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Drug Treatment and Psychosocial Interventions of Schizophrenia

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Opinion Article

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ABOUT THE STUDY

Suppression of psychotic symptoms, reduction of aberrant ideas and apathy, prevention of relapses, and optimal social integration are all goals in schizophrenia treatment. Hospitalization is recommended when the patient is at risk of injury, suicide, or difficult home management. After pharmacological therapy has been successful in treating the disease, the patient will need to participate in supervised activities and vocational therapy, which is commonly done in a halfway home with other patients. Atypical nonphenothiazine antipsychotic medicines of the second generation are preferred.

Extrapyramidal side effects are far less common than with phenothiazines. They work by generating serenity, reducing emotional responses, reducing hallucinations, reducing hostility, and reducing impulsive behaviours while leaving cognitive functioning nearly intact. Approximately 60% of schizophrenia patients recover enough to return to their homes with current therapy and mental support. They normally acclimatise socially to some extent, with roughly half of them being able to return to work. However, around 30% of those who are hospitalised are seriously disabled by their disease.

Treatment for schizophrenia is typically multimodal, including treatments from two key areas: pharmacological therapy and psychosocial interventions. In general, patients' capacity to comply with and actively participate in psychosocial therapy is dependent on appropriate medication treatment. More specialised and sophisticated psychosocial interventions may be successfully used the more effective drug therapy is. In turn, adequate

psychosocial treatment increases drug treatment compliance by improving insight into the disease process, which is initially lacking in many individuals suffering from schizophrenia.

The most essential and effective treatment weapon is antipsychotic medications (also known as neuroleptics). Positive symptoms are the primary focus of these medications, while newer compounds may also lessen unpleasant feelings to some extent (see below). Antipsychotic medicines are frequently administered for a lengthy time, whereas drugs to manage accessory symptoms (anxiolytics, hypnotics, and antidepressants) are prescribed on an as-needed basis. Electroconvulsive therapy was widely used before antipsychotic medicines became accessible, but it is now rarely used, despite the fact that it is beneficial in some cases.

Supportive and psychoeducative interventions are possible for the majority of patients, whereas structured social skill training, family therapy, or complicated programmes involving cognitive-behavioral therapies necessitate a high level of insight and cooperation. Although several current psychosocial treatment modalities include psychodynamic elements, traditional psychodynamic psychotherapy is ineffective and sometimes even harmful.

Most schizophrenia individuals were hospitalised for decades, if not their whole lives, before antipsychotic medicines were discovered. Today, there are a variety of treatment options available, most of which are community-based. Short-term crisis intervention facilities, day-time clinics, and supported living facilities are among them, in addition to traditional hospitals and outpatient departments. This network of services greatly improves the chances of social integration and minimises the amount of time spent in hospitals overall. Recent aggressive attempts to drastically reduce hospital stays may, however, result in a high rate of rehospitalization, poor long-term outcomes, and an overall rise in treatment expenditures.

The patients' compliance is an essential limiting element for all treatment approaches. Compliance is often weak, especially with seriously ill patients. Noncompliance in schizophrenia is caused by a lack of understanding of the illness, a reduced ability to actively participate in the treatment process due to negative symptoms, or deliberate avoidance of treatment due to positive symptoms such as delusions or imperative voices. A discreet and empathic attitude among those involved is necessary for stable treatment compliance in patients suffering from schizophrenia.