

Abstract not
necessarily all of the
following

[Literature](#), [Russian Literature](#)



Abstract Schizophrenia is a chronic disease 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 the normal balance of emotions and thinking. People with this illness have changes in their behavior and other symptoms such as delusions and hallucinations that last for more than six months. In general, with failure in work, school, and social functioning. Psychotic disorders, such as schizophrenia, are a group of serious illnesses that affect the mind. These diseases impair a person's ability to think clearly, make good judgments, respond emotionally, communicate effectively, understand reality, and behave appropriately. When symptoms are severe, people with psychotic disorders have difficulty staying in touch with reality and often are not able to meet the ordinary demands of everyday life.

However, even severe psychotic disorders are generally treatable. People with psychotic disorder have sudden short periods of psychotic behavior, often in response to a stressful event, such as death in the family.

Schizophrenia also called dementia praecox. A severe mental disorder characterized by some, but not necessarily all of the following features: emotional blunting, intellectual deterioration, social isolation, disorganized speech and behavior, delusions, and hallucinations. A state characterized by the coexistence of contradictory or incompatible elements. Two changes were made to DSM-IV Criterion A for schizophrenia.

The first change is the elimination of the special attribution of bizarre delusions and Schneideran first-rank auditory hallucinations. The second

change is the addition of a requirement in Criterion A that the individual must have at least one of these three symptoms: delusions, hallucinations, and disorganized speech. At least one of these core “ positive symptoms” is necessary for a reliable diagnosis of schizophrenia (2013 American Psychiatric Association). History Schizophrenia is a chronic, severe and disabling brain disorder that has affected people throughout history. About 1 percent of Americans have it. Often, people with this disorder hear voices that others do not hear or think others can read their mind, control their thoughts, or are plotting to harm them.

And this may terrorize them and make them easily withdrawn and irritable people.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

Morphological, functional or biochemical changes in the brain: This section plays a fundamental role habitual substance abuse and exposure to

certain toxic and environmental stressors. There are especially two substances involved in the communication between neurons to the brain: dopamine and serotonin. Failure of treatment once diagnosed disease: a high risk of relapses. Schizophrenia is not related to situations of low enrollment or childhood trauma, and certainly no blame for their appearance. Positive and Negative Symptoms

Positive symptoms are psychotic behaviors not seen in healthy people. People with positive symptoms often lose touch with reality. These symptoms may come and go, sometimes are intense and sometimes almost imperceptible; depending on whether the individual is receiving treatment or not.

Positive symptoms include: Hallucinations, which are things a person can see, hear, smell or feel that no one else can see them, hear them, smell them or feel them. The "voices" are the most common type of hallucination associated with schizophrenia. Delusions are false beliefs that are not part of the culture of the person and remain firm. The person believes delusions even after other people will show that they are not real and logical. Thought disorders are unusual or dysfunctional ways of thinking. A form of this disorder is disorganized thinking, which occurs when a person has difficulty organizing his thoughts or connecting them in a logical sequence. Movement disorders can manifest as agitated body movements. A person with this disorder may repeat certain motions over and over again.

Negative symptoms are associated with disruption of normal emotions and behaviors. These symptoms are harder to recognize as part of this disorder, as is often mistaken for depression or other conditions. People with negative

symptoms need help with daily tasks, often to neglect basic personal hygiene. This can make them seem like lazy people or people who do not want to get ahead, but in reality are the symptoms of schizophrenia. Cognitive symptoms are more subtle. As negative symptoms, these symptoms are difficult to recognize as part 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.

Different types of schizophrenia Paranoid-type schizophrenia is characterized by delusions and auditory hallucinations (hearing voices that don't exist) but relatively normal intellectual functioning and expression of emotions. The delusions can often be about being persecuted by a person or an organization, or feeling harassed or treated unfairly. People with paranoid-type schizophrenia can exhibit anger, aloofness, anxiety, and can be argumentative.

Disorganized-type schizophrenia is characterized by speech and behavior that are disorganized or difficult to understand, and flattening or inappropriate emotions. People with disorganized-type schizophrenia may laugh inappropriately for no apparent reason, make illogical statements, or seem preoccupied with their own thoughts or perceptions. Their disorganized behavior may disrupt normal activities, such as showering, dressing, and preparing meals. Undifferentiated-type schizophrenia 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

of schizophrenia. Residual-type schizophrenia is characterized by a past history of at least one episode of schizophrenia, but the person currently has no "positive" symptoms (such as delusions, hallucinations, disorganized speech, or behavior). It may represent a transition between a full-blown episode and complete remission, or it may continue for years without any further psychotic episodes (2013 Joseph Goldberg, MD).

Preventions There is no sure way to prevent schizophrenia. However, early treatment can help keep symptoms under control before serious complications and can help improve long-term prognosis. In continuation, the treatment plan can help prevent relapse or worsening of symptoms of schizophrenia. In addition, researchers hope to learn more about the risk factors for schizophrenia, which can in turn lead to early diagnosis and treatment.

Treatment As yet the causes of schizophrenia are not known, treatments concentrate on trying to eliminate the symptoms of the disease.

These include antipsychotic medications and various psychosocial treatments. Psychosocial treatments can help people with schizophrenia who are already stabilized with antipsychotic medication. Psychosocial treatments help these patients with the daily challenges of the disease, such as difficulty in communication, self-care, work and establishing and maintaining relationships.

In addition to psychosocial treatments in the treatment of schizophrenia should emphasize rehabilitation, family education, and cognitive behavioral therapy and self-help groups. Tips or suggestions on how to overcome the

disorders To overcome the current crisis, recourse to the people and tools that are available to you. People with schizophrenia may get help from professional caregivers and case managers in day or residential programs. Although, family members are usually the primary caregivers.

Parenting skills to help the individuals People who deal with these mental health problems may also have children to care for. Due to illness, parenting skills may be underdeveloped or adversely affected. In an innovative program of Australia, occupational therapists perform a program of open-ended group for people with mental health problems who have young children. Through discussion, education, child observation and practical experience, these individuals are helped to develop their parenting skills. In addition, guest speakers from community agencies introduce these parents to other valuable community services. To date, feedback from participants was very positive. Evidence-based therapies for

Schizophrenia Many patients with schizophrenia have psychological distress and receive some form of psychotherapy. Several different psychotherapeutic approaches for schizophrenia have been developed and studied.

Of these approaches, cognitive behavior therapy (CBT) has the strongest evidence base and has shown benefit for symptom reduction in outpatients with residual symptoms. In addition to CBT, other approaches include compliance therapy, personal therapy, acceptance and commitment therapy, and supportive therapy. Although usually studied as distinct approaches, these therapies overlap with each other in their therapeutic elements.

Psychotherapy for schizophrenia continues to evolve with the recent advent of such approaches as meta-cognitive therapy, narrative therapies, and mindfulness therapy. Future research may also consider three different goals of psychotherapy in this patient population: to provide emotional support, to enhance functional recovery, and to alter the underlying illness process.