Note on Treatment of Schizophrenia

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Received date: 5 June 2022, Manuscript No. JPAC-22- 19365; **Editor assigned:** 7 June 2022, PreQC No. JPAC-22- 19365 (PQ); **Reviewed**: 24 June 2022, QC No. JPAC-22- 19365 (QC); **Revised**: 25 June 2022, Manuscript No. JPAC-22-19365 (R); **Published date:** 30 June 2022, doi: 10.35248/2471-9900.22.11(3).201

Introduction

Schizophrenia is a persistent, severe mental illness that has an impact on a person's relationships with others as well as their thinking, acting, and emotional expression. Despite not being as prevalent as other severe mental disorders, schizophrenia can be the most persistent and incapacitating. Schizophrenia patients frequently struggle to function successfully in relationships, the workplace, and academic settings. They can appear to have lost their sense of reality, feel afraid and retreat. This chronic illness cannot be cured, but it may be managed with the right care.

Schizophrenia is not a split or multiple personality, unlike what the general public thinks. Psychosis, a sort of mental disorder when a person cannot distinguish between the real world and their imagination, is a component of schizophrenia. People with psychotic conditions may become detached from reality. The world may appear to be a tangle of perplexing ideas, pictures, and noises. They may act in a very peculiar and even startling manner. A psychotic episode occurs when a person experiencing it loses contact with reality and has an abrupt shift in personality and conduct. Schizophrenia varies in severity from individual to person. Some people only experience one psychotic episode, whilst others experience multiple episodes over the course of their lifetimes with largely regular lives in between. Others could gradually have worse functioning with little improvement in between fully developed psychotic episodes. In cycles referred to as relapses and remissions, schizophrenia symptoms appear to deteriorate and recover. It is generally accepted that the cause of schizophrenia is complex, with numerous susceptibility genes combining with environmental stressors to produce a variety of manifestations. The field has advanced to separate the underlying etiological elements of schizophrenia using, for instance, candidate gene, imaging, and cognitive science techniques that increasingly use populations other than those with schizophrenia itself, such as siblings or relatives of patients with schizophrenia, healthy volunteers, and subjects who are prodromal for schizophrenia and schizophrenia-related personality disorders. One distinct and understudied perspective from which to comprehend the schizophrenia disorders is the cross-sectional examination of the naturalistic variability of the schizophrenia spectrum, including schizotypal personality disorder. In fact, a strategy for comparing and contrasting chronic schizophrenia with milder spectrum disorders can help to separate the pathophysiological mechanisms linked to the main cognitive and social deficits of this spectrum of disorders from those linked to recurrent or persistent psychosis and the severe cognitive and social deficits of chronic schizophrenia. We include papers in this overview that investigated individuals with chronic schizophrenia using similar research paradigms; these studies have been evaluated in greater detail in other articles, including meta-analyses, but are condensed here.

We also cover studies of people with schizotypal personality disorder, which, despite having considerably smaller sample sizes and numbers, serve to highlight the potential strength of a tactic that hasn't gotten much attention from the field so far. Instead of investigations of relatives of schizophrenia probands or college student volunteers chosen based on self-report scales of schizotypy, we concentrate on studies of subjects chosen to meet DSM criteria for schizotypal personality disorders. We present a theoretical model that generates testable hypotheses to encourage additional research utilising this paradigm, while acknowledging the limits of the data available from patients with schizotypal personality disorder.

Schizotypal personality disorder patients and more seriously ill chronic schizophrenia patients have similar phenomenological, genetic, biochemical, outcome, and treatment response traits. They are also less affected by the various artefacts that could potentially skew research on schizophrenia, such as the side effects of prolonged and typically ongoing medication treatment, numerous hospitalizations, or institutionalisation, as well as protracted functional impairment brought on by chronic psychosis and social decline. Although to a lesser extent, patients with schizotypal personality disorder and those with schizophrenia exhibit the same chronic asociality and cognitive impairment, which presumably result from shared risk factors for the spectrum that are both hereditary and environmental. The deficits of patients with schizotypal personality disorder, in contrast, are more focused and selective. Chronic schizophrenia, the "end-stage" disease of the schizophrenia continuum, or spectrum, is characterised by severe, generalised deterioration across a variety of domains, including cognitive and social function. The chances of preventing or treating the social and cognitive dysfunction of schizophrenia may be improved by identifying the factors such as altered brain regional structure and function-associated with the severe deficits and cognitive decline of chronic schizophrenia as opposed to those associated with the milder impairment of schizotypal personality disorder.

In order to develop interventions to lower the morbidity of psychotic exacerbations in patients with schizophrenia, it is essential to identify the factors that prevent the emergence of psychosis and severe cognitive decline in patients with schizotypal personality disorder (or, alternatively, additional liability factors in patients with schizophrenia that confer a greater susceptibility to psychosis and cognitive impairment). Our hypothesis is that schizophrenia is caused by a number of partially distinct but interconnected pathophysiological processes, and that studying people with schizotypal personality disorder provides a unique opportunity to dissect these processes.

Treatment

Targeting symptoms, avoiding relapses, and boosting adaptive functioning are all objectives in treating schizophrenia so that the patient can reintegrate into society. Since patients hardly ever regain their pre-illness level of adaptive functioning, it is necessary to combine non pharmacological and pharmaceutical treatments to achieve the best long-term results. The cornerstone of managing schizophrenia is pharmacotherapy, yet lingering symptoms may still exist. Non-pharmacological treatments, like psychotherapy, are crucial for this reason.

Cite this article: James, E. Note on Treatment of Schizophrenia. J Psychol Abnorm. 2022.11(3);201.