

SCHIZOPHRENIA-MANAGEMENT

COURSE: PSYCHOPATHOLOGY, CC-3 (PGDCP)

SEM I; Unit 4

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MANAGEMENT

The treatment of schizophrenia can be discussed under the following major headings:

1. Somatic treatment
 - a. Pharmacological treatment
 - b. Electro-convulsive therapy (ECT)
 - c. Miscellaneous treatments.
2. Psychosocial treatment and rehabilitation.

Pharmacological Treatment

The first drug to be used with beneficial effect in schizophrenia was probably reserpine (Rauwolfia serpentina extract), in India by Sen and Bose (1931). Reserpine is no longer used for the treatment of schizophrenia for a variety of reasons, including its propensity to cause severe and suicidal depression.

Antipsychotics were formally discovered by Delay and Deniker in 1952. Since their introduction, they have changed the outcome of schizophrenia significantly.

Atypical (or the second generation) antipsychotic drugs, such as risperidone, olanzapine, quetiapine, aripiprazole, and ziprasidone, are more commonly used than the older typical (or first generation) antipsychotics such as trifluoperazine and haloperidol, in acute stages. Atypical antipsychotics are also more useful when negative symptoms are prominent.

The clinical trials have shown that clozapine is effective in about 30% of patients who had no beneficial response to traditional (typical and atypical) antipsychotics.



Drug treatment is usually administered in the outpatient setting as:

1. There are very few number of psychiatric beds in India,
2. Majorities of families are willing to care for the patients at home, and
3. Majority of patients do not require hospitalisation.

However, hospitalisation is indicated if there is:

1. Neglect of food and water intake,
2. Danger to self or others,
3. Poor treatment adherence,

Electroconvulsive Therapy (ECT)

Schizophrenia is not a primary indication for ECT.

The indications for ECT in schizophrenia include:

1. Catatonic stupor.
2. Uncontrolled catatonic excitement.
3. Acute exacerbation not controlled with drugs.
4. Severe side-effect with drugs, in presence of untreated schizophrenia.

Usually 8-12 ECTs are needed (although up to 18 have been given in poor responders), administered two or three times a week.

Psychosocial Treatment

Psychosocial treatment is an extremely important component of comprehensive management of schizophrenia. It can be divided in following steps:

1. ***Psychoeducation*** of the patient and especially the family/ carers (with patient's consent) regarding the nature of illness, and its course and treatment. Psycho education helps in establishing a good therapeutic relationship with the patient (and the family). Psycho education also involves explaining the stress-vulnerability model of schizophrenia to the patient and carer(s).
2. ***Group psychotherapy*** is particularly aimed at teaching problem solving and communication skills. This can be conducted in a form which is known as the '*social skills training package*'.
3. ***Family therapy***: Apart from psycho education, family members are also provided social skills training to enhance communication and help decrease intrafamilial 'tensions'. Attempts are also made to decrease the 'expressed emotions' (EE) of 'significant others' in the family. The family members' awareness is raised regarding decreasing expectations and avoiding ***critical remarks, emotional over-involvement, and hostility***.

4. ***Milieu therapy (or therapeutic community)*** includes treatment in a living, learning or working environment ranging from in patient psychiatric unit to day-care hospitals and half-way homes.

5. ***Individual psychotherapy*** is usually supportive in nature. Rarely, psychoanalytically oriented psychodynamic psychotherapy is used.

6. Psychosocial rehabilitation is used, usually along with milieu therapy. This includes activity therapy, to develop the work habit, training in a new vocation or retraining in a previous skill, vocational guidance, in dependent job placement, sheltered employment or self-employment, and occupational therapy. However, antipsychotic drug treatment in the acute stages, as well as for maintenance treatment, is the mainstay of management of schizophrenia.

Psychosocial treatment is an important adjunct to drug treatment which enhances its efficacy and leads to a more complete recovery and rehabilitation.