

# [Paranoid schizophrenia essay sample](https://assignbuster.com/paranoid-schizophrenia-essay-sample/)

Schizophrenia is a disorder where there is disturbance of the way a person handles cognition, his emotions are profoundly affected, he loses to power to perceive things, along with other behavioural aspects (Module 6). It has been found in descriptions throughout history. It has been shown that biological relatives of patients with schizophrenia have an increased risk of schizophrenia and schizophrenia spectrum disorders. There is also evidence that the presence of the deficit form of schizophrenia (i. e., schizophrenia with primary negative symptoms) increases the relative risk of schizophrenia. Schizophrenia is found in all societies and geographical areas (Schizophrenia , www. wikipedia. org ).

Paranoid schizophrenia is the commonest form of the disorder. The patients are usually stable, but often delusions (false thoughts), of paranoid variety are seen. These are usually associated with hallucinations (seeing things which are actually not there, or hearing things which are not playing). It is the latter type which is more common (mayoclinic. com) . Other features such as disturbance in mood, speech, voluntary activities are less frequent (W ikipedia. org) .

ICD-10 diagnostic criteria for schizophrenia (Wikipedia. org)

At least one present most of the time for a month

\* Thought echo, insertion or withdrawal, or thought broadcast

\* Delusions of control referred to body parts, actions, or sensations

\* Delusional perception

\* Hallucinatory voices giving a running commentary, discussing the patient, or coming from some part of the patient’s body

\* Persistent bizarre or culturally inappropriate delusions

Or at least two present most of the time for a month

\* Persistent daily hallucinations accompanied by delusions

\* Incoherent or irrelevant speech

\* Catatonic behaviour such as stupor or posturing

\* Negative symptoms such as marked apathy, blunted or incongruous mood

Effect on social functioning of the patient (Module 6)

The patient may

1. harbour jealousy towards others, often of extreme nature, without sound basis
2. he may hear continuous voices, which istract him from work
3. various hallucinations which may take sexual form, variable taste senations, ot of verbal form.

The patient may have episodic symptoms, with short or long periods which are symptom free. In certain individuals, the problem may become chronic in nature, where the patient has continuous episodes, and sudden exacerbations are difficult to diagnose. It is considered a social stigma, but often it is the schizophrenics who are the victims of violence, rather than the perpetrators. On treatment, these patients can expect near normal social life (Woods, P.  Ashley, C, 2007)

Causes (Module 6)

The basic cause is an excessive increase in the dopamine content in the stria nigra area of the brain. Various etiologies, like genetic (based on twin-twin studies), prenatal exposure to infections, living in urban stressful environments. Childhood experiences of abuse or trauma have also been implicated as risk factors for a diagnosis of schizophrenia later in life. Other factors suggested are drug abuse, various psychological mechanisms. Lately the role of glutamate receptors and NMDA receptors has been suggested (Mayoclinic. com).

Treatment

It is important to remember that patients cannot return to social normalcy unless treatment is started. Paranoid schizophrenia has a better prognosis than the other types, if treatment is started early. The treatment is usually a multimodality one including (Module 6)

1. antipsychotic medicines
2. behavioral therapy
3. group therapy
4. vocational and social skills training

Antipsychotic drugs like clozapine are extremely effective and act by reducing dopamine levels in the body (Rajagopal, G.; Graham, J. G.; Haut, F. F, 2007). Close attention must be paid to side effects like agranulocytosis and myocarditis. Long acting depot preparations are now available. Behavioural therapy is important to address issues such as self esteem, and social rehabilitation (Moritz, Steffen a; Woodward, Todd S, 2007). In resistant cases, electro-convulsive therapy is an option (Wikipedia. org).

Alternative medicines such as Niacin, better nutritional therapy, elimination of gluten from diet have been suggested (Wikipedia. org)

Schizophrenics can expect a near normal life span (Mayclininc. com, wikipedia. org).

Further information may be accessed at

* mayoclinic. com/health/paranoid mschizophrenia
* wikipedia. org/wiki/Schizophrenia
* healthsquare. com/mc
* waldenbehavioralcare. com/paranoid\_schizophrenia
* umm. edu/ency/article/000936. htm
* . www. schizophrenia. com
* Baker-Brown, Stuart A patient’s journey: living with paranoid schizophrenia. BMJ. 333(7569): 636-638, September 23, 2006.

Referance list

* Module 6 Reading Abnormal Psych
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* Woods, P. Ashley, C.  Violence and aggression: a literature review. Journal of Psychiatric & Mental Health Nursing. 14(7): 652-660, October 2007.
* Paranoid schizophrenia. Accessed from . www. mayoclinic. com/health/ paranoid-schizophrenia/DS00862 –on 28. 3. 08
* Accessed from . www en. wikipedia. org/wiki/Schizophrenia on 28. 3. 08
* The alternate reality of schizophrenia. LPN. 3(3): 14-19, May/June 2007
* Rajagopal, G.; Graham, J. G.; Haut, F. F. A. Prevention of clozapine-induced granulocytopenia/agranulocytosis with granulocyte-colony stimulating factor (G-CSF) in an intellectually disabled patient with schizophrenia. Journal of Intellectual Disability Research. Special Issue Mental Health and Intellectual Disability: XXI. 51(1): 82-85, January 2007.