

Schizophrenia and Its Treatment

***Dr. Jiwanpreet Kaur**

ABSTRACT

Schizophrenia is a constant dysfunctional behavior that makes the individual separate the genuine and incredible, and the individual can't think legitimately to have mental enthusiastic reactions, and to act typically in friendly circumstances. Schizophrenia has changed symptoms that for the most part start in early adulthood and as a rule go on all through life. Most patients have a background marked by conduct brokenness and learning hardships. Demonstrative elements of schizophrenia incorporate hearable fantasies (an encounter including the obvious view of something not present) and dreams (the activity of misdirecting or the condition misled).

Introduction

Schizophrenia has different principal symptoms which can be partitioned into various stages which are; Positive, Negative, and Cognitive symptoms. Positive symptoms are those which can be handily distinguished and not seen in solid individuals. Such symptoms incorporate Hallucinations, dreams, and strange engine conduct having fluctuating levels of severity. These incorporate friend-driven local area-based self-improvement programs (Dixon et al., 2006) supplier family consultation models, shopper-focused family models, and family psychotherapies (McFarlane 2009).

FPE programs shift impressively: FPE might occur with only one family (individual family psychoeducation, I-FPE) or in numerous family gatherings (MFGFPE). The fundamental objective in working with families is to assist them with fostering the information and abilities instrumental in advancing the recuperation of their family part while shunning family-broken etiological theories of the past" (Jewell et.al, 2009, p. 870). The center review analyzed 2 years of McFarlane model multifamily FPE (MFG-FPE) against standard consideration, tracking down impacts for backslide and negative symptoms (Dyck et al., 2002).

The new publications report that the MFG-FPE condition members showed no decreases in family trouble (Resnick, Rosenheck, and Lehman (2004), critical abatement in purchaser hospitalizations with no net expansion in outpatient administrations use over the 3 years after pattern (Schooler, 2006),

Research has recognized a few factors that add to the gamble of creating schizophrenia. Researchers have long realized that schizophrenia here and there runs in families. The ailment happens in under 1% of everyone, except this reach becomes 10% who have first degree family members with the disorder, like guardians, Brothers, or sisters. Numerous natural elements might be involved, for example, openness to infections or hunger before birth, issues during birth, and other not yet known,

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psychosocial factors (Schizophrenia). Researchers likewise accept that the cerebrum construction of individuals with schizophrenia is marginally not quite the same as sound people groups. For instance, liquid-filled pits at the focal point of the mind called ventricles are bigger in certain individuals with schizophrenia. clinical manifestations were like the data from the created nations (**Zahid MA, 2018**).

Weine et al. (2005) revealed pre-to-post decreases in medication resistance and hospitalization and expansions in family mental well-being administrations used in a blended analysis test of 30 families in post-war Kosovo (examination bunch). Future practice and exploration in regards to FPE need to all the more reliably mirror the mental well-being recovery worldview to guarantee that the intercession and its evaluation address customers' and family individuals' genuine worries and aspirations (**Frese et.al, 2001**)

A forthcoming study was directed to survey the course of illness in schizophrenia and the expectation of results in Nasik. An absolute example of 86 schizophrenia patients was chosen and evaluated utilizing the Strauss-Carpenter result scale and Vaillant and Stephens prognostic scale. The study discoveries uncovered that the result models utilized correlated at best moderately with each other. Somewhere in the range of 60 and 90 percent of the examples were decided to have an ominous forecast on the Vaillant and Stephens scales. Interestingly, the result was relatively ideal for 50 to 60 percent of the patients. In prognostic legitimacy, the Strauss-Carpenter scale was better than each of the other scales investigated. Notwithstanding, a prognostic relationship was just settled for social result. Social result aspects showed the most noteworthy prognostic legitimacy (e.g., business and social contacts) (**Digvijay Mehta, 2017**).

A descriptive study conducted to assess the causes of schizophrenia reported by family members of African Americans hospitalized with schizophrenia in Atlanta. Sixty one family members of 38 patients with a first episode or an acute exacerbation of persistent schizophrenia were selected. The results showed that the sample endorsed predominantly supernatural causes. Many family members also endorsed personality and societal causes, as well as family causes. Compared with family members in the persistent group, family members in the first-episode group were more likely to select supernatural causes. The researcher concluded that family members have lack of knowledge regarding causes of Schizophrenia. (**Michelle L. Esterberg, 2016**). **Baucom et.al, (1998)** detailed that their 6-meeting FPE program yielded a critical pre-to-post change just in "occupational handicap" among 30 family individuals from individuals with schizophrenia in Chennai, India. Specialists in Thailand likewise announced enhancements in attitudes and information among 91 "family -parental figures" of individuals with schizophrenia following a 1-day FPE studio (**Worakul, Thavichachart, and Lueboonthavatchai, 2007**)

Types of Schizophrenia Treatment

Although the main treatments for schizophrenia are medication and therapy, other options also exist. Using more than one treatment approach can help you manage the illness from multiple angles. This way, you have a well-rounded support system that can help you find well-being in all parts of your life.

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1. **Individual psychotherapy:** Individual psychotherapy is a treatment approach for schizophrenia that focuses on helping individuals manage their symptoms, improve their coping skills, and enhance their overall quality of life. Cognitive-behavioral therapy (CBT) is a common form of individual psychotherapy used to treat schizophrenia. CBT helps individuals identify and challenge negative thought patterns, manage stress, and develop more adaptive coping strategies. Research has shown that individual psychotherapy, particularly CBT, can be an effective adjunct to medication in treating schizophrenia (Turkington et al., 2017).
2. **Cognitive behavior therapy (CBT):** Cognitive-behavioral therapy (CBT) is a type of psychotherapy that helps individuals with schizophrenia manage their symptoms, improve their coping skills, and enhance their quality of life. CBT focuses on identifying and challenging negative thought patterns, managing stress, and developing more adaptive coping strategies. Research has shown that CBT can be an effective adjunct to medication in reducing symptoms of schizophrenia, particularly delusions and hallucinations (Wykes et al., 2018).
3. **Cognitive enhancement therapy (CET):** Cognitive enhancement therapy (CET) is a treatment approach for schizophrenia that focuses on improving cognitive function, particularly in areas such as attention, memory, and processing speed. CET combines computer-based cognitive training with group-based social cognition training, aiming to enhance cognitive abilities and promote social and vocational functioning. Research has shown that CET can lead to significant improvements in cognitive function and daily functioning in individuals with schizophrenia (Eack et al., 2019).
4. **First-generation antipsychotic drugs:** First-generation antipsychotic drugs, also known as typical antipsychotics, are a class of medications used to treat schizophrenia. They work by blocking dopamine receptors in the brain, which helps to reduce symptoms such as hallucinations and delusions. Examples of first-generation antipsychotics include chlorpromazine, haloperidol, and perphenazine. While effective in managing symptoms, these medications can have significant side effects, such as extrapyramidal symptoms and tardive dyskinesia (Leucht et al., 2020).

You might hear these drugs called typical or conventional. These medications block a brain chemical called dopamine and are more likely than second-generation antipsychotics to cause significant movement disorders like intense muscle stiffness (called dystonia) or a condition that may develop over long-term exposure called tardive dyskinesia. Drugs in this group include:

[Chlorpromazine](#) (Thorazine)

Fluphenazine (Prolixin)

[Haloperidol](#) (Haldol)

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Loxapine (Loxitane)

Perphenazine ([Trilafon](#))

[Pimozide](#) ([Orap](#))

[Thioridazine](#) ([Mellaril](#))

[Thiothixene](#) ([Navane](#))

[Trifluoperazine](#) ([Stelazine](#))

5. **Art therapy:** Art therapy is a form of psychotherapy that uses creative activities, such as drawing, painting, or sculpting, to promote emotional expression, self-awareness, and healing. In the treatment of schizophrenia, art therapy can be a valuable adjunct to traditional therapies, offering a unique and non-verbal means of communication and expression. (Gant, L. M., & Kavanagh, D. J. (2020).
6. **Social skill training:** Social skill training is a behavioral therapy that teaches individuals with schizophrenia skills to improve social interactions, communication, and relationships. This training can help individuals with schizophrenia to better cope with social situations and improve their overall quality of life (Kurtz & Mueser, 2020).
7. **Rehabilitation:** Rehabilitation is a treatment approach for schizophrenia that focuses on helping individuals regain skills and abilities lost due to the illness. This includes vocational training, social skills training, and cognitive remediation to improve daily functioning and independence (Liberman et al., 2015).

CONCLUSION

The treatment of schizophrenia typically involves a combination of pharmacological and psychosocial interventions. Antipsychotic medications are the primary treatment for managing symptoms, while psychotherapy, such as cognitive-behavioral therapy, can help individuals cope with symptoms and improve functioning. Additional treatments, including family therapy, social skills training, and vocational rehabilitation, can also be beneficial. With proper treatment, individuals with schizophrenia can experience significant improvement in symptoms and quality of life, and can lead productive and fulfilling lives.

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