



SCHIZOPHRENIA

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Abstract: This article provides detailed information about schizophrenia. In particular, the following article provides detailed information on the causes of schizophrenia, diagnosis methods, and treatment measures for this disease.

Key words: Asthenic syndrome, Affective syndrome, Obsessive syndrome, Depersonalization and derealization syndromes, Senestopathic and hypochondriac syndromes, Uta precious goya syndrome, Paranoid syndrome, Paranoid syndrome, Paraphrenic syndrome, Hallucinatory syndrome.

This is a chronic endogenous-progressive mental illness characterized by emotional impoverishment, introversion, limitation of the range of interests, autism, i.e. rapid or slowly developing changes in the personality, loss of integration of mental processes, i.e. dissociation of mental functions.

The main symptom of schizophrenia is adjustment disorder.

Schizophrenia is translated from Greek: schyso - breakdown, phren - mind, soul.

Currently, there are 5 groups of theories of the emergence of schizophrenia:

Psychogenesis theory of schizophrenia:

a) psychodynamic model of schizophrenia.

The basis of this theory is the breakdown of relationships between people;

b) phenomenological-existential model

This is what the theory says: schizophrenia is a wonderful form that reflects the objective environment;

Biological, i.e. hereditary, theory:

According to this theory, the disease is inherited.

According to modern data, if one of the parents is sick in the family, the birth of a sick child is 10%, if both are sick, it is 40%.

Biochemical theory of schizophrenia:

a) Groups of catecholamine hypotheses

According to this theory, the cause of schizophrenia is a disturbance in the exchange of noradrenaline and dopamine;

b) groups of indolamine hypotheses

According to this theory, the cause of schizophrenia is disturbances in the exchange of serotonin, its metabolites, and biogenic amines

Immunological and autointoxication theory of schizophrenia

The pathos et noses concept of schizophrenia.

The meaning of this concept refers to those who are in tune with it - the disease is not caused by heredity, but the predisposition to it wins.

People who have pathos are not sick, but among acquaintances they are considered wonderful people. These people have schizoid character traits: they do not interfere with people, they have a narrow range of interests, they are very impressionable, they can make extraordinary movements, they dress amazingly.

Under the influence of an additional factor, pathos is swallowed by noses. These can be miscarriage, pregnancy, smoking cannabis, alcoholism, high fever. Exo- and endogenous factors have different effects in different periods.

Three spheres of mental activity suffer in different forms of schizophrenia:

1. Knowing
2. Emotional
3. Voluntary

Disorders of schizophrenia are divided into two groups - negative and positive.

Negative distortions:

1. Asthenization of mental activity;
2. Personality disharmony;
3. Decrease in psychoenergetic potential;
4. Decreasing the level of the person and his regression;
5. Regression of personality behavior;

Productive disorders:

1. Asthenic syndrome;
2. Affective syndromes;
3. Obsessive syndrome;
4. Depersonalization and derealization syndromes;
5. Senestopathic and hypochondriac syndromes;
6. Syndrome of expensive goyas;
7. Paranoid syndrome;
8. Paranoid syndrome;
9. Paraphrenic syndrome;
10. Hallucinatory syndrome;
11. Hallucinator - paranoid syndrome (Kandinsky-Clerambault syndrome);
12. Catatonic syndrome;
13. Recent situations.

Modern classification of schizophrenia according to:

- I. Continuous winning type (without remission):
 1. Slow passing schizophrenia (neurotic and psychopathic);
 2. Paranoid;
 3. Poor quality of teenagers;



II. Recurrent type (recurrent) schizophrenia:

Seizures:

1. Maniac;
2. Depressive;
3. Oneroid;
4. Depressive-paranoid.

III. Schizophrenia of the episodic-progressive type:

Seizures:

1. Acute hallucinosis;
2. Acute Kandinsky-Clerambault syndrome;
3. Catatonia with lucidity;
4. Acute temptation syndrome;
5. Acute paraphrenic syndrome.

Most often, patients get sick during puberty, that is, at the age of 12-14. As a result, true and false puberty crises should be diagnosed separately.

Critical diagnosis is carried out according to three criteria:

1. Decreased sleep:

In a physiological crisis, a teenager is distracted by other activities, and as a result, sleep decreases, because he sleeps less.

In the pseudopuberty crisis, on the other hand, the teenager is very busy with sleep, but his sleep decreases due to a decrease in mood.

2. Disruption of emotional relationships:

In a physiological crisis, a teenager opposes adults, because he sees that the words and actions of adults do not match, and as a result, he destroys his relationships with others.

In the pseudo-puberty crisis, the echo of feelings fades away (feelings of love, friendship).

3. Interests:

In a physiological crisis, a teenager is engaged in sports and collections.

In the pseudo-puberty crisis, the interests are fantastic, disconnected from the real environment. For example, a teenager burns the purpose of creating a permanent engine or asks himself what is the meaning of life, and as a result he reads philosophy books, tries them, but all his activities are in vain. This condition is called metaphysical intoxication.

Clinical manifestations:

I. Continuous winning type:

1. Poor-quality schizophrenia of adolescents

The dome is a progressive form (progressiveness is the rate of overshooting of negative and positive distortions).

The incidence of schizophrenia is 4.5%. Men are 3-4 times more likely to get STDs than women.

Adolescent schizophrenia of poor quality begins with negative disturbances, that is, with a pseudopubertal crisis.

The result of mental retardation is characterized by rapid development, polymorphism of congenital disorders, resistance to therapy and extreme severity of the last cases.

Paranoid schizophrenia

Urta is characterized by progressiveness. The latter conditions develop after 20-25 years.

It consists of the keys of the schizophrenic melody:



Neurotic or psychopathic phase;

The head of precious thoughts (jealousy, relational precious thoughts);

Paranoid boss (characterized by systematic obsession);

Hallucinatory-paranoid phase (characterized by Kandinsky-Clerambault syndrome clinic);

Parafren baskich (characterized by the temptation of grandeur in the fantastic sense);

The last case

Relentless schizophrenia

Mild personality changes are a form of persistent laughter in the environment with psychopathic or neurotic symptoms. In this form, end states never develop.

There are 3 options for clinical trials:

1. Neurotic;

2. Psychopathic;

3. Paranoid

The disease lasts throughout life with reduced or increased symptoms, that is, a fox-like rash.

Recurring win type

This type is characterized by attacks and remissions.

Remission is a clear interval between attacks with negative symptoms.

In recurrent schizophrenia, the personality changes are small and always at the same level, the last conditions are not observed. Patients get used to the environment well.

4 clinical forms are distinguished in recurrent schizophrenia:

Circulatory (with manic or depressive attacks, atypical attacks are also observed);

Depressive-paranoid form (temptation of Kotar is observed along with depression);

Oneroid-catatotic form (catatonic hallucinations or stupor are observed with oneroid blurring of consciousness);

Cyclothymic form (subdepression or hypomania, i.e. a form characterized by affective and unpredictable attacks).

Remissions:

Intermission. In this case, both negative and fair distortions are observed

Remission with mild personality changes;

Remission to the asthenic type (asthenic symptoms are observed in the environment of mild negative disturbances);

Neurological remission;

Remission of the thymopathic type (mild mood swings - hypomania and subdepression are observed). These conditions are observed in the environment of a slight change of the person.

III. A progressive-progressive type of withdrawal, or dubious (from the German schub means shift).

This form is overcome by attacks, but after each attack, the personality changes (negative distortions) increase. The form is characterized by ultra-progressiveness. It lasts for 20-25 years, and includes the forms of the above two forms.

Remissions:

Remission that the person gains with dome changes;

Psychopathic type remission;

Remission with residual hallucinosis;

Remission with residual temptation (with colic after a past temptation attack);

Remission of the polymorphic neurotic type.



The last state is a defect in mental activity that is stable, does not return to normal, the disease develops in long stages, the dynamics of the disease is not observed.

Treatment of schizophrenia:

Currently, 3 methods are used in the treatment of schizophrenia:

1. Psychopharmacological;
2. Insulinocomatosis;
3. Electroconvulsive

The main principle of the psychopharmacological method is the "target symptom" principle, that is, the treatment of the main syndrome.

Haloperidol, triptazine in hallucinatory syndrome.

In depressive syndrome - amitriptyline, melipramine.

Lithium salts in manic syndrome.

Majeptil, Stelazine in adolescent low-grade schizophrenia.

Frenolon in obsessive-compulsive disorder.

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