Schizophrenia: Symptoms and Treatment

Schizophrenia is a form of mental illness characterized by loss of contact with reality, hallucinations, delusions, abnormal thinking, flattened affect, and disturbed work and social function, occurring in a setting of clear consciousness, memory, and orientation.

Schizophrenia is a syndrome characterized by three types of symptoms

1 Positive symptoms
2 Negative symptoms
3 cognitive symptoms

This term "schizophrenia was coined by Eugen Bleuler in 1908.

symptoms of schizophrenia

The clinical features include withdrawal and generalized loss of interest in the environment, with thought disorder. The normal association of ideas is lost and there is characteristic incongruence of effect.

There are also delusions, hallucinations in any sensory modality, and disturbances in behavior and motor function, e.g., grimacing, odd postures.

Delusions are fixed, false beliefs that are firmly held despite a contrast to the same.

- Somatic delusions
- Grandiose delusions
- Religious delusions
- Nihilisticdelusions
- Persecutory delusions
- Paranoid delusions
- Hypochondriachal delusions

Hallucinations are false sensory perceptions not associated with real external stimuli.

- Auditory
- Visual
- Olfactory
- Gustatory
- Tactile

Illusions are misinterpretations of real external stimuli.

History obtained from the patient and relatives is most important. Continuous signs of illness should be present for 6 months at some point in the patient’s life, with some clinical features at the time of diagnosis.

Phases of schizophrenia

1. Prodromal phase - The patient is withdrawn.
2. Active phase -The patient has severe symptoms.
3. The residual phase-Patient has cognitive symptoms.

Sub-types of schizophrenia

Paranoid- The patient has a preoccupation with delusions of grandiosity and persecution.

Disorganized-Patient has a disorganized speech, movement, behavior, affect.

Catatonic-There is motor inability, stupor, purposeless activity.

Undifferentiated-criteria A, but not paranoid, disorganized or catatonic present.

Residual-no criteria A, no subtypes but evidence of disturbance such as the presence of negative symptoms.

Causes and Risk factors

Although the cause is unknown its thought to be due to :

Dysfunctional family systems

Drug abuse.e.g alcohol

Genetics

Trauma to the head

Lower socioeconomic status

Diagnosis of schizophrenia

Diagnosis is made when the patient has at least two of:

- Delusions
- Hallucinations
- Disorganized speech
- Grossly disorganized or
- catatonic behavior
- Negative symptoms

Treatment

Psychological and social support entails the use of psychiatric community nurses and social workers in involving the family to understand the illness and help in the rehabilitation of the patient

into community activities.

The importance of drug compliance should be explained to relatives and patients.

Treatment entails;

- Biopsychosocial management:
- Biological-psychotropic drugs
- Typical antipsychotics such as haloperidol, fluphenazine, chlorpromazine
- Effective in managing positive symptoms.
- Atypical antipsychotics ie -clozapine -olanzapine
- Effective in managing negative symptoms of schizophrenia.

Pharmacological Management

In a severely disturbed patient you will need to admit as per the admission protocol:

- Give chlorpromazine 100–200mg IM and then start on oral chlorpromazine 100–200 12–24 hourly
- Fluphenazine 2.5–40mg orally daily
- Trifluoperazine 1–5mg orally daily
- Haloperidol 2–25mg orally daily

Mildly disturbed patient manage by giving:

Chlorpromazine 100mg TDS ***OR*** haloperidol 5mg If the patient was diagnosed as a schizophrenic and missed the drugs, restart the drug as before.

Maintenance therapy, chlorpromazine 100–200mg TDS ***OR*** haloperidol 5– 10mg TDS

The onset of extrapyramidal side effects: reduce the dose and start on benzhexol 5–5mg TDS

For patients who are not dependable about taking oral drugs, depot preparations are available:

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    - Fluphenazine decanoate 25mg IM monthly
    - Haloperidol decanoate 50mg IM monthly
    - Clopenthixol decanoate 200mg IM monthly
    - Flupenthixol decanoate 40mg IM
    - Risperidone 2–6mg PO once to twice

Electroconvulsive therapy (ECT) can be administered for refractory.

Aim to use the lowest dose that is therapeutic in cases of long- term use to minimize the risk of side

Admit if the patient is severely disturbed, violent.

Patient Education

Compliance to therapy is important to prevent relapses

Relatives should bring the patient to the hospital at early signs of relapse Drugs may have to be taken for a long time depending on the response