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Schizophrenia

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Schizophrenia is a psychiatric condition that affects thousands of people every year. Delusions, hallucinations, social disengagement, and other symptoms plague people with schizophrenia daily (Marques, T. & Howes, O. et al., 2020). Their capacity to notice and respond to the environment is severely harmed. They may be unable to function properly at home, at work, at school, or with friends; social awkwardness forces the individual to withdraw into a solitary world. Having a variety of therapeutic alternatives is critical to their social success, but they will live shorter, unhealthy, and unhappy lives without it.

Positive symptoms, which are odd habits that occur parallel to a person's typical behavior, are one of three types of schizophrenia symptoms. Positive symptoms include hallucination, heightened perceptions, disorganized speech and thinking, delusions, and inappropriate effect. Negative symptoms include verbal impairment, loss of volition, restricted affect, and social retreat (Marques, T. & Howes, O. et al., 2020). Last but not least, there are psychomotor signs, which include awkward body motions, recurrent grimaces, and strange gestures. Positive symptoms appear to recur and disappear, while some people may endure long-term psychotic episodes. According to (Müller, 2018), Cognitive and negative symptoms are likely to last throughout life and are linked to long-term social life issues. Psychosis is one of the most common symptoms of schizophrenia, and it usually appears in adolescence or young adulthood.

Schizophrenia can have a profound influence on society and the loved ones of those who are afflicted. Both objective and subjective dimensions of burden have been regularly demonstrated among members of the family of schizophrenia patients in studies (Kondej, M. & Kaczor, A. et al., 2018). This disorder causes a wide range of economic, social, professional, and family-related challenges, as well as psychological issues. According to reports, persons who

live with schizophrenia relatives see their family physician more frequently as their health deteriorates. They also have a higher chance of some activity limits that interfere with their social lives.

The disease typically develops in stages, starting with an early stage in which the functioning of a person deteriorates, and they may exhibit small forms of psychosis, such as weird ideas or strange perceptual experiences. The determination of schizophrenia is not made until more definite symptoms of psychosis occur, and only after all other possible explanations have been thoroughly investigated (Müller, 2018). Professionals are well-versed in the procedure. To make a diagnosis, a doctor will perform a physical examination and a detailed examination of a person's medical history. The doctor may ask the patient to share any distressing memories or feelings with them. They also inquire about any difficulties the client may be having in achieving life goals due to new motivational or cognitive challenges. The issue of safety is also taken into account.

To be diagnosed with schizophrenia, a person must exhibit at least two of the symptoms recurrent within a month and some mental disturbance that occurs in not less than six months (Kondej, M. & Kaczor, A. et al., 2018). An MRI scan, which utilizes sound waves and magnetic fields to create detailed images of the brain, can help with differential diagnosis of schizophrenia by detecting conditions that could be causing symptoms similar to those seen in schizophrenia. A simple blood test can help a doctor distinguish disorders with comparable symptoms, such as alcohol and drug addiction. Certain medications, like corticosteroids and heart medications, might combine and cause symptoms similar to schizophrenia.

The medications for the treatment of schizophrenia are the antipsychotic and cornerstone medications. These are the most regularly prescribed drugs that are thought to alter the brain's

dopamine neurotransmitter. Antipsychotic therapy aims to manage symptoms successfully by using the minimum amount of medication possible (Müller, 2018). To obtain the fancy outcome, the psychiatrist may test with different medication doses. Antidepressant drugs may also be helpful. A change in your symptoms may take a few weeks to notice. Second-generation antipsychotics are typically used due to fewer adverse effects compared to those of first-generation.

One of the most prevalent significant side effects of first-generation drugs is tardive dyskinesia, a movement disorder that may or may not be curable. Chlorpromazine, Fluphenazine, Haloperidol, and Perphenazine are some of the first generation's medications. Intramuscular or subcutaneous injections of long-acting injectable psychotics are available (Müller, 2018). They are typically taken every two to four weeks, depending on the prescription. Psychological therapy can assist people with schizophrenia in dealing more effectively with their hallucinations. They can also help with negative symptoms of schizophrenia, including apathy or a loss of interest in previously appreciated activities. The most common psychological therapies for schizophrenia are cognitive behavioral therapy, family therapy, and arts-based rehabilitation.

Cognitive-behavioral therapy aims to help you comprehend the thought patterns that lead to unwanted sensations and behaviors and learn to replace these ideas with more realistic and useful ones (Müller, 2018). Family counseling is available; this program offers assistance and information to families affected by schizophrenia. For schizophrenia patients, social skills training focuses on improving communication, social relationships, and participation in daily activities. Assistance with finding work and retraining for those who have lost their jobs. This program focuses on aiding people with schizophrenia with job preparation, employment, and

Assertive community treatment applies to most patients with schizophrenia. Assertive Community Treatment (ACT) is a treatment modality for schizophrenic patients at high risk of being institutionalized or homeless. (Schmidt, Lange, et al., 2018). ACT Manufacturing has an interdisciplinary team that includes a physician, a shared responsibility among group members, direct provision of services by coworkers, low patient to personnel ratios, and outreach initiatives. ACT helps schizophrenia patients avoid institutionalization and homelessness. This program is effective in that most physicians are in direct contact with these patients at community levels. The rate of hospitalization, as well as hospital-related infections, are reduced.

The estimated cost of schizophrenia management is about \$3700 to \$57000 per year. The amount is dependent on the insurance status, comorbidities, and types of medicine available. The management at the hospital level is quite expensive compared to community-based models (Schmidt, Lange, et al., 2018). Many individuals lack essential capital for most of the hospital facilities, and local management is recommended. The disease mainly affects the elderly; at this point, they are unemployed with reduced savings. This makes it difficult for them to sustain the treatment expenses.

As an APRN, I will educate the patient, doctors, and family members on mental illness and its treatment. I will encourage the patient to consult the doctor about the progress and other treatment options available. I will offer counseling services and strategies to overcome depression and stress to the patients. Lastly, assist with medication-taking behaviors and monitor the treatment process throughout. I will evaluate by observing the severity of the patient's symptoms when there is a reduction in symptoms like hallucinations, disorganized speech, and delusions. The significant barrier is coping with significant side effects associated with schizophrenia.

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