

Schizophrenia and go, all depending on the

[Life](#), [Emotions](#)



Schizophrenia involves a wide array of problems with both cognitive behavior or emotions. Signs and symptoms may vary, and also have the possibility to come and go, all depending on the person. (“ Schizophrenia”, 2016) While signs begin occurring sooner in men than women, signs have a tendency to appear between the ages of 16 and 30. Often times, sufferers have close to no clue at all that they are psychologically ill until informed formally by a medical professional. Signs and symptoms viewed as “ positive”, are simply actions not commonly witnessed by “ healthy people”. These signs and symptoms involve one being convinced of false beliefs that do not exist in reality, seeing and hearing things that don’t exist, disorganized thinking and speech, and abnormal motor behavior.

The “ negative” symptoms are correlated with disruptions to “ normal” emotions and behaviors, including decreased expression of emotions in facial expressions and/or tone of voice. Symptoms in teenagers however, may be harder to recognize because of natural personality and hormonal changes which would emit the same symptoms. These symptoms may include reduced motivation, depressed or irritable mood, insomnia, poor performance in school and isolation from friends and family. Also, compared to symptoms in adults, teenagers hold a higher chance to have visual hallucinations, yet are less prone to delusions of reality.

According to the National Alliance on Mental Illness (NAMI), diagnosing schizophrenia is not easy. Some complications stem from the tendency of the patient not being aware that they are a sufferer, which adds complexity to any diagnosis. In order to be clinically diagnosed with schizo, one must exhibit two or more of the above stated symptoms, occurring for a significant

period of time during a 1-month period. (“ NAMI”). However an exception stands when “ severe” delusions or hallucinations consisting of one or more disembodied voices maintaining an ongoing commentary of the patients thoughts and actions, will pose as enough physical evidence for a diagnosis alone. Though there are no specific physical, psychological or lab tests that can singlehandedly diagnose the disorder, an MRI or a CT scan may be used in order to rule out other disorders or illnesses such as: brain tumors and bipolar disorder.

Therefore, medical professionals can assess the symptoms through a series of prolonged observations through the a set period of said person’s illness, or a psychiatric evaluation using the criteria of DSM-5, in order to gain a full understanding of the disorder. Treatment of schizophrenia remains about as chronic as the disorder does, even when symptoms may appear to have subsided. In some cases, hospitalizing the patient may be necessary, but typically medications and therapy will be the most common forms of treating this disorder. The most recurrent prescribed medication to these patients are antipsychotics (Fluphenazine (Prolixin), Aripiprazole (Abilify), etc) which affect the neurotransmitters in the brain therefore controlling the symptoms (“ Schizophrenia”, 2016). but other medications such as antidepressants or anti-anxiety drugs may be used as well to achieve different effects, since these are two side effects of schizophrenia.

Psychotherapy is a form of treatment in which is used when patients are unresponsive to medications, or are in need of additional treatment. Some of these therapy techniques are Cognitive Behavioral Therapy, Cognitive

Enhancement Therapy and Supportive psychotherapy, which all can be classified as cognitive rehabilitation for the patient. As most factors do in this disorder, the prognosis of a “schizo” patient depends on the individual’s level of diagnosis.

Schizophrenia results in a higher mortality rate than those of the unaffected, leaving men at a 5.1%, and women at a 5.6% increased chance of early death (“Schizophrenia”, 2016) due to its correlation with obesity, lack of exercise, smoking and chance of suicide. This disorder also makes the patient more prone to physical health risks like diabetes, heart problems and even lung cancer. As much as 25% of patients are also guilty of repetitive and severe substance abuse, which itself can make treatments less effective for the patient, or even worsen symptoms. Disorders like OCD and anxiety are also noticeably a common development in schizo patients.

Overall, there is no prevention for schizophrenia, although consistency through early treatment is the best way improve the long-term outlook, reduce relapses and to keep symptoms under control before severe complications are able to manifest.