



A Brief Study on Mechanism and Management of Schizophrenia

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INTRODUCTION

Schizophrenia is a psychiatric disorder which is specified by continuous or relapsing episodes of neurosis. Symptoms include paracusia, thought disorder, delusions and paranoia, emotional blunting, suppression of emotions, seclusion. Mental disorders like drug use disorder, panic disorder, behavioral disorder can also be seen in people with Schizophrenia. Most of the people diagnosed with Schizophrenia have no further relapses and few people even recover completely. Some problems such as unemployment, ill treatment poverty and victimization are corresponded with Schizophrenia. When compared to other people, persons with Schizophrenia are at a higher risk with physical health issues such as Cardiovascular, Respiratory and metabolic disorders. They also have about 5% suicide rate. Along with counseling and psych social rehabilitation, neuroleptics which is a psychotropic medication is considered as treatment. Few people may not respond to the psychotropic medication, they are medicated with clozapine. Schizophrenia is a psychiatric disorder which is specified or distinguished by certain changes in thoughts, behavior and interpretation. Symptoms of Schizophrenia are positive, negative and cognitive deficit. Positive symptoms are rarely seen in people with Schizophrenia during a psychotic episode. These positive symptoms include delusions, ipseity disturbance, hallucinations which involve auditory hallucinations, visual perception and tactile hallucinations. These symptoms usually treated well with medication and decreased over the long term course of illness. Negative symptoms are lack of emotional responses such as reduced affect display, poverty of speech, inability to experience pleasure and lack of interest in social interactions. Cognitive symptoms are the foremost symptoms found in people suffering with Schizophrenia. Cognitive symptoms can be non-social or social cognition. Schizophrenia affects the development of nervous system. As there are no supporting evidence regard-

ing the development of Schizophrenia in its lateral stages, it is hard to prevent Schizophrenia. A little evidence shows that an early involvement may give better outcomes even though it is short-term. Cocaine, substituted amphetamines, marijuana are involved with development of Schizophrenia. These can be avoided as a preventive measure for Schizophrenia disorder. Neuroleptics are dopamine receptor antagonists which prevent the D2 receptors and affect the signaling molecule that is neurotransmitter of dopamine. Second generation antipsychotics may effect serotonin. Neuroleptics have less effect on other symptoms when compared to that of anxiety which can be reduced within hours. The negative and cognitive symptoms can be reduced by psychotherapies as the neuroleptics have less effect on these symptoms. People who smoke tobacco have an increased metabolism in few neuroleptics. But if in the case of people who quit smoking, there will be an increase in the toxicity of the antipsychotics due increased level of dosage. Many symptoms severity will be increased for example seizures or relapse. So these effects should be monitored carefully. In people who continue smoking, the dosage of the antipsychotics can be adjusted. There has been improvement in positive and negative symptoms, cognitive symptoms and improvement in memory in people with Schizophrenia who perform exercise on daily basis. People suffering from Schizophrenia are more likely to have deficiency in hypovitaminosis D and folic acid which is a result of inadequate diet. Cobalamine deficiency is also seen in Schizophrenia which results in worsened symptoms.

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CONFLICT OF INTEREST

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