# Schizophrenia (Causes)

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**Abstract**

Schizophrenia has different principal symptoms which can be partitioned into various stages which are; Positive, Negative, and Cognitive symptoms. Positive symptoms are those which can be handily distinguished and not seen in solid individuals. Such symptoms incorporate Hallucinations, dreams, and strange engine conduct having fluctuating levels of severity. Negative symptoms are can only with significant effort and connected with a high dismalness rate. The most well-known Negative symptoms included Avoilition, Alogia, Anhedonia and lessened passionate articulation. Mental Symptoms are the most up-to-date characterization. These eventually impede the singular's conveying abilities by upsetting his discourse and consideration.

**Introduction**

The term Schizophrenia is Greek in the beginning, and in Greek implies a split mind. This is certifiably not a precise clinical term. In 1887 a specialist, Emil Kraepelin portrayed schizophrenia as a particular psychological sickness for the initial time. **Glynn et.al, 2003)** Schizophrenia influences around 1% of individuals around the world. It happens similarly in people, however, in ladies, it starts later and is milder. half of the individuals in the emergency clinic mental consideration have schizophrenia.

Beginning tops in youthful adulthood is a Lifetime hazard for males and females generally equivalent. **(Black and Andreasen, 2003)** The national predominance pace of schizophrenia is 2.3 per 1000 populace. **(Murali Madhavan, 2001).** In Tamil Nadu 3.2 lakh individuals experience the ill effects of schizophrenia (Dr.PN. Suresh Kumar, Director Institute of Mental Health and Neurosciences (IMHANS), Trichy). Even though psychoeducation is a key component, FPE incorporates numerous other helpful components and expects to upgrade family abilities and information, ordinarily inside a consultative and cooperative way to deal with the work (Dixon 2006).

Family psychoeducation contrasts with customary or prevalently fundamental family treatment draws near, like primary family treatment. These expect that useless family correspondence and connections make schizophrenia and that tending to these leads to treatment or fix **(Fadden 1998; McFarlane 2002).**

Research has recognized a few factors that add to the gamble of creating schizophrenia. Researchers have long realized that schizophrenia here and there runs in families. The ailment happens in under 1% of everyone, except this reach becomes 10% who have first-degree family members with the

disorder, like guardians, Brothers or sisters. Numerous natural elements might be involved, for example, openness to infections or hunger before birth, issues during birth, and other not yet known, psychosocial factors (Schizophrenia). Researchers likewise accept that cerebrum construction of individuals with schizophrenia is marginally not quite the same as sound people groups. For instance, liquid filled pits at the focal point of the mind called ventricles are bigger in certain individuals with schizophrenia. Other most normal reason for schizophrenia confirmed that a great many people related to schizophrenia have expanded in dopamine levels yet it's as yet not known how everybody determined to have schizophrenia has a lot of dopamine.

In the various forms of traditional family therapy, several models of family intervention have developed to address family needs: some are delivered by practitioners, some by family peers and, increasingly, the practice has evolved so that specific family interventions may be delivered by either or both of these groups together **(Dixon 2003).** Decreased backslide paces of 20% contrasted and normal consideration have been accounted for, with more noteworthy impacts for mediations enduring over 90 days (Gupta S.P, (2002). Berlin &Fleck (2003) says that quality of life momentarily covers both the clinical part of life, including actual working, social working, and view of well-being status, torment, and in general fulfillment with life. The occurrence rate in this study report was 0.35/1000 (Rajkumar et al., 1991), and it shows no distinction in the frequency rate among males and females. In this article, we survey research in regards to FPE results and implementation beginning around 2001, updating the past audit in this diary (McFarlane and Lefley 2001)

**TREATMENT**

Treating schizophrenia usually involves a combination of medication, therapy, and self-management techniques. These include:

1. **Antipsychotics:** These medications block how your brain uses such as anxiety, depression, or substance abuse issues.Antipsychotics are a primary treatment for schizophrenia, helping to manage symptoms such as hallucinations, delusions, and disorganized thinking. These medications work by blocking dopamine receptors in the brain, which can help reduce psychotic symptoms. There are two main types of antipsychotics: first-generation (typical) and second-generation (atypical). Atypical antipsychotics, such as olanzapine and risperidone, are often preferred due to their reduced risk of side effects (Kane et al., 2023).
2. **Electroconvulsive therapy:** If other treatments don’t work, your provider may recommend ECT. This treatment involves using an electrical current applied to your scalp, which then stimulates certain parts of your brain. The stimulation causes a brief seizure, which can help improve brain function if you have severe depression, agitation, and other problems. If you have ECT, you receive anesthesia.Electroconvulsive therapy (ECT) is a treatment for schizophrenia that involves the use of electrical impulses to induce seizures. ECT is typically used for patients who have not responded to medication or who are

experiencing severe symptoms, such as catatonia or suicidal ideation. Research has shown that ECT can be effective in reducing symptoms of schizophrenia, particularly in the short term **(Sackeim et al., 2022).** However, its long-term effects are less clear.

3. **Other medications:** Your healthcare provider might also prescribe other medications for symptoms that happen alongside or because of your schizophrenia symptoms. They might also prescribe medications to help reduce side effects of antipsychotic medication such as tremors.In addition to antipsychotics, other medications may be used to treat schizophrenia. These include antidepressants, mood stabilizers, and anti-anxiety medications. Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs), may be used to treat depressive symptoms that often co-occur with schizophrenia. Mood stabilizers, such as lithium, may be used to treat manic or hypomanic episodes. Anti-anxiety medications, such as benzodiazepines, may be used to treat anxiety symptoms **(**Marder, S. R., & Davis, J. M. (2022).
4. **Psychotherapy:** Talk therapy methods like cognitive behavioral therapy (CBT) can help you cope with and manage our conditions. Long-term therapy can also help with secondary problems alongside schizophrenia such as anxiety, depression or substance use issues.Psychotherapy is a valuable adjunct to medication in the treatment of schizophrenia. Cognitive-behavioral therapy (CBT), family therapy, and group therapy can help individuals with schizophrenia manage symptoms, improve relationships, and develop coping skills. CBT can help individuals identify and challenge negative thought patterns, while family therapy can educate family members about the illness and improve communication. Group therapy can provide social support and promote social skills **(Kuipers et al., 2020).**

**Causes**

1. **Genetics:**Genetics play a significant role in the development of schizophrenia. Research suggests that schizophrenia is a complex disorder influenced by multiple genetic variants. Studies have identified several genes associated with an increased risk of developing schizophrenia, including genes involved in neurotransmitter regulation and synaptic plasticity. Individuals with a family history of schizophrenia are more likely to develop the disorder, with heritability estimates ranging from 60% to 80% **(Gottesman & Gould, 2019).**
2. Structural changes in the brain:Structural changes in the brain, particularly in regions involved in emotion regulation, cognitive processing, and social behavior, have been implicated in the development of schizophrenia. Studies have shown that individuals with schizophrenia tend to have reduced volume in the hippocampus, amygdala, and prefrontal cortex, as well as abnormalities in white matter tracts. These changes can disrupt normal brain function, leading to the characteristic symptoms of schizophrenia **(Tost et al., 2018).**

3. Chemical changes in the brain:Chemical changes in the brain, particularly in neurotransmitter systems, have been implicated in the development of schizophrenia. Imbalances in dopamine, serotonin, and glutamate neurotransmission have been linked to the characteristic symptoms of schizophrenia, such as hallucinations, delusions, and disorganized thinking. Abnormalities in these neurotransmitter systems can disrupt normal brain function, leading to the development of schizophrenia **(Howes & Kapur, 2017).**
4. Pregnancy or birth-related factors: Pregnancy or birth-related factors have been identified as potential causes of schizophrenia. Research suggests that maternal infection, nutritional deficiencies, and hypoxia during pregnancy may increase the risk of schizophrenia in offspring. Additionally, complications during birth, such as low birth weight and premature birth, have also been linked to an increased risk of schizophrenia. These factors may contribute to abnormal brain development, increasing the risk of schizophrenia **(Brown & Susser, 2017).**
5. Childhood trauma:Childhood trauma has been identified as a potential cause of schizophrenia. Research suggests that adverse childhood experiences, such as physical or emotional abuse, neglect, and bullying, can increase the risk of developing schizophrenia. Trauma can affect brain development, leading to changes in stress response systems, neurotransmitter regulation, and brain structure. This can contribute to the development of schizophrenia, particularly in individuals with a genetic predisposition (Varese et al., 2017).

Many factors normally contribute to the onset of schizophrenia

- The actual causVarese, F., Smeets, F., Drukker, M., Lieverse, R., Lataster, T., Viechtbauer, W., ... & Bentall, R. P. (2017). Childhood adversities increase the risk of psychosis: A meta-analysis of patient-control, prospective- and cross-sectional cohort studies. Schizophrenia Bulletin, 43(4), 688-698. doi: 10.1093/schbul/sbw059es of schizophrenia are not fully understood.
- Brain chemistry:
- Abnormal functioning of neurotransmitters such as dopamine can cause schizophrenia.
- Heredity:
- Schizophrenia tends to run in families. If a parent has the disorder, the offspring are susceptible to the disease.
- Abnormality in the brain:
- Abnormalities such as shrinkage in the brain, or circuitry dysfunction can cause schizophrenia.
- Complications during pregnancy and birth:
- Chances of a child getting Schizophrenia are increased by infection or malnutrition during pregnancy and complications during birth such as brain injury.

**CONCLUSION**

Schizophrenia is a complex and chronic mental health disorder characterized by disruptions in thought processes, perceptions, and emotional responsiveness. It affects approximately 1% of the global population, causing significant distress and impairment. While the exact causes of schizophrenia are still not fully understood, research suggests that a combination of genetic, environmental, and neurochemical factors contribute to its development. Effective treatment options, including medication, psychotherapy, and social support, can help manage symptoms and improve quality of life.

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