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AbstractSchizophrenia is a chronicdisease that requires lifelong treatment.

Contrary to the popular belief, schizophrenia is not a divided personality or multiple personality disorder. The word schizophrenia which means “ divided mind” refers to a separation of thenormal balance of emotions and thinking. People with this illness have changesin their behavior and other symptoms such as delusions and hallucinations thatlast for more than six months. In general, with failure in work, school, andsocial functioning. Psychotic disorders, such as schizophrenia, are a group ofserious illnesses that affect the mind. These diseases impair a person’sability to think clearly, make good judgments, respond emotionally, communicateeffectively, understand reality, and behave appropriately. When symptoms aresevere, people with psychotic disorders have difficulty staying in touch withreality and often are not able to meet the ordinary demands of everyday life.

However, even severe psychotic disorders are generally treatable. People withpsychotic disorder have sudden short periods of psychotic behavior, often inresponse to a stressful event, such as death in the family.         Schizophrenia also called dementia praecox. Asevere mental disorder characterized by some, but not necessarily all of thefollowing features: emotional blunting, intellectual deterioration, socialisolation, disorganized speech and behavior, delusions, and hallucinations. Astate characterized by the coexistence of contradictory or incompatibleelements. Twochanges were made to DSM-IV Criterion A for schizophrenia.

The first change isthe elimination of the special attribution of bizarre delusions and Schneideranfirst-rank auditory hallucinations. The second change is the addition of arequirement in Criterion A that the individual must have at least one of thesethree symptoms: delusions, hallucinations, and disorganized speech. At leastone of these core “ positive symptoms” is necessary for a reliable diagnosis ofschizophrenia (2013 American Psychiatric Association). History            Schizophrenia is achronic, severe and disabling brain disorder that has affected peoplethroughout history. About 1 percent of Americans have it. Often, people withthis disorder hear voices that others do not hear or think others can readtheir mind, control their thoughts, or are plotting to harm them.

And this mayterrorize them and make them easily withdrawn and irritable people. People withschizophrenia may talk nonsense, can sit for hours without moving or speakingand may even seem to feel perfectly fine until it comes to expressing what theyare really thinking. Also their family and social life are affected byschizophrenia, as many people suffering from this disease have difficultyholding a job or caring for them, making them always depend on others. Causes            Experts say there are several factors that causeschizophrenia. The main factors involved in the onset and development of thisdisease are: Genetic predisposition: thepresence of the disease in parents or close relatives (uncles, cousins, grandparents, etc.) is a factor that increases the possibility of occurrence inchildren. Alterations during pregnancy or birth: anoxia (lack of oxygen to thefetus during pregnancy or childbirth), viral infections, trauma, and so on.

Morphological, functional or biochemical changes in the brain: This sectionplays a fundamental role habitual substance abuse and exposure to certain toxicand environmental stressors. There are especially two substances involved inthe communication between neurons to the brain dopamine and serotonin. Failureof treatment once diagnosed disease: a high risk of relapses. Schizophrenia is not related tosituations of low enrollment or childhood trauma, and certainly no blame fortheir appearance. Positiveand Negative Symptoms             Positive symptoms are psychotic behaviors not seen inhealthy people. People with positive symptoms often lose touch with reality. These symptoms may come and go, sometimes are intense and sometimes almostimperceptible; depending on whether the individual is receiving treatment ornot.

Positive symptoms include: Hallucinations, which are things a person cansee, hear, smell or feel that no one else can see them, hear them, smell themor feel them. The “ voices” are the most common type of hallucinationassociated with schizophrenia. Delusions are false beliefs that are not part ofthe culture of the person and remain firm. The person believes delusions evenafter other people will show that they are not real and logical. Thoughtdisorders are unusual or dysfunctional ways of thinking. A form of thisdisorder is disorganized thinking, which occurs when a person has difficulty organizinghis thoughts or connecting them in a logical sequence. Movement disorders canmanifest as agitated body movements. A person with this disorder may repeatcertain motions over and over again.

Negative symptoms are associated with disruption of normalemotions and behaviors. These symptoms are harder to recognize as part of thisdisorder, as is often mistaken for depression or other conditions. People withnegative symptoms need help with daily tasks, often to neglect basic personalhygiene. This can make them seem lazy people or people who do not want to getahead, but in reality are the symptoms of schizophrenia. Cognitive symptoms aremore subtle. As negative symptoms, these symptoms are difficult to recognize aspart of this disorder, often only detected when testing for other reasons. Usually cognitive symptoms make it difficult to lead a normal life and living. They can cause great emotional distress.

Differenttypes of schizophrenia            Paranoid-type schizophrenia is characterized by delusionsand auditory hallucinations (hearing voices that don’t exist) but relativelynormal intellectual functioning and expression of emotions. The delusions canoften be about being persecuted by a person or an organization, or feelingharassed or treated unfairly. People with paranoid-type schizophrenia canexhibit anger, aloofness, anxiety, and can be argumentative.

`           Disorganized-type schizophrenia is characterized by speechand behavior that are disorganized or difficult to understand, and flatteningor inappropriate emotions. People with disorganized-type schizophrenia maylaugh inappropriately for no apparent reason, make illogical statements, orseem preoccupied with their own thoughts or perceptions.  Their disorganized behavior may disruptnormal activities, such as showering, dressing, and preparing meals. Undifferentiated-typeschizophrenia is characterized by some symptoms seen in all of the above types, but not enough of any one of them to define it as another particular type ofschizophrenia. Residual-typeschizophrenia is characterized by a past history of at least one episode ofschizophrenia, but the person currently has no “ positive” symptoms(such as delusions, hallucinations, disorganized speech, or behavior). It mayrepresent a transition between a full-blown episode and complete remission, orit may continue for years without any further psychotic episodes (2013 JosephGoldberg, MD).

Preventions            There is no sure way to prevent schizophrenia. However, early treatment can help keep symptoms under control before seriouscomplications and can help improve long-term prognosis. In continuation, thetreatment plan can help prevent relapse or worsening of symptoms ofschizophrenia. In addition, researchers hope to learn more about the riskfactors for schizophrenia, which can in turn lead to early diagnosis andtreatment. Treatment            As yet the causes ofschizophrenia are not known, treatments concentrate on trying to eliminate thesymptoms of the disease.

These include antipsychotic medications and variouspsychosocial treatments. Psychosocial treatments can help people withschizophrenia who are already stabilized with antipsychotic medication. Psychosocial treatments help these patients with the daily challenges of thedisease, such as difficulty in communication, self-care, work and establishingand maintaining relationships.

In addition to psychosocial treatments in thetreatment of schizophrenia should emphasize rehabilitation, family education, and cognitive behavioral therapy and self-help groups. Tipsor suggestions on how to overcome the disordersToovercome the current crisis, recourse to the people and tools that areavailable to you. People with schizophrenia may get help from professionalcaregivers and case managers in day or residential programs. Although, familymembers are usually the primary caregivers.

Parentingskills to help the individuals            People who deal withthese mental health problems may also have children to care for. Due toillness, parenting skills may be underdeveloped or adversely affected. In aninnovative program of Australia, occupational therapists perform a program ofopen-ended group for people with mental health problems who have youngchildren. Through discussion, education, child observation and practicalexperience, these individuals are helped to develop their parenting skills. Inaddition, guest speakers from community agencies introduce these parents toother valuable community services. To date, feedback from participants was verypositive. Evidence-basedtherapies for Schizophrenia            Many patients with schizophreniahave psychological distress and receive some form of psychotherapy. Severaldifferent psychotherapeutic approaches for schizophrenia have been developedand studied.

Of these approaches, cognitive behavior therapy (CBT) has thestrongest evidence base and has shown benefit for symptom reduction inoutpatients with residual symptoms. In addition to CBT, other approachesinclude compliance therapy, personal therapy, acceptance and commitmenttherapy, and supportive therapy. Although usually studied as distinctapproaches, these therapies overlap with each other in their therapeuticelements. Psychotherapy for schizophrenia continues to evolve with the recentadvent of such approaches as meta-cognitive therapy, narrative therapies, andmindfulness therapy. Future research may also consider three different goals ofpsychotherapy in this patient population: to provide emotional support, toenhance functional recovery, and to alter the underlying illness process.