



Stages of Schizophrenia

Oliver Ziff*

Department of Neuromuscular Diseases, University College London, London, United Kingdom

DESCRIPTION

Schizophrenia is a mental illness that affects people's ability to think, feel, and perceive things. Psychosis, which includes auditory hallucinations (voices) and delusions, is a defining symptom of schizophrenia (fixed false beliefs).

SYMPTOMS AND SIGNS

The following four domains can be used to categorise schizophrenia symptoms

Positive symptoms include auditory hallucinations, delusions, and disordered speech and behaviour, which are all common psychotic symptoms.

Negative symptoms include a reduction in emotional range, poor speaking, and a loss of interests and motivation; people with schizophrenia have a lot of inertia.

Patients also find it difficult to understand nuances and subtleties of interpersonal cues and relationships. Cognitive symptoms - Neurocognitive deficits (e.g., deficits in working memory and attention, as well as executive functions such as the ability to organise and abstract); patients also find it difficult to understand nuances and subtleties of interpersonal cues and relationships. Mood symptoms - Patients often appear happy or sad in an unfathomable way; they are frequently despondent. The diagnosis of schizophrenia is not linked to any specific test findings.

Criteria for diagnosing

To meet the criteria for diagnosis of schizophrenia, the patient must have experienced at least two of the following symptoms, according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

- Delusions
- Hallucinations
- Speech that is disorganised
- Behavior that is disorganised or catatonic

Negative signs and symptoms

Delusions, hallucinations, or disorganised speech must be present in at least one of the symptoms.

Continuous evidence of the disturbance must be present for at least 6 months, during which the patient must have at least 1 month of active symptoms (or fewer if effectively treated), as well as considerable social or vocational decline. These issues must not be caused by another condition. Because schizophrenia subtypes did not prove to be effective in providing better-targeted treatment or predicting treatment response, the American Psychiatric Association (APA) deleted them from the DSM-5.

MANAGEMENT

Antipsychotic drugs reduce the positive symptoms of schizophrenia and help people avoid relapses.

For schizophrenia, there is no clear antipsychotic medicine of choice. The most effective medicine is clozapine, however it is not recommended as a first-line treatment. The importance of psychosocial treatment cannot be overstated. Social skills training, cognitive-behavioral therapy, cognitive remediation, and social cognition training are the well-studied psychosocial treatments. The recovery model is currently being used to guide psychosocial interventions.

The following are the therapeutic goals for a person with schizophrenia, according to this model

- Having a limited number of relatively steady symptoms
- Not to be admitted to a hospital
- To be responsible for his or her own finances and drugs
- At least half-time employment or attendance at school

Medical, psychological, and psychosocial inputs must all be integrated in the treatment of schizophrenia. The majority of treatment takes place in an outpatient setting and is most likely best delivered by a multidisciplinary team that includes psychopharmacologies, a counsellor or therapist, a social worker, a nurse, a vocational counsellor, and a case manager. Internists and clinical pharmacists can be valuable members of the team.

Correspondence to: Oliver Ziff, Department of Neuromuscular Diseases, University College London, London, United Kingdom, E-mail: Oliver@ziff.uk

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