EVIDENCE FOR THERAPIES IN SCHIZOPHRENIA pdf

1: Schizophrenia â€“ Fact Sheet - Treatment Advocacy Center

Evidence-Based Practices for Medicaid Beneficiaries with Schizophrenia and Bipolar Disorder - Executive Summary Evidence-Based Treatment for Schizophrenia and Bipolar Disorder in State Medicaid Programs: Issue Brief Developing Quality Measures for Medicaid Beneficiaries with Schizophrenia: Final Report Early Intervention Financing and Resources.

An individual with schizophrenia may have difficulty distinguishing between what is real and what is imaginary. This often manifests in socially unresponsive and withdrawn behavior, including trouble with emotional expression in social settings. While the illness may develop over months or years, symptoms usually emerge between the ages of 15 and 25 and often earlier in males than females. Symptoms may come and go in cycles. See if you meet the admissions criteria for Skyland Trail or contact us for more information regarding our Day and Residential programs. The "positive symptoms" of schizophrenia are things that are "extra," or present to those with schizophrenia but not present to everyone else. For example, someone with schizophrenia may see or smell things that other people do not see or smell, or hear voices or sounds that other people do not hear. Positive symptoms also include fixed false beliefs sometimes called delusions. Someone may believe that they are being followed by the FBI or have been chosen for a special role in their faith community or government. Because they are struggling with these positive symptoms of schizophrenia, individuals with schizophrenia who do not receive effective treatment often are unable to develop the skills needed to live independently or thrive in society. Some of the most serious symptoms of schizophrenia may be hard to see. Motivation Logical communications Ability to experience pleasure and even cognitive abilities. Because the first episode of schizophrenia typically appears at a time when young people are learning how to be adults, the long-term effects of these negative symptoms can have the greatest impact. Evidence-Based Residential Treatment for Schizophrenia While no cure for schizophrenia has been discovered, with proper treatment, many people lead productive and fulfilling lives. Early treatment can mean higher remission rates and better long-term outcomes. At Skyland Trail, our first priority is to identify an appropriate medication strategy to reduce the symptoms of schizophrenia, to control the hallucinations and delusions. But medication is only the first step. We then work to help clients manage their illness and develop skills they need to feel safe and healthy in the world. A significant focus of individual and group therapy sessions is social integration, relationship building and emotional coping skills. Clients experiencing their first episode of psychosis likely will be part of our Cognition and First Episode specialized recovery community, while older adults seeking to manage ongoing symptoms will likely join our Social Integration recovery community. Most young adults with schizophrenia or schizoaffective disorder will begin in our psychiatric residential treatment program. Many clients come to Skyland Trail after a stay in a hospital or inpatient treatment facility for schizophrenia. The Rollins Campus, full of windows, light, and views of trees and sky, offers a welcoming environment as our clients transition back to more independent living in the community. Young adult clients with psychosis also participate in cognitive remediation therapy. Research shows that completing specific computer-based exercises can help clients address some of the negative symptoms of schizophrenia and prevent the cognitive decline that can occur with untreated psychosis. Ray Kotwicki, chief medical officer, Skyland Trail. Computer-based brain training Improving Independence for Adults with Chronic Symptoms of Schizophrenia Skyland Trail is one of the best treatment centers for schizophrenia in the U. We specialize in helping individuals with complex mental health challenges learn to successfully manage their illness and live healthy lives in the community. Adults with schizophrenia ages 26 and older who admit to our residential treatment program for schizophrenia live at the Skyland Trail South Campus. Clients are encouraged to participate in activities in the shared living areas and in community outings. More mature adults with schizophrenia likely will participate in our Social Integration recovery community. This specialized group focuses on promoting independence and improving social relationships through one-on-one and group therapy as well as hands-on learning in the community. Clients are encouraged to pursue purposeful activity , whether they are working toward going to school, getting a job, or finding a volunteer opportunity. To help maximize their opportunity

for success in these efforts, we also offer cognitive remediation therapy to help clients improve cognitive functioning and speed. Purposeful Activity "When a person is experiencing a mental illness, often the attention to self and well-being falls by the wayside. We work to identify things that the clients did when they were healthy that helped them feel pleasure, comfort or satisfaction," says Shelley Danser, CTRS, coordinator of adjunctive therapies, Skyland Trail. Purposeful Activity Dual Diagnosis Treatment for Schizophrenia and Substance Abuse, Alcohol Use, or Addiction For adults with a thought disorder like schizophrenia as well as an alcohol use, substance abuse, or addiction problem, Skyland Trail offers a dual diagnosis treatment program. Clients receive specialized psychiatric care focused on their psychosis, but also participate in one-on-one and group therapy focused on preventing relapse maintaining sobriety. Clients have access to step programs on campus and in the community. And they receive unique education and support on how to manage both the symptoms of their thought disorder as well as the cravings and triggers of a substance use disorder. Our treatment team helps clients replace unhealthy coping mechanisms like alcohol or marijuana use with new strategies to stay healthy like hobbies, skill-based activities, creative expression, and social activities in the community. Our vocational services team helps prepare clients for and connect clients to purposeful activities like volunteering, continuing education, or employment.

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2: Vitamins and Complementary and Natural Treatments - www.enganchecubano.com

Typically treatment for schizophrenia focuses on the use of antipsychotic medications, and case management, accompanied by little to no psychotherapy. Previous reviews on psychotherapy have shown promising results for a multitude of psychiatric illnesses.

Schizophrenia Research Journal Articles Typically treatment for schizophrenia focuses on the use of antipsychotic medications, and case management, accompanied by little to no psychotherapy. Previous reviews on psychotherapy have shown promising results for a multitude of psychiatric illnesses. Whatever the issues with that particular study, research does support the idea that some form of psychotherapy may be beneficial. The purpose of this article is to summarize different forms of psychotherapy used for treating schizophrenia, and their ability to effectively eliminate or decrease symptoms. CBT, usually one-on-one therapy based, has the strongest evidence supporting its ability to alleviate symptoms in schizophrenia. CBT is conducted in an environment where the patient feels safe, the therapist avoids challenging delusions, and instead helps implement natural coping strategies. This is in hopes of giving the patient the tools to help themselves maintain reality in their illness. But there are many variations of CBT for schizophrenia, and the differences between these variations have not been thoroughly studied. Therefore which variation or style is best suited for treatment is unknown at this time. Reviews and meta-analyses on CBT and schizophrenia have shown significant improvements in positive symptoms, and overall symptoms. But no significant improvements were found with negative symptoms, depression, or social functioning. But the lack of improvement for all areas does not conclude CBT to be unsuccessful. Many studies showed that the improvements that do occur are long standing and remain after completion of treatment. CBT is not suited for all patients and drop out rates for these programs are very high in acute sufferers. The best candidates for CBT are those with long-standing suffering and resistance to medications or typical treatments. PT utilizes many of the same elements as CBT. Its one-on-one sessions, customized to the individuals disorder and symptoms. The main focus of PT is affective dysregulation, and the ability to adapt to stressors of the illness. PT differs from CBT in its utilization of phases. Because of this, PT is a long-term treatment plan, spanning several years. One study compared PT with family therapy, and supportive psychotherapy on patients recently released from hospitals. The therapies were administered over a 3 year time period. Compliance therapy is administered during the acute phase of schizophrenia for a short period of time sessions in hospital, and a few more after discharge. The main goal is medication adherence, getting the patient to take their medication following discharge from a hospital setting. Studies examining the ability of Compliance Therapy to effectively accomplish this goal have shown inconsistent results. One study found it to be more effective than traditional counseling, while another found no significant difference at all. ACT focuses on the patients association to their thoughts. ACT attempts to eliminate stress associated with delusions or hallucinations by asking the patient to simply take note of them. Because they are no longer attempting to suppress, control, or judge these delusions and hallucinations, and instead just be aware of them, they are eliminating a major stressor. Very little research has been done on ACT and schizophrenia, but the two pilot studies conducted concluded lower rates for relapse into hospitals, and decreased stress associated with hallucinations. There is no standard of supportive therapy, but is frequently administered to those suffering from schizophrenia. Supportive therapy counsels the patient while they deal with life issues raised by their disorder with reassurance, clarifications, and general assistance. When compared to CBT, supportive therapy provided results. Reviewing the literature on treatment of schizophrenia with psychotherapy provides one clear conclusion; no single method can address all the issues and needs of the patients. Faith Dickerson, and Dr. Journal of Nervous and Mental Disease.

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3: CBT Therapy for SCHIZOPHRENIA, ABCT

Although the evidence on patient-focused perspectives or their related outcomes in schizophrenia treatment is preliminary and inconclusive, CaÃ±as et al recommended that patients' individual health needs and associated risk factors influencing nonadherence to treatments should be carefully considered in practice to improve treatment.

Schizophrenia, like all mental illness, is not a pure brain or genetic disorder. Therefore, treating schizophrenia with appropriate psychotherapeutic interventions is important. Research published in , for instance, demonstrated that people who experienced their first episode of psychosis typically in their 20s enjoyed the best outcomes when a team-based treatment approach was used. The team-based treatment approach incorporated psychotherapy, low doses of antipsychotic medications, family education and support, case management, and work or education support. You can learn more about the study here. This may include advice, reassurance, education, modeling, limit setting, and reality testing with the therapist. Encouragement in setting small goals and reaching them can often be helpful. People with schizophrenia often have a difficult time performing ordinary life skills such as cooking and personal grooming as well as communicating with people in their family and at work. Therapy or rehabilitation therapy can help a person regain the confidence to take care of themselves and live a fuller life. Group therapy, combined with drugs, produces somewhat better results than drug treatment alone, particularly with schizophrenic outpatients. Positive results are more likely to be obtained when group therapy focuses on real-life plans, problems, and relationships; social and work roles and interaction; cooperation with drug therapy and discussion of its side effects; or some practical recreational or work activity. This supportive group therapy can be especially helpful in decreasing social isolation and increasing reality testing Long, Family therapy can significantly decrease relapse rates for the schizophrenic family member. Supportive family therapy can reduce this relapse rate to below 10 percent. This therapy encourages the family to convene a family meeting whenever an issue arises, in order to discuss and specify the exact nature of the problem, to list and consider alternative solutions, and to select and implement the consensual best solution. Other treatments are accruing moderate-to-strong research support in treating schizophrenia. Strongly supported by research, for both schizophrenia and other types of problems alike, is cognitive behavioral therapy CBT. The mindfulness-based Acceptance and Commitment Therapy ACT has been applied to a number of conditions, including psychosis see detailed description of ACT within the depression treatment article. With the proper awareness, they can now reduce their focus on symptoms and their impact and redirect it to their core values. ACT is a multidisciplinary team approach, typically including case managers, psychiatrists, social workers, and other mental health clinicians. It is an augmentative approach to intensive case management in which the team members share a caseload, have a high frequency of patient contact typically at least once a week , and provide outreach to patients in the community. The goals of ACT are to reduce hospitalization rates and help clients adapt to life in the community. ACT is most appropriate for individuals who are at high risk for repeated hospitalizations and have difficulty remaining in traditional mental health treatment. Most CR interventions additionally take into account the motivational and emotional deficits that are highly prevalent in schizophrenia. There is some evidence that these short-term cognitive training therapies can alter neural connections as shown by some studies in neuropsychological testing. Is is unclear, however, whether these brain functioning improvements are sustained or translate to functioning. Similarly, Cognitive Adaptation Treatment CAT targets cognitive barriers of schizophrenia that interfere with daily functioning, such as apathy, impulsivity, and trouble taking the mental steps required for problem solving. During these, the therapist will devise ways to help the patient compensate with their difficulties. He is an author, researcher and expert in mental health online, and has been writing about online behavior, mental health and psychology issues -- as well as the intersection of technology and human behavior -- since Grohol sits on the editorial board of the journal Computers in Human Behavior and is a founding board member and treasurer of the Society for Participatory Medicine. You can learn more about Dr. Retrieved on November 14, , from https:

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4: Schizophrenia Treatment

Schizophrenia is a serious brain illness. People who have it may hear voices that aren't there. They may think other people are trying to hurt them.

The product contains 36 different ingredients and was originally made by a lab in Utah but is now apparently made by another lab in California and with a different formula than the original product but has the same name. The company, called Synergy or Truehope Nutritional Support, claims that there is considerable research to back up their claims but the early research at the University of Calgary was very preliminary one short study with only 11 people - see information below and the clinical trial that was begun at Calgary was halted by Canadian government officials as the product was not approved. In fact, the Canadian government has issued a health hazard warning informing people not to use the product because it has not been proven safe and because the company is encouraging people to go off prescribed medications. Another group is working on a class action lawsuit against Truehope and the company is now facing six additional charges by the Canadian government related to unproven claims that the company has made. We believe that these products are still freely sold in the USA because there are few laws regulating sale of "supplements" in the USA. In July, some of the charges by the government of Canada were dismissed in the courts - but we do not know if all the lawsuits are dismissed. A recent July, news article from Canada suggested that: Truehope, along with its related company Synergy Group of Canada Inc. But Canadian law forbids companies from making health claims about its products without first compiling a certain amount of scientific proof to back them up, and Health Canada says Synergy has not yet met those standards. Empowerplus is an amalgam of about 36 vitamins, minerals and anti-oxidants, many of which are commonly sold over the counter. Health Canada issued an advisory June 6, , warning people not to take Empowerplus because it could put their health at risk. In our opinion this product is unproven, with risks and costs that currently outweigh possible benefits. In fact we agree with Dr. These false claims of miraculous cures are a medical fraud - period. EM Power is just a mixture of commonly used vitamins and minerals that anyone can buy at a local health foods store. Why the big secret? You know the answer - money. EM Power is a typical medical scam promising miracle cures. Kaplan, to promote a totally bogus miracle cure for mental illness. Philip Long , the psychiatrist founder of Internet Mental Health. The product is, in our opinion, burdened by excessively positive marketing claims it is our belief that any claims that a product is a "cure for schizophrenia" need large, duplicated research studies done by independent research organizations i. Universities otherwise they are just marketing hype and something to be avoided. For more information and research on Empowerplus, as well as expert opinions, see: A book on the company and products is available at http: Long is a well known Canadian psychiatrist who founded the non-profit web site Mentalhealth.

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5: Residential and Day Treatment for Schizophrenia | Skyland Trail

Supplemental Use of Complementary Alternative Medicine for the Treatment of Schizophrenia A Critical Systematic Review of Evidence for Cannabinoids in the Treatment of Schizophrenia Minocycline as an Evidence-Based Adjunct Treatment in Schizophrenia.

Published online Sep Non-commercial uses of the work are permitted without any further permission from Dove Medical Press Ltd, provided the work is properly attributed. This article has been cited by other articles in PMC. Abstract Schizophrenia is a disabling psychiatric illness associated with disruptions in cognition, emotion, and psychosocial and occupational functioning. This critical review of the literature was conducted to identify the common approaches to psychosocial interventions for people with schizophrenia. Treatment planning and outcomes were also explored and discussed to better understand the effects of these interventions in terms of person-focused perspectives such as their perceived quality of life and satisfaction and their acceptability and adherence to treatments or services received. Their reference lists were screened, and studies were selected if they met the criteria of using a randomized controlled trial or systematic review design, giving a clear description of the interventions used, and having a study sample of people primarily diagnosed with schizophrenia. Five main approaches to psychosocial intervention had been used for the treatment of schizophrenia: However, the comparative effects between these five approaches have not been well studied; thus, we are not able to clearly understand the superiority of any of these interventions. To conclude, current approaches to psychosocial interventions for schizophrenia have their strengths and weaknesses, particularly indicating limited evidence on long-term effects. To improve the longer-term outcomes of people with schizophrenia, future treatment strategies should focus on risk identification, early intervention, person-focused therapy, partnership with family caregivers, and the integration of evidence-based psychosocial interventions into existing services. Although psychopharmacological treatment is essential and considered the mainstay for achieving better physical and cognitive functioning in schizophrenia, several limitations such as unavoidable adverse effects eg, acute extrapyramidal symptoms and other neurocognitive impairments in long-term treatment with these drugs and medication refusal or noncompliance have reduced its efficacy in the treatment of schizophrenia. A critical review of the common approaches to psychosocial intervention for people with schizophrenia was therefore performed. First, the concepts and research evidence of five main approaches to psychosocial interventions for schizophrenia ie, cognitive therapy, psychoeducation programs, family intervention, social skills training programs, and assertive community treatment [ACT] are discussed. Second, this review provides a summary of and discussion on the relative efficacy of the most commonly used approaches to psychosocial interventions in terms of their effect sizes on their most commonly reported patient outcomes. Third, the importance of person-focused perspectives such as quality of life, patient satisfaction and acceptability, and adherence to treatment and its use in research on psychosocial interventions for schizophrenia are also discussed. Finally, we have made several recommendations for best practice in schizophrenia treatment on the basis of this review, as well as another related review published in Neuropsychiatric Disease and Treatment. Psychosocial interventions for people with schizophrenia Recent research and systematic reviews suggest that both pharmacological and psychosocial treatment, offered early to people presenting with schizophrenia and other psychotic disorders, can improve their prognosis and even help prevent their illness chronicity. The five categories are cognitive therapy mainly cognitive behavioral therapy [CBT] and cognitive remediation therapy , psychoeducation programs, family intervention, social skills and other coping skills , training programs, and case management or ACT. Even though the process of these interventions is not always described clearly, each type of intervention model has an individual set of goals and objectives, as well as a treatment agenda, and all have been found to be effective in improving different aspects of the functioning of patients with schizophrenia. However, it should be noted that there are difficulties in implementing these interventions in everyday clinical practice in community care settings. First, staff may not be adequately trained to implement the intervention. Second, as these interventions need to be implemented for 9â€”12 months, there may be insufficient resources

to deliver and evaluate them adequately. All reference lists of the selected articles were also searched to identify further relevant trials. Finally, there were 92 articles included in this review, including 25 for psychoeducation, 22 for CBT, 15 for family intervention, 10 for cognitive remediation therapy, and 7 for social skills training. Among them, 15 were review articles. Cognitive therapy CBT Developed in the s, CBT has been considered an effective therapy for depressive disorder for several decades; this therapy and some of its well-established techniques have eventually come to be used as a promising treatment modality for individuals with schizophrenia whose psychotic symptoms are not controlled by medication. Although some studies have found CBT to have positive benefits in terms of reduction of positive symptoms and recovery time over the course of 9â€”12 months in comparison with standard care and a few psychological approaches, it has not yet shown promising evidence of reduction of negative and persistent severe psychotic symptoms for people with schizophrenia, particularly over a longer-term ie, 2-year follow-up. Although the effect sizes for improving the positive symptoms in more recent randomized controlled trials â€” were mainly very low to medium ie, 0. Gumley et al 28 showed the significant effect of CBT in identifying prodromal signs of relapse from schizophrenia during a month follow-up, whereas Durham et al 29 found a modest effect in relapse prevention and reduction of positive symptoms with newly trained and minimally supervised therapists for psychosis. Overall, the research evidence on CBT favors its use among people with schizophrenia, and it is recommended in the United Kingdom and United States that it be included as the main approach to interventions for schizophrenia. A specific technique used in CBT for patients with schizophrenia is the normalizing rationale, in which the patient with poor coping ability and social withdrawal from mental health services is empowered and facilitated to collaboratively develop effective coping strategies, leading to symptomatic improvement. However, there were no significant differences on relapse, rehospitalization, or level of functioning between groups. Similar to the findings of the recent systematic reviews, 21 â€” 23 , 26 the evidence identified for the effectiveness of CBT in terms of controlling positive, negative, and mood-related symptoms and relapse prevention, particularly in terms of the specificity and durability of these intended benefits, is not conclusive or consistent. As Tarrier et al 31 and Turkington et al 32 point out, these requirements exclude a high proportion of more disabled patients and limit its widespread dissemination into routine practice. These contradictory findings and limitations of CBT for schizophrenia reveal a need for more randomized controlled trials focusing on the durability of the effect, with an expansion of the targeted symptoms, including negative symptoms, depression, and anxiety. For instance, although cognitive remediation focuses on neurocognition and social cognition, there is a possibility of synergy with CBT for improving the cognitive and social functioning of patients with schizophrenia. Cognitive remediation therapy In response to the impaired cognition that occurs in many patients with schizophrenia, recent research has also raised concerns about the aspects of psychomotor function, attention, working memory, executive function, and other cognitive functions. These impairments could persist in the course of schizophrenia, limiting the psychosocial and work functioning of the patients, and thus reducing the efficacy of CBT, which requires high levels of self-monitoring, attention, rational thought, and insight into the illness and its symptoms. As a result, several approaches to cognitive remediation have been developed since the s to enhance executive function and social cognition through information restructuring or reorganization, effective use of environmental aids and probes, and a wide range of techniques concerning cognitive functioning mainly neurocognition and social cognition. Neurocognition refers to the basic cognitive processes involved in thinking and reasoning and supporting attention, memory, and executive function abilities. Although effect sizes did not differ in terms of types of remediation training used, a larger effect size in verbal memory was associated with more time of remediation training. Two recent clinical trials of week individual-based and week group-based ie, Social Cognition and Interaction Training social cognition training programs, both with 31 outpatients with schizophrenia, found significant improvements in emotional perception. Although there were no significant effects found on some domains of social recognition and emotional functioning in this and most previous studies of social cognitive training, more broad-based approaches with a combination of training in social cognitive, neurocognitive, and behavioral skills are recommended to enhance its effect on more functional outcomes in schizophrenia. A few cognitive enhancement programs such as Cognitive Enhancement Therapy

45 and Social Cognition and Interaction Training 43 have been designed to provide enriched cognitive training and experiences through integrated neurocognition and social cognitive training strategies. More research with longer follow-up and larger, diverse samples is recommended to conclusively show the substantive positive effects of these integrated cognitive remediation training programs and its active components among people with schizophrenia spectrum disorders. Psychoeducation programs The psychoeducational model of patient care, as conceptualized by its pioneers, focused on the plight of people with mental illness, particularly on their higher risk for relapse and rehospitalization and its considerable cost to the patient and to society as a whole. It is also believed that psychoeducation for the family members of these patients is useful and effective in improving patient outcomes because a positive and supportive family environment and behaviors can encourage patients and enable them to improve their functioning and self-management of the illness, thus reducing their likelihood of relapse. During the last 20 years, several models of psychoeducation for schizophrenia have been developed and empirically tested. The theoretical foundations for these interventions are mainly derived from stress vulnerability and coping models and other psychological theories such as cognitiveâ€"behavioral, social learning, and crisis theories. In the medium term ie, 6â€"18 months , it was found that when treating four participants with psychoeducation instead of standard care, one additional person would show a significant improvement in medication compliance, relapse, and knowledge about the illness. Although most of the 44 trials reported favorable results for psychoeducation, it is noteworthy that there were no significant differences in their primary outcomes ie, compliance, relapse, and mental state between psychoeducation and standard care across countries. The review also noted that a majority of the studies reviewed were conducted in hospitals, whereas most people with schizophrenia are taken care of in the community. A prospective randomized study by Feldmann et al 51 examined the influence of pretherapy duration of illness on the effects of psychoeducation for outpatients with schizophrenia in Germany. Psychoeducation showed the most preventive effect in patients with a medium duration of illness eg, 2â€"4 years who had already accepted their illness but were not yet adhering to fatalistic assumptions often established to explain the manifestation of illness as nonretractable and unrecoverable. Most successful or effective psychoeducation programs have consisted of a wide coverage of patient needs and concerns in relation to the illness and its treatment and self-management. Bisbee and Vickar 53 recommended that psychoeducation topics for schizophrenia include clear orientation to patienthood, adequate and up-to-date knowledge of the illness and its care, theories and practices of medication, stress and illness management, effective communication and coping skills, satisfactory family relationships and interpersonal interactions, maintenance of good nutrition and health, and prevention of relapse and substance use. Family or family-based intervention Schizophrenia can cause disabling experiences and distress to both people with schizophrenia and their families. Because family members are the main carers for patients in the community, the effect of caring for patients is often described as burdensome and includes the different subjective and objective aspects of physical, emotional, or psychological and socioeconomic health problems. Working with families appears to be one of the most effective ways of delivering community-based intervention to these patients. There are several other reasons for providing interventions to families of people with schizophrenia. First, studies on expressed emotion, which refers to the critical or emotionally overinvolved attitudes and behavior displayed by family members toward their relative with schizophrenia, has revealed that family dynamics and emotional climate affect the recurrence of positive symptoms, and therefore the course of the illness. Second, having an intimate relationship with a relative with schizophrenia and providing care for such a person can place a great burden on family members. Reducing caregiver burden is an important goal of family support and care that, in turn, can help these carers take better care of their loved ones while maintaining their own health and well-being. Even though these families may have different health needs and expectations across the course of the illness, they have a few common needs for psychoeducation, including understanding about the nature of the illness, ways of coping with psychotic symptoms, methods of medication and illness management, psychological support and practical assistance during times of crisis, and means of getting links to community mental health services. Treatment teams seek to establish a collaborative relationship with the family to share the burden of managing the illness and working toward patient recovery. Developed by McFarlane et al 55 in

the United States, the program uses family education, training in communication skills, and practice in problem solving and has been delivered successfully across countries in the context of multiple-family groups via 10 sessions during a 3-month period. Other approaches to family-based intervention for schizophrenia care include professional-led or peer-led multiple-family support and education groups aimed at providing continued education, caregiving skills training, and support for these families , family-aided ACT providing family crisis intervention and case management for those with chronic or treatment-resistant schizophrenia , and family consultation or supportive counseling using an individualized approach of support and adaptation training for a family member or the whole family. However, the psychoeducation and behavioral approaches to intervention, as described by researchers in previous studies, expressed variety of content, format, and techniques. The common elements in several of the more effective family psychoeducation programs include social support, education about the illness and its treatment, guidance and resources during a crisis, and training in problem solving. With better understanding of these crucial therapeutic elements within family intervention, it may be possible to develop a more consistent, reliable, and effective family intervention program for people with schizophrenia. Social skills training Social skills represent the constituent behaviors that, when combined in appropriate sequences and used with others in appropriate ways and social contexts, enable a person to have the success in daily living that reflects social competence. Social skill training originated from the social skills model of Robert Liberman 75 and consists of three main components: In contrast, social competence generates social resources and improves community integration and role functioning. Although the content of the current training programs can vary, a common set of training strategies found across them included goal setting, behaviorally based instruction, role modeling, behavioral rehearsal, corrective feedback, positive reinforcement, and homework to foster generalization of skills. When the patients learn how to properly use medication, they are more in control of their own illness, experience greater responsibility for their treatment, and achieve greater insight into their illness. Therefore, recent studies suggest that incorporating generalization techniques into a skill training program, thus creating opportunities for using the skills in the living environment and receiving appropriate feedback and social reinforcements, would increase the likelihood of skill transfer to everyday life situations. However, these training programs could not demonstrate any significant effect on other patient outcomes, such as mild improvements in general psychopathology, relapse prevention and positive symptoms, and cognitive function. For instance, in the Cognitive Enhancement Program developed by Hogarty and Flesher, 84 patients with schizophrenia were involved in practicing structured social interactions weekly, solving social dilemmas in real life, and appraising affect and social contexts, conversations with and feedback from other patients, and coaching and home assignments to implement skills in life problems or situations. With concurrent use of computer-aided neurocognition and social cognitive remediation to improve attention, verbal learning, memory, and social adjustment and competence , the participants receiving social skills training could significantly improve their participation in employment situations and mastery of living and working skills. Similar to the results of most recent reviews, 80 , 85 Dixon and his patient outcomes research team recommend that social skill training can be used as an adjunct to cognition and community skills training to produce synergic effects in the performance-based social and community skills and functioning of people with schizophrenia. ACT ACT is a persistent, intensive outreach or case management model that targets difficult-to-engage or refractory schizophrenia. Bond et al 87 suggested that every community have ACT teams with a capacity to serve 0. Nevertheless, recent studies have suggested that most benefits of ACT could not be replicated outside the United States; for example, in the United Kingdom 89 , 90 and other European countries, 91 except for maintaining contact with these patients. The United Kingdom studies indicated that ACT did not demonstrate any consistent positive effect on social adjustment and functioning. In addition, the dynamic and fluid nature of its service provision causes difficulty in identifying or defining the therapeutic components contributing to positive patient outcomes. Several British studies of ACT have indicated disappointing results, and thus Marshall and Creed 93 conclude that low caseload ratios do not necessarily result in better patient outcomes but, rather, specific organizational characteristics of the ACT model eg, multidisciplinary collaborations, daily team meetings, comprehensive needs assessment, and shared caseloads and responsibilities are essential and

important to its effectiveness. More evidence on the efficacy and practice standard or the program structure and content of ACT should be found before it can be widely used as an evidence-based intervention. Such tiered case management approaches can work best when the functions and roles of multidisciplinary teams are carefully organized. CBT has indicated moderate effects on positive and negative symptoms and functioning mean effect sizes, 0. For family intervention, the effects are more prominent on improvement of patient functioning and relapse rate mean effect sizes, 0. Most consistently, these three kinds of interventions have demonstrated significant reduction of relapse during a month follow-up mean effect sizes, 0. Table 1 Mean effect sizes of three psychosocial interventions for schizophrenia on selected outcomes during a month follow-up Outcome over 12 months and intervention Studies â€" , n.

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6: Schizophrenia - Diagnosis and treatment - Mayo Clinic

Another form of evidence-based treatment for schizophrenia, also abbreviated as "ACT" (not to be confused with Acceptance and Commitment Therapy) is Assertive Community Treatment. ACT is a.

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals. Changes or goals might involve: A way of acting: Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy. If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website www. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment. It is expected that, among the present population, nearly 3 million Americans will develop schizophrenia during the course of their lives. Schizophrenia is the most chronic and disabling of the major mental illnesses. The first symptoms of schizophrenia are usually seen in late adolescence or early adulthood, although they occasionally develop after the age of A variety of different symptoms may occur when the illness first develops, including social isolation, unusual thinking or speech, having beliefs that seem strange and peculiar to others, or hearing voices when others are not present. People with schizophrenia usually have difficulty distinguishing between reality and fantasy when they are experiencing symptoms of the illness. This inability to distinguish between reality and fantasy is known as psychosis, and the core symptoms of schizophrenia are often displayed by psychotic behavior. For most people, schizophrenia is an episodic illness with the symptoms appearing and disappearing with varying degrees of intensity. The severity of schizophrenia varies from person to person, with some patients having only one or few episodes of the illness and others experiencing continuous symptoms. Most people with schizophrenia experience considerable difficulties in their interpersonal relationships, in caring for personal needs, in working, and in living independently. Although there are basic features or symptoms common to people who suffer with schizophrenia, certain terms are used to describe different degrees of severity. A term like Subchronic refers to the time during which a person first begins to show signs of the disturbance more or less continuously; it is usually from 6 months to less than 2 years in duration. Chronic schizophrenia refers to those who have experienced the symptoms for at least 2 years. Acute schizophrenia refers to the reemergence or intensification of psychotic symptoms in a person who previously had no symptoms or who had achieved a stable level with the symptoms. In addition, there are three basic phases to the illness. These are often difficult to distinguish clearly, as there is a great deal of overlap among the symptoms that define the phases. The first phase is called the prodromal or pre-illness phase; it involves a clear deterioration of functioning: The second phase is called the active phase. There have been continuous signs of disturbance for 6 months and occupational, social, academic, and personal functioning is markedly below the highest level of functioning before the onset of the illness. During the second phase, psychotic symptoms of delusions, prominent hallucinations, thought disturbances, or inappropriate affect are usually exhibited in one of the following ways: Delusions are false beliefs that are not subject to reason or contradictory evidence. These false beliefs commonly contain themes of persecution and grandeur. An example of a delusion is a belief that others are trying to harm or control the person. Hallucinations are false

perceptions not experienced by others. Smelling the odor of rotting flesh and hearing voices in an empty room when there are no voices or odors are examples of hallucinations. An example of a thought disturbance is when a person reports that thoughts not his or her own are being inserted into his or her head by someone else. For example, the person may say that he or she is being persecuted by the devil and then laugh. Sometimes a person with schizophrenia may exhibit a blunted or flat affect, which is a severe reduction in emotional expressiveness. Examples are the use of a monotonous tone of voice and lack of facial expression. The third or residual phase follows the active phase and is indicated by a persistence of at least two of the symptoms experienced during the pre-illness phase. It is not uncommon for patients in the residual stage to experience periods when the prominent psychotic symptoms seen in the active phase reemerge for a brief period of time and then subside. Myths About Schizophrenia Despite common belief and usage of the term by the popular press, schizophrenia is not the same as the relatively rare disorder known as split personality multiple personality: Hyde switch in character. Most people suffering from schizophrenia are not violent, although an occasional individual will have violent outbursts. There is also concern among some families that they might be the cause of schizophrenia. No conclusive scientific evidence exists that families in any way cause schizophrenia. There is abundant evidence, however, that families may be able to help improve the outcome of the illness. Diagnosis No laboratory tests exist to determine a diagnosis of schizophrenia. However, before a diagnosis of schizophrenia is made, medical factors such as a brain tumor or the effects of substance abuse are ruled out. Causes of Schizophrenia Despite much scientific speculation and popular theorizing, there is no one cause of schizophrenia. Schizophrenia is considered to be a disorder caused by a combination of factor. Structural abnormalities of the brain, and biochemical deficiencies or an imbalance of special brain chemicals called neurotransmitters are two factors linked to the disorder. Studies have also shown that if a close relative suffers from schizophrenia there is a 1 in 10 chance that another immediate family member may also experience the disorder. This vulnerability may also play a role in determining the course of the illness in an individual. Environmental stress also appears to be an important factor in the development of schizophrenia. Treatment Modalities Although some individuals will always be subject to varied degrees of recurring symptoms of schizophrenia, studies show encouraging evidence that most people suffering from schizophrenia can be trained and supported to live productive, noninstitutionalized lives. There is no one best treatment for schizophrenia; a combination of treatment and support programs seems to provide the best way to help a person with schizophrenia maintain the highest degree of health and independence. Antipsychotic medications have greatly improved the outlook for the person with schizophrenia. Another beneficial aspect of drug therapy is that it may help to reduce such negative symptoms as poor concentration and social isolation. Negative symptoms tend to linger on long after the psychotic symptoms have been controlled or have abated. However, medications are only a necessary first step. Psychiatric rehabilitation is a second important step that is often provided by day treatment centers and community support programs. Psychiatric rehabilitation enables the individual to acquire personal and instrumental skills as well as environmental supports which will enable the person to fulfill the demands of various living, learning, and working environments. Schizophrenia often occurs during the critical trade-learning or careerforming years of life ages 18 to Therefore, persons with schizophrenia not only suffer thinking and emotional difficulties, but often also lack social and work skills. Psychiatric rehabilitation programs that include social skills training and vocational rehabilitation seem to offer the best options for beneficial living. Social skills training programs teach social and independent living skills that enable the person to manage the symptoms, to identify specific warning signals of relapse, to manage persisting symptoms, and to prevent stress so that these factors interfere less with daily living. Vocational training provides persons with schizophrenia the skills necessary to become involved in a skill or trade so that the person can achieve some occupational independence. Family Support Since many persons with schizophrenia live with their families, it is important for the family to have a clear understanding of the disorder and of the illness. Some psychiatric rehabilitation programs offer behavior family management programs, which are family-based efforts that not only teach skills to members, but also work to reduce stress and make the family a more supportive environment for the schizophrenic patient. These programs also help the families become aware of the different kinds of outpatient and family support services that are available in

the community. Self-help groups are another common resource. Although not led by professional therapists, the groups are helpful because membersâ€”usually expatients of family members of persons with schizophreniaâ€”provide continuing support for each other. These groups have also become effective advocates for needed research and for hospital and community treatment programs.

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7: Schizophrenia Daily News Blog: Evidence-Based Psychotherapy for Schizophrenia

If someone you know has schizophrenia, you know that they need help. Schizophrenia is a serious mental illness that affects their thinking, emotions, relationships, and decision making. And.

Ziprasidone Geodon First-generation antipsychotics These first-generation antipsychotics have frequent and potentially significant neurological side effects, including the possibility of developing a movement disorder tardive dyskinesia that may or may not be reversible. Chlorpromazine Haloperidol Perphenazine These antipsychotics are often cheaper than second-generation antipsychotics, especially the generic versions, which can be an important consideration when long-term treatment is necessary. Psychosocial interventions Once psychosis recedes, in addition to continuing on medication, psychological and social psychosocial interventions are important. Psychotherapy may help to normalize thought patterns. Also, learning to cope with stress and identify early warning signs of relapse can help people with schizophrenia manage their illness. This focuses on improving communication and social interactions and improving the ability to participate in daily activities. This provides support and education to families dealing with schizophrenia. Vocational rehabilitation and supported employment. This focuses on helping people with schizophrenia prepare for, find and keep jobs. Most individuals with schizophrenia require some form of daily living support. Many communities have programs to help people with schizophrenia with jobs, housing, self-help groups and crisis situations. A case manager or someone on the treatment team can help find resources. With appropriate treatment, most people with schizophrenia can manage their illness. Hospitalization During crisis periods or times of severe symptoms, hospitalization may be necessary to ensure safety, proper nutrition, adequate sleep and basic hygiene. Electroconvulsive therapy For adults with schizophrenia who do not respond to drug therapy, electroconvulsive therapy ECT may be considered. ECT may be helpful for someone who also has depression. Request an Appointment at Mayo Clinic Coping and support Coping with a mental disorder as serious as schizophrenia can be challenging, both for the person with the condition and for friends and family. Here are some ways to cope: Education about the disorder can help motivate the person with the disease to stick to the treatment plan. Education can help friends and family understand the disorder and be more compassionate with the person who has it. Join a support group. Support groups for people with schizophrenia can help them reach out to others facing similar challenges. Support groups may also help family and friends cope. Stay focused on goals. Managing schizophrenia is an ongoing process. Keeping treatment goals in mind can help the person with schizophrenia stay motivated. Help your loved one remember to take responsibility for managing the illness and working toward goals. Ask about social services assistance. These services may be able to assist with affordable housing, transportation and other daily activities. Learn relaxation and stress management. The person with schizophrenia and loved ones may benefit from stress-reduction techniques such as meditation, yoga or tai chi. However, in some cases when you call to set up an appointment, you may be referred immediately to a psychiatrist. What you can do To prepare for the appointment, make a list of: Any symptoms your loved one is experiencing, including any that may seem unrelated to the reason for the appointment Key personal information, including any major stresses or recent life changes Medications, vitamins, herbs and other supplements that he or she is taking, including the dosages Questions to ask the doctor Go with your loved one to the appointment. For schizophrenia, some basic questions to ask the doctor include: What are other possible causes for the symptoms or condition? What kinds of tests are needed? Is this condition likely temporary or lifelong? How can I be most helpful and supportive? Do you have any brochures or other printed material that I can have? What websites do you recommend? What to expect from your doctor The doctor is likely to ask you a number of questions. Anticipating some of these questions can help make the discussion productive. Has anyone else in your family been diagnosed with schizophrenia? Have symptoms been continuous or occasional? Has your loved one talked about suicide? How well does your loved one function in daily life â€” is he or she eating regularly, going to work or school, bathing regularly? Has your loved one been diagnosed with any other medical conditions? What medications is your loved one currently taking?

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8: Schizophrenia and Evidence Based Treatment

People with schizophrenia can be helped greatly with pharmacologic and psychosocial interventions that are known to be effective. Several interventions are now supported by research: use of medications following specific guidelines, training in illness self-management, case management based on.

Movement disorders agitated body movements Negative symptoms: For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Without such measures, the disease is diagnosed by its symptoms. Prior to a medical diagnosis, it is critically important that a doctor rule out other problems that may mimic schizophrenia, such as psychotic symptoms caused by the use of drugs or other medical illnesses; major depressive episode or manic episode with psychotic features; delusional disorder no hallucinations, disorganized speech or thought or "flattened" emotions and autistic disorder or personality disorders especially schizotypal, schizoid, or paranoid personality disorders. Schizoaffective disorder is a diagnosis used to indicate that the person has an illness with a mix of symptoms of both schizophrenia and bipolar disorder. Torrey writes in Surviving Schizophrenia, now in its sixth edition as the authoritative book on the subject. It also makes research on the disease easier because it allows researchers to be certain they are talking about the same thing. Several promising, large-scale studies suggest early intervention may forestall the worst long-term outcomes of this devastating brain disorder. Treatments and Therapies While there is no cure for schizophrenia, it is a highly treatable disorder. In fact, according to the National Advisory Mental Health Council, the treatment success rate for schizophrenia is comparable to the treatment success rate for heart disease. People who experience acute symptoms of schizophrenia may require intensive treatment, sometimes including hospitalization, to treat severe delusions or hallucinations, serious suicidal inclinations, inability to care for oneself or severe problems with drugs or alcohol. It is critical that people with schizophrenia stay in treatment even after recovering from an acute episode. About 80 percent of those who stop taking their medications after an acute episode will have a relapse within one year, whereas only 30 percent of those who continue their medications will experience a relapse in the same time period. Because the causes of schizophrenia are still unknown, treatments focus on eliminating the symptoms of the disease. Antipsychotic drugs typically are used in the treatment of schizophrenia because they help relieve the positive symptoms. No treatments exist for negative symptoms of the disease. The NIMH publishes the following on treatments and therapies for schizophrenia: Antipsychotic medications are usually taken daily in pill or liquid form. Some antipsychotics are injections that are given once or twice a month. Some people have side effects when they start taking medications, but most side effects go away after a few days. Doctors and patients can work together to find the best medication or medication combination, and the right dose. These treatments are helpful after patients and their doctor find a medication that works. Learning and using coping skills to address the everyday challenges of schizophrenia helps people to pursue their life goals, such as attending school or work. Individuals who participate in regular psychosocial treatment are less likely to have relapses or be hospitalized. Coordinated specialty care CSC: This treatment model integrates medication, psychosocial therapies, case management, family involvement and supported education and employment services, all aimed at reducing symptoms and improving quality of life. RAISE is designed to reduce the likelihood of long-term disability that people with schizophrenia often experience and help them lead productive, independent lives. Schizophrenia and Mortality Individuals with schizophrenia die at a younger age than do healthy people. Males have a 5. Suicide is the single largest contributor to this excess mortality rate, which is 10 to 13 percent higher in schizophrenia than the general population. Suicide is in fact the number one cause of premature death among people with schizophrenia, with an estimated 10 percent to 13 percent killing themselves. The extreme depression and psychoses that can result due to lack of treatment are the usual culprits in these sad cases. These suicides rates can be compared to the general population, which is somewhere around 0. Other contributors to excess mortality include: Although individuals with schizophrenia do not drive as much as other people, studies have shown that they have double the rate of motor vehicle accidents per mile driven. A

significant but unknown number of individuals with schizophrenia also are killed as pedestrians by motor vehicles. There is some evidence that individuals with schizophrenia have more infections, heart disease, type II adult onset diabetes, and female breast cancer, all of which might increase their mortality rate. Individuals with schizophrenia who become sick are less able to explain their symptoms to medical personnel, and medical personnel are more likely to disregard their complaints and assume that they are simply part of the illness. There also is evidence that some persons with schizophrenia have an elevated pain threshold so they may not complain of symptoms until the disease has progressed too far to be treatable. Although it has not been well studied to date, it appears that homelessness increases the mortality rate of individuals with schizophrenia by making them even more susceptible to accidents and diseases. Additional information about schizophrenia is available from the following resources: A Family Manual sixth edition.

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9: Schizophrenia Guide: Causes, Symptoms and Treatment Options

Medication is important in managing schizophrenia. Complementary treatments should not replace the care of a doctor. Talk with your doctor before using any CAM treatment to see if it's safe.

Schizophrenia is a chronic long-lasting brain disorder that is easily misunderstood. Although symptoms may vary widely, people with schizophrenia frequently have a hard time recognizing reality, thinking logically and behaving naturally in social situations. Schizophrenia is surprisingly common, affecting 1 in every people worldwide. Experts believe schizophrenia results from a combination of genetic and environmental causes. Scientists have identified several genes that increase the risk of getting this illness. In fact, so many problem genes have been investigated that schizophrenia can be seen as several illnesses rather than one. These genes probably affect the way the brain develops and how nerve cells communicate with one another. In a vulnerable person, a stress such as a toxin, an infection or a nutritional deficiency may trigger the illness during critical periods of brain development. Schizophrenia may start as early as childhood and last throughout life. People with this illness periodically have difficulty with their thoughts and their perceptions. They may withdraw from social contacts. Without treatment, symptoms get worse. Schizophrenia is one of several "psychotic" disorders. Psychosis can be defined as the inability to recognize reality. It may include such symptoms as delusions false beliefs , hallucinations false perceptions , and disorganized speech or behavior. Psychosis is a symptom of many mental disorders. In other words, having a psychotic symptom does not necessarily mean a person has schizophrenia. Symptoms in schizophrenia are described as either "positive" or "negative. Negative symptoms are the tendency toward restricted emotions, flat affect diminished emotional expressiveness , and the inability to start or continue productive activity. In addition to positive and negative symptoms, many people with schizophrenia also have cognitive symptoms problems with their intellectual functioning. They may have trouble with "working memory. For example, it may be hard to hold a phone number in memory. These problems can be very subtle, but in many cases may account for why a person with schizophrenia has such a hard time managing day-to-day life. Schizophrenia can be marked by a steady deterioration of logical thinking, social skills and behavior. These problems can interfere with personal relationships or functioning at work. Self-care can also suffer. As people with schizophrenia realize what it means to have the disease, they may become depressed or demoralized. People with schizophrenia are therefore at greater than average risk of committing suicide. People with schizophrenia are also at more risk for developing substance abuse problems. People who drink and use substances have a harder time adhering to treatment. People with schizophrenia smoke cigarettes more than people in the general population. The smoking leads to more health problems. Anyone with serious and chronic mental illness is at greater risk for developing metabolic syndrome. Metabolic syndrome is a group of risk factors that increase risk for cardiovascular disease and diabetes. The risk factors include obesity, high blood pressure and abnormal lipid levels in the bloodstream. Schizophrenia has historically been divided into several subtypes, but the evidence suggests that these divisions are probably not clinically useful. Symptoms The symptoms of schizophrenia are often defined as either "positive" or "negative. People with schizophrenia may also have trouble experiencing pleasure, which may lead to apathy. Cognitive or intellectual symptoms are harder to detect and include problems retaining and using information for the purpose of organizing or planning. Diagnosis The diagnosis of schizophrenia is often not easy to make. It is not possible to make the diagnosis in one meeting. Even if the person has psychotic symptoms, that does not mean he or she has schizophrenia. It may take months or even years to see if the pattern of illness fits the description of schizophrenia. Just as there are many causes of fever, there are many causes of psychosis. Part of an evaluation is to check for some of these other causes, for example, a mood disorder, a medical problem or a toxic substance. Experts know that brain function is impaired in schizophrenia, but tests that examine the brain directly cannot yet be used to make a diagnosis. Such exams, however, can help to rule out other possible causes of symptoms, such as a tumor or a seizure disorder. Expected Duration Schizophrenia is a lifelong illness. Psychotic symptoms tend to wax and wane, while the negative symptoms and cognitive problems are more persistent. In general, the impact of the illness can be reduced by early and active

treatment. Prevention There is no way to prevent schizophrenia, but the earlier the illness is detected, the better chance there is to prevent the worst effects of the illness. But in families where the illness is prevalent, genetic counseling may be helpful before starting a family. Educated family members are often in a better position to understand the illness and provide assistance. Treatment Schizophrenia requires a combination of treatments, including medication, psychological counseling and social support. Medication The major medications used to treat schizophrenia are called antipsychotics. They are generally effective for treating the positive symptoms of schizophrenia. Every person reacts a little differently to antipsychotic drugs, so a patient may need to try several before finding the one that works best. If a medication does help, it is important to continue it even after symptoms get better. Without medication, there is a high likelihood that psychosis will return, and each returning episode may be worse. Antipsychotic medications are divided into older "first generation" and newer "second generation" groups. In recent years, it has been shown that â€" in general â€" one group is not more effective than the other, but side effects differ from one group to the other. Also there are differences among the medications within each group. For any individual person with schizophrenia it is impossible to predict which medicine will be best. Therefore, finding the most favorable balance of benefits and side effects depends upon a thoughtful trial and error process. Patients who are having a first episode of psychosis are both more responsive to these medicines and are more sensitive to adverse effects. Thus, experts suggest that low to moderate doses be used at the start. They also suggest putting off trials of a couple of the newer drugs, clozapine Clozaril and olanzapine Zyprexa , until other medications have been tried. Compared to other antipsychotic medications, clozapine and olanzapine are more likely to cause weight gain. Also, about 1 in people who take clozapine lose the capacity to produce the white blood cells needed to fight infection see below. People who suffer a relapse can try any other medication in the first or second generation of antipsychotics. Once a person has found a drug or combination of drugs that helps, it is a good idea to continue maintenance treatment in order to reduce the risk of relapse. Older "first generation" antipsychotics. The first antipsychotics developed are also sometimes called "typical" in contrast to "atypical" antipsychotics. The group includes chlorpromazine Thorazine , haloperidol Haldol or perphenazine Trilafon. First generation agents have been shown to be as effective as most newer ones. Side effects can be minimized if modest doses are used. These older drugs, since they are available in generic form, also tend to be more cost effective. The disadvantage of these drugs is the risk of muscle spasms or rigidity, restlessness and â€" with long-term use â€" the risk of developing potentially irreversible involuntary muscle movements called tardive dyskinesia. In addition to olanzapine and clozapine, newer medications include risperidone Risperdal , quetiapine Seroquel , ziprasidone Geodon , aripiprazole Abilify , paliperidone Invega , asenapine Saphris , iloperidone Fanapt and lurasidone Latuda. The major risk with some of these agents is weight gain and changes in metabolism. They tend to increase the risk for diabetes and high cholesterol. All antipsychotic medications can cause sedation. One can also feel slowed or unmotivated, or have trouble concentrating, changes in sleep, dry mouth, constipation, or changes in blood pressure. Clozapine Clozaril is a unique antipsychotic. It works so differently from other antipsychotics that it is useful to try if no other medication has provided enough relief. Other side effects include changes in heart rate and blood pressure, weight gain, sedation, excessive salivation, and constipation. On the positive side, people tend not to develop the muscle rigidity or the involuntary muscle movements seen with older antipsychotics. For some people, clozapine may be the best overall treatment for schizophrenia symptoms, so they may decide that the potential benefit of taking it is worth the risks. Because other disorders can either mimic the symptoms of schizophrenia or may accompany schizophrenia, other classes of medication may be tried, such as antidepressants and mood stabilizers. Sometimes anti-anxiety medications help to control anxiety or agitation. Psychosocial Treatments There is growing evidence that psychosocial treatments are essential to the treatment of schizophrenia. These treatments are not given instead of medications; they are given in addition to medications. In other words, the combination of medication and psychosocial treatment is most helpful. Several approaches are useful: Cognitive behavior therapy CBT can reduce symptoms and distress in schizophrenia. The team may also provide emotional support to families. Some patients do well living in housing where staff can monitor progress and provide practical assistance. Such programs rely upon rapid job placement rather than an

extensive training period before employment. They integrate on-the-job support and mental health services into the program.

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