**Schizophrenia**

**Introduction**

 In the field of psychiatry, mental health professionals have christened depression and anxiety as the most common forms of mental illnesses. Over the past century, intensified research has been dedicated towards establishing the far reaching consequences of depression and anxiety. Across these research efforts, schizophrenia emerges as the most common serious and debilitating psychiatric disorder. According to Galuppi, Turola, Nanni, Mazzoni and Grassi (2010), schizophrenia is a lifelong mental disorder, a characteristic that differentiates it from the most common forms of mental illness such as anxiety and depression. To assert more emphasis on this observation, the authors further quoted a World Health Organization report that ranked schizophrenia as among the top ten illnesses that contribute to the burden of disease around the world.

 From the above outline, schizophrenia is depicted as a catastrophic mental health disorder that inflicts burden to the patients, families, healthcare providing institutions, communities and the healthcare system at large. The identification of schizophrenia as a burdensome mental health disorder forms the basis of this paper, which extensively discusses the pathogenesis and epidemiology of schizophrenia. This paper examines the importance of understanding schizophrenia by exploring the clinical manifestations, assessment, diagnosis and risk factors of schizophrenia. Additionally, the discussion stretches to include an analysis of the application and integration of the study findings into professional practice. Though labeled as a relatively rare disease, the cataclysmic effects of schizophrenia are traceable in every society around the world.

**Description of schizophrenia**

 Schizophrenia is one of the most studied mental health disorders. In a cross-sectional study that attempted to establish the achievements and gaps related to research in schizophrenia, Gilmore (2010) observed that many researchers have depicted schizophrenia as a serious mental disorder that affects the ways in which people think, act and feel. Besides, a common characteristic that is identifiable with people suffering schizophrenia is the difficulty in distinguishing between real and imaginary things. Many schizophrenic patients exhibit withdrawal and unresponsiveness, which depicts the mental disorder as one that subjects patients to difficulties in expressing the normal emotions in social situations.

 Though the characteristics of schizophrenia are universally documented in research, different studies have developed different definitions of schizophrenia. In one study, Łaba-Stefanek, Dziwota & Olajossy (2016) identified schizophrenia as a mental health condition that is associated with unusual perceptions and expressions of reality. In an earlier study, Galuppi, Turola, Nanni, Mazzoni and Grassi (2010) defined schizophrenia as a group of severe and disabling psychiatric disorders that are denoted by illogical thinking, hallucinations, intellectual disturbances, withdrawal from reality and delusions. Nonetheless, both studies contend that schizophrenia is a mental health disorder that causes significant occupational and social dysfunction.

**Types of schizophrenia**

 There are five main subtypes of schizophrenia, though the DSM changed the classification method to merge all the subtypes under the single heading of schizophrenia (Opler et al., 2013). This decision was based on the conclusion that the different subtypes of schizophrenia had low reliability, limited diagnostic stability and poor validity, which did not assist in providing the patients with better treatment or predictions on response to interventions.

 Catatonia is a schizophrenia subtype that is identified through extreme behaviors such as peculiar or excessive motor behaviors or decreased motor engagement and activity. Schizoaffective disorder is another subtype of schizophrenia that manifests in a combination of the schizophrenic symptoms such as delusions, depression and hallucinations.  The third subtype of schizophrenia is child onset schizophrenia. This is a rare type of schizophrenia that emerges during childhood and develops through to adulthood (Lim, Barrio, Hernandez, Barragán & Brekke, 2015). Paranoid schizophrenia is the fourth type of schizophrenia. This schizophrenic subtype subjects people to delusions and false beliefs that often border on the thought that they or their families are being targeted for harm. Hebephrenia, also referred to as disorganized schizophrenia is the last subtype of schizophrenia. Hebephrenia makes a person exhibit incoherence in thought and speech besides subjecting the person to illogical thinking and behaviors.

**Significance of the topic**

 Schizophrenia is among the leading mental health disorders and as such should be studied. There are several legal educational and health issues relating to schizophrenia that make the topic significant. In a study conducted by Fuller-Thomson and Hollister (2016), it was established that at least 10% of people diagnosed with schizophrenia commit suicide, 77% of who are males. It is evident that many patients struggle to deal with the severe symptoms of schizophrenia, which induce suicidal thoughts among these patients. This topic is significant as it addresses the appropriate measures that can be taken to minimize the violence and suicide that is attributed to schizophrenic patients.

 People with schizophrenia are often treated in group residences. Once they improve, they are allowed to resume their normal life, but they are at high risk of relapse as they tend to refuse to take medication. This topic is important in increasing the health literacy levels of the society on schizophrenia, thus enabling people to understand how the treatment works and how to identify people with schizophrenia based on the signs and symptoms.

**Application to professional work**

 The goal of discussing schizophrenia is to enhance the understanding of both healthcare professionals and communities on the severity and clinical manifestations of the disorder. Therefore, this knowledge is significant in laying a foundation for the identification of schizophrenia as a mental health condition and refining the diagnostic and treatment procedures.

**Prevalence and incidence rates of schizophrenia**

 Schizophrenia affects people throughout the world. The prevalence rate of schizophrenia is estimated to approach 1% at the global level, which represents nearly 51 million people. The annual incidence rate is estimated at approximately 1.5 per 10,000 people. In the US, the prevalence rates of schizophrenia are significantly higher compared to the global average. As of 2016, approximately 2.5 million Americans aged above 18 years were diagnosed with schizophrenia (Ward et al., 2017). This disorder affects both men and women equally, and has a higher prevalence rate than other chronic illnesses such as multiple sclerosis, Alzheimer’s disease and diabetes.

 Though schizophrenia is labeled as a rare disease, the incidence rates of the disease are similar across cultures. In many societies, the diagnosis of schizophrenia remains low largely due to the rare nature of the disease that makes the health literacy levels on the disorder relatively low. Therefore, Gerlinger et al. (2013) argue that the current official statistics that report the prevalence rates at between 0.7% and 1.1% globally do not reflect the exact number of people suffering from schizophrenia. The authors conclude that the prevalence of schizophrenia is significantly higher than the documented statistics in these reports.

**Causes of schizophrenia**

 There is no clear scientific proof of the causes of schizophrenia. Nonetheless, Ward et al. (2017) posit that several theories have attempted to conclusively determine the causes of the disease. Given that the precise cause of schizophrenia remains unknown, it has become difficult to predict the characteristics of people who are at high risk of developing the disease. However, Gerlinger et al. (2013) noted that it is widely known that brain scans of people with schizophrenia reveal different results from similar scans of normal people.

 Genetics is perhaps the most widely recognized cause of schizophrenia. Scientists hypothesize that the tendency to develop a disease is higher among individuals whose families are identifiable with the disorder. Strong evidence provided by Henriksen, Nordgaard and Jansson (2017) reveals that the predisposition of schizophrenia is linked with chromosomes 13 and 6.  Therefore, schizophrenia manifests as a genetically related illness that may be caused by the genetic predispositions identified above.

 In an experimental study aimed at establishing the causes of schizophrenia, Łaba-Stefanek, Dziwota and Olajossy (2016) found that there were significant imbalances in the neurotransmitters and brain chemicals such as serotonin, glutamate and dopamine among people with schizophrenia. The study demonstrated that these imbalances affect the brain reaction to stimuli. Therefore, the authors concluded that biochemical factors cause schizophrenia as they influence the ways through which the schizophrenic patient processes and responds to different stimuli. Besides, Gilmore (2010) cited findings from multiple studies that demonstrated structural brain abnormalities as a cause of schizophrenia. For instance, the study found that schizophrenia was highly prevalent among people with enlarged ventricles and faulty neuronal connections. These factors add to the bulk of literature that depicts biochemical factors as causative agents for schizophrenia.

 Other than genetic and biochemical factors, Opler et al. (2013) explain that schizophrenia can be caused by environmental factors such as immune disorder and viral infections. To ascertain this, the authors revealed a higher prevalence rate of schizophrenia among people whose mothers had maternal influenza during pregnancy. Additionally, people hospitalized for severe infections or injuries such as epilepsy of the temporal lobe and head injuries are at high risk of schizophrenia.

**Signs and symptoms of schizophrenia**

 Given that the exact causes of schizophrenia have not been comprehensively identified, Gilmore (2010) argued that the signs of the disorder are different and unique for each patient. For instance, the symptoms develop gradually over months or years among some patients, while for other patients, these symptoms may appear abruptly. In other patients, the disease may be recurrent, while among others it may be persistent but variable in severity.

 In most cases, behaviors are the earliest signs of schizophrenia. People with schizophrenia have strange body positioning and tend to see or hear imaginary things. Besides deteriorating in social or occupational performances, people with schizophrenia exhibit peculiar speaking and writing styles. Schizophrenia is identifiable with change in personality, deterioration of personal appearance or hygiene and withdrawal from society. Insomnia, irritability and bizarre behaviors are some of the signs of schizophrenia.

 In their study, Fuller-Thomson and Hollister (2016) classified the symptoms of schizophrenia as positive, negative and cognitive. The positive symptoms are those associated with abnormalities of the temporal lobe, while the negative symptoms are associated with abnormalities on ventricular and frontal cortex. Delusions, disorganized behavior or speech and hallucinations are some of the positive symptoms of schizophrenia as identified by the authors. Incoherence of speech, anhedonia and apathy are the negative schizophrenic symptoms while bizarre behaviors and thought disorders are the cognitive symptoms of the disorder.

**Diagnosis and treatment**

 The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the diagnostic tool that is used by healthcare professionals to identify schizophrenia (Ward et al., 2017). This diagnostic procedure is founded on mental status examination, careful clinical observation and psychiatric history. When conducting the diagnosis, it is important that the healthcare professional eliminates the differential diagnosis such as bipolar disorder. In addition, the healthcare professional must conclusively establish the presence of at least two of the symptoms of schizophrenia. The symptoms must have persisted for a period not less than six months.

 Typically, antipsychotic medications are used to manage schizophrenia because it is a lifelong disorder that cannot be totally eradicated. There are two antipsychotic medications, which are the conventional and atypical antipsychotics. Whereas the former controls only the positive schizophrenic symptoms, the latter manages both the negative and positive symptoms. Lim, Barrio, Hernandez, Barragán and Brekke (2015) observed that the severity of schizophrenic symptoms vary, which increases the risk of hospitalization among patients. Therefore, a blend of rehabilitation and recovery interventions are used to minimize the probability of relapse and recurrence of the schizophrenic symptoms.

**Relating the topic to other courses**

 Nurses have cardinal responsibility of delivering care for patients with diverse range of illnesses and disorders. Schizophrenia is one such disorder that requires the attention and dedication of nursing professionals. As a nursing professional, this project on schizophrenia has enabled me to note the characteristic signs and symptoms of the disorder. Besides, I have learnt that the schizophrenic patients require support to record better outcomes. As such, it is important to develop a relationship of trust with schizophrenic patients as it is only through trust that a nursing professional can identify the patient’s problems. As a nursing practitioner, my primary care goals for schizophrenia border on reducing the symptoms of the disorder and providing support that is necessary in preventing the recurrence of acute schizophrenic episodes. **References**

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