Schizophrenia and bipolar disorder assignment

Psychology

Kremlin was able to make the discovery because he biased it on empirical observation through observing and recording thousands of case histories, then by following up with his patients. He was able to figure out the dementia praecox and manic depressive insanity were able to be separated by symptom, course, and outcome (Berries, Lulus, & Joss??, 2003). Schizophrenia is still one of the most mysterious and costliest mental disorders in terms of human suffering and societal expenditure (van So, 2009). In the earlier history of Schizophrenia treated through cryosurgery.

Cryosurgery is the treatment of s psychiatric disease through nee originals treatments. While is has a controversial history it was widely used in the early to mid 1 9th century. One of the first accounts happened in the mid 18th century when a man named Pennies Gage was hurt at work. A tamping iron was shot through the frontal lobe while working (Creighton, 2001). While most would think this would kill a person, he gained consciousness soon after the accident. Gage went from being an intelligent well-liked man to being an angry and hostile shut in.

This left the psychology field on its toes. They realized there was a disruption in his frontal lobe that affected his personality, ND that this could be duplicated in hopes of helping others. The frontal leucotomy was proposed as a potential treatment for schizophrenia because, by creating lesions in the frontal cortex, abnormal activity, presumably originating in this region, would be prevented from spreading to Other areas of the brain, which could worsen the symptoms of the disease (Mathews, Wellington, Dead, Robs, Lucas, Jose, & Erich, 2013).

During the 194(Yes a procedure was developed called the closed lobotomy, however by the sass's these practices were stopped because the surgeries caused extensive brain injuries and the pressure of the public. Schizophrenia was one of the conditions for which these treatments were used (Mathews, 2013). Then the use of antispasmodic came into effect and these practices were no longer needed. Like many other neuropsychiatry disorders, there is a typical onset age of late adolescence and early adulthood.

The thinking is that this could be a critical period in brain development, which would make the person vulnerable to the onset of psychopathology. While the incidence of schizophrenia varies across environments and different migrant groups, symptoms, course, and treatment response do so as well. Genetic limitability is shares in part with bipolar disorder and recent molecular genetics findings indicated an overlap with developmental disorder such as autism.

Doctors are using normalizing studies to focus on this age range, which will in turn provide helpful insight into the actual insight of the disease (Goat, Vass, Tests, Wood, & Panatelas, 2011) There has been evidence that patients suffering from schizophrenia end up experiencing more life events when healthy individuals. These life events could be because of the patients behavior, or totally environmental (Farrago, 2008). When looked at these vents could be because of the presence of psychiatric condition. However, the quality of interaction between patient and family affects the patients relapse rate (Farrago, 2008).

While a positive and loving attitude towards the patient may be productive, it is sometimes hard for a family to respond well to the illness. If the person suffers from paranoid schizophrenia then they will lash out at the family and have hallucinations involving the family. This makes it hard for the family to handle. Also, when the patient goes off meds these things get worse. There is so much stigma surrounding schizophrenia. Will the person hurt me? When are they going to go crazy? Can I catch it? Even to the point that there is a lower priority of mental health services and care received.

At times there is a hard time getting good quality of staff to work in these services. Then there is the issue of finding proper housing for people who suffer from this disease, not to mention the social isolation patients feel. There is a long history of intolerance towards mental abnormality. As well as the reaction, others have towards it. This has only progressively gotten worse over the past two centuries. However this is only art of the story, mental illness has also been linked to discrimination as well.

While schizophrenia affects about 1 % of the world’s population, the cause is still unknown (Nines, 2010). The easiest way to combat the fear is with education. Teaching people as well as families how to handle a patient, and that they often have more lucid moments then not. Bipolar Disorder The ancient Greeks and Romans were responsible for the terms “ mania” and “ melancholia,” which are not the modern day manic and depressive. They discovered that using lithium salts in there baths calmed manic patients and fifed there sprits (Cranks, 2012).

Today, lithium is a common treatment for bipolar patients. While it is thought that many people were executed because they had a mental illness, being that religious people believed that these people were possessed by demons and should therefore be put to death (Cranks, 2012). Bipolar is most often diagnosed in young patients showing first major depressive episodes. In these cases, diagnosis normally only based on psychiatric history taken, not on the patient’s current state (Holman, Goth, W?? cell, Postal, & B?? let, 2008). These patients also suffer with hypotonic episodes.

Hypotonic episodes are characterized by a distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days and present for most of the day nearly every day. These Patients are normally diagnosed with Bipolar II (Psych Central Staff, 2013). While Bipolar, or manic-depressive disorder is a frequent, sever, mostly recurrent mood disorder it is also associated with great morbidity. The lifetime prevalence of bipolar disorder is 1. 3 to 1. 6% (Mueller- Airlessness, Forgoer, & Bauer, 2002). The death rate of bipolar is two to three times higher than that of the general population.

On average about 10-20% of individuals suffering from Bipolar disorder will take their own lives, with one third of patients saying they have attempted it (Mueller- Airlessness, Forgoer, & Bauer, 2002). Bipolar is not a sexist disease, it does not discriminate. Except for the diagnosis of rapid-cycling, while being the most sever variant of the disease, it is more common in women (Mueller- Airlessness, Forgoer, & Bauer, 2002). The peak age of onset falls between age 15 and 24 years, although there is often a 5-10-year interval before treatment is finally sought.

Living with a person who has Bipolar crosier involves learning how to deal with the disruptions that their symptoms can cause, supporting that person through their recovery, and finding ways to cope with the effects on the family (Heretofore, 2013). Bipolar can really cause a strain on a family, depending on well managed the illness is (Heretofore, 2013). When the patient’s mood swings are mild, the family may experience some distress, but over time and with proper education about the illness, they can learn to manage. According to the National Institute of Mental Health, more than 5 million Americans have bipolar disorder (Dickinson, 2007).

The illness, which affects not only your own personal health and well-being but also your relationships with friends and family, can respond well to treatment (Dickinson, 2007). Stigma is debilitating for mental illnesses for any disease across the board. While the patient is struggling with the symptoms and disabilities that result from the disease, they are challenged with the stereotypes and prejudices that result from the misconceptions about mental illness (Shame, Chairmanship, Vivian, & Woolworth, 2013). These people face challenges with everyday life, jobs, housing health care, as well as dealing with people.

Even the people that are family or caregivers have reported being stigmatize, 43 to 92% (Shame, Chairmanship, Vivian, & Woolworth, 2013). Article Journals Summaries Facial expressions of emotions and schizophrenia: A review. Schizophrenia Bulletin This journal explains how three studies were performed on patients with Schizophrenia. They were interested to see how patients showed a reduced ability to perceive and

express facial emotions. They looked at decoding studies and their ability to perceive universally recognized facial expressions.

It was found that while Schizophrenics have a harder time splaying positive facial expressions, they were able to show negative feels, such as fear. Schizophrenia Spectrum Disorders in Persons Exposed to Ionizing Radiation as a Result of the Coherency Accident This study was performed on 100 workers of the Coherency EX how had worked as “ Liquidators-volunteers” for 5 or more hearsay’s and 1987. This was brought about because in 1 990 there was a spike in the amount of patients being diagnosed with Schizophrenia. This was compared against the general population.

The thought was that ionizing radiation may be working as an environmental trigger and causing a predisposition to schizophrenia, or cause schizophrenia-like disorders. The study says that a person exposed to 0. 30 SF or more are at a higher risk of siphon Ernie spectrum disorders. A Prospective Cohort Study of Genetic and Perennial Influences in the Etiology of Schizophrenia This study was preformed to figure out whether or not fetal hypoxia and other obstetric complications are related to the risk of adults developing Schizophrenia, also to see if whether each case is specific to early onset.

They used 72 patients diagnosed with schizophrenia, 63 of their siblings not diagnosed, and 7, 941 non-psychiatric controls. They used magnitude based study. They were able to find that there was an increased risk with patients that had suffered hypoxia during birth. However, there was no relationship between low birth weight and other obstetric complications. Burden of

Caregivers of Patients with Bipolar Affective Disorders This study was conducted on 32 problem-oriented interviews with caregivers of patients with bipolar affective disorders, they were analyzed using content analysis.

The 722 statements given about the burdens that these caregivers had were summarized into 49 global statements. The caregivers discussed how they let helplessness when dealing with the ever-changing depressive and manic symptoms of the ill family member they were caring for. Also how they felt they suffered great burden. The findings of this study highlight that an appreciation of caregivers' own consternation and information about how best to handle the (uncooperative) behavior of the patient should be taken into account in psycho educational groups as well as in the daily work routine of professionals.

Are Working Memory Deficits in Bipolar Disorder Markers for Psychosis Doctors have found that many people suffering with bipolar crosier have been identified as having working memory deficits, however, there has been evidence that has linked this problem as being a marker for psychosis rather than affective disorder. When doing the study they looked at two groups with board, one with psychotic features, one without. With this study they were able to conclude that while some aspects of working memory performance are markers for psychosis, others were more general markers for bipolar disorders.

Negative Life Events and Time to Recovery from Episodes of Bipolar Disorder While it is known that negative life events eave been shown to cause relapse in patients with bipolar disorder, these doctors were looking at how severe

negative life events effect the recovery time of someone with bipolar disorder. They recruited 67 individuals with bipolar disorder during hospitalizing and conducted monthly assessments for at least one year. They were able to find that patients with severe negative life effects took three times longer to recover then patients without negative life situations.