or worsened negative symptoms of the illness. Tharyan and Adams (2005) found that the effects of ECT was eneficial short term similar to those of drug therapy however the beneficial effects were smaller than drug therapy, and it was unclear whether or not any long term improvements came from the use of ECT.

ECT has moderate effectiveness; it can improve symptoms rapidly for schizophrenia sufferers but those improvements only seem to be short term and long term improvement doesn't occur generally. ECT's actual effectiveness towards the symptoms is also limited because on its own it doesn't offer the same amount of success as drugs. ECT is also less effective for negative symptoms and only effective n treating positive symptoms

within sufferers, for example it doesn't help towards reducing lack of motivation, emotion and social withdrawal.

Also this therapy similarly to drugs only really treats the symptoms and not what actually causes schizophrenia making it a palliative treatment. The treatment itself is quite consistent with how the biological outlook on schizophrenia works, as it appears the majority of symptoms caused by schizophrenia come from dysfunctions of the brain and therefore treatment that directly affects the brain that alters how it functions is rather appropriate in terms of ECT has side effects such as memory loss, neurological damage and cognitive impairments.

This can be an issue that some patients do not want to deal with making it hard to treat a patient if drug therapy is ineffective. However most of the side effects are only short term whereas drug therapy especially with typical (neuroleptics) has some serious long lasting side effects that are damaging to the human body. It's also a reductionist form of therapy as it only focuses on one factor similar to drug therapy with is the biological factors clearly ignoring the psychological approach to treatment.

Some people would say that because schizophrenia isn't exact science and as we don't know the true root cause of the illness then this treatment may not be appropriate for sufferers as the side effects as previously mentioned can be a lot to deal with when we aren't even certain the treatment is actually treating the symptoms properly. ECT also has ethical issues as ECT is quite an extreme form of therapy when people undergo the treatment

there are issues with whether or not the patient truly wants to undergo the therapy and that they might have been pressured into ECT.