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BACCALAUREATE

MONOGRAPH
“SCHIZOPHRENIA: CAUSES, CONSEQUENCES AND SYMPTOMS”

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Gratitude

I would like to thank my family for cheering me on and supporting my decisions concerning which subject to choose for this investigative work. I would like to thank my tutor because if it weren't for you this could have not been possible. I would also like to thank all of my English and history teachers, Laura and Patricia, for preparing me with the proper skills and teaching me English and enriching me with culture, respectively.

Last but not least, I would like to thank God and the Holy Mary for being my role models and the base of my education.

Summary

The following is an investigative work based on the causes, consequences, and symptoms of schizophrenia, how they are divided, the classifications, the types that exist, describing each as well as, how each affects the patient. It describes how it is diagnosed as well as the recommended treatments along with the environmental components for which it can provide. The stress caused during pregnancy and the abuse of toxic substances will also be touched upon.

The term paranoia is the most common type of schizophrenia and is one of the most dangerous because the effects brought on are auditory delusions which make you think that all people want to hurt you which in turn, provokes a negative reaction, even towards people who have been around you in your whole life.

Schizophrenia can also be initiated by genetics. For example, it can be said that if a person who is diagnosed were to have identical twin children, they would be fifty percent prone to suffer from this mental illness. (300)

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Chapter I

Schizophrenia

Schizophrenia is a neurodevelopmental disorder that impairs a person's psychological abilities (thinking, behavior, perception, and emotions) thus preventing them from experiencing them to react to them. The causes for this ailment are unable to be pinpointed onto any other factor other than genetics but according to multiple studies conducted by doctors and scientists, it has been found to develop and be categorized into two groups of different factors. Schizophrenia is characterized by thoughts or experiences that seem to be disconnected from reality, disorganized speech or behavior and problems with concentration or memory.

1.1 Causes of Schizophrenia

Schizophrenia has several causative factors, which can be grouped into two groups: genetic and environmental. Several doctors and scientists say that the interaction between the two causes is necessary for mental disorders to develop. "According to research findings, strengthened by the personal accounts of patients, they may add to negative symptomatology even when unnoticed by clinicians and may impair, in more or less subtle ways, interpersonal skills" (Estroff, 1981, p.19).

1.1.1 Genetic component.

Genetics has been determined as one of the determining factors, given the varied

research and studies that compiled the following data:

- ❖ 12.8% of the children of a person diagnosed with schizophrenia will also develop this mental disorder.
- ❖ 10.1% of siblings of a schizophrenic person will suffer from the disease.
- ❖ The probability increases to 50% in the case of identical twin brothers.
- ❖ 5.6% of the parents of someone diagnosed with schizophrenia will also suffer from this mental disorder.
- ❖ Around 3% is the incidence of this disease in grandchildren, nephews, and uncles of a schizophrenic patient.

The presence of disease in the family increases the risk of suffering it but does not mean the direct presence of the disease.

Therefore, it is important to keep in mind that, although the cause of this disorder may be passed down, it does not necessarily mean that if a family member suffers from this ailment, it does not necessarily mean that other members will suffer from it or in any manner affected or carry it.

1.1.2 Environmental component.

Even though Claridge (1990) affirms: "Furthermore, considerable empirical evidence points to a continuity between most psychotic symptoms and ordinary experience. The tendency to bizarre thinking and peculiar sensory experiences is spread across the population more widely than

is usually acknowledged by clinicians" (p.4).

The environmental factors involved in the development of schizophrenia are:

- ❖ Stress during pregnancy or childbirth: anoxia, traumatism of the fetus, viral infections.
- ❖ Stress during childhood: loss of loved ones or tragic events that alter the child's normal brain development.
- ❖ Consumption of toxic substances: consumption of drugs that alter the functioning of serotonin and dopamine. Neural damage detonating.
- ❖ Risky situations: people with celiac disease or intestinal absorption problems and being conceived by elderly parents increase the risk statistically of suffering from schizophrenia.

1.2 Classification.

It is important to classify the type of schizophrenia to offer the proper diagnose, treatment and bring about the wellness of the patient all around. Even though "Current

data suggest that between 20-30% of patients fail to respond to acute treatment and the same proportion will relapse despite adequate maintenance therapy” (Kane, 1996,p.19).

Buchanan (1995) also affirms: “It has been found effective in improving psychotic symptoms in some 30-60% schizophrenia patients who failed to respond to an adequate dosage of conventional antipsychotics, and is associated with a likelihood of developing extrapyramidal symptoms, neuroleptic malignant syndrome or tardive dyskinesia” (p.20).

1.2.1 Types.

1.2.1.1 Paranoid type.

The paranoid type is the most frequent type of schizophrenia recognized. It is characterized by auditory hallucinations, delusions of persecution, believe to be the center of looks, teasing and attention, think that everything that happens around them is against them. They usually get angry easily.

1.2.1.2 Disorganized type.

The disorganized type is characterized by a disorganized or incoherent way of speaking. The patient tends to respond with emotional reactions, usually seen as out of place, they

present childish behavior and what may be considered strange behavior. This is when the symptoms present the patients' conduct to appear more like apathy or that they suffer from a poverty of language, among other particular characteristics.

1.2.1.3 Catatonic type.

The catatonic type is characterized by disturbance in motor activity; it can be excessive or immobile. Persons with excessive motor activity, are excited, sleep little and are in constant motion until tired. Surprisingly, they also have periods of mutism and can stop talking, eating or controlling their sphincter for long periods.

1.2.1.4 Undifferentiated type.

The undifferentiated type is diagnosed due to the presence of psychotic symptoms presented, but which still fall short of meeting the criteria to be considered paranoid, disorganized or catatonic types. Includes delusions, hallucinations and disorganized thoughts. The doctors characterize it as a stage before some type of schizophrenia.

1.2.1.5 Residual type.

Characterized for presenting symptoms in people who have suffered from schizophrenia yet who currently have no relevant symptoms. It is characterized by the significant deterioration of intelligence, thinking, self-care skills and daily development.

Schizophrenia is a neurodevelopmental disorder that impairs a person's psychological abilities (thinking, behavior, perception, and emotions) and prevents them from experiencing them. The exact causes are unknown but according to multiple studies, doctors and scientists, it is developed from two groups of different factors, genetic and environmental factors.

When schizophrenia is active, symptoms can include delusions, hallucinations, trouble with thinking and concentration, and lack of motivation. However, with treatment, most symptoms of schizophrenia show great signs of improvement. Schizophrenia is characterized by thoughts or experiences that seem to be disconnected from reality, disorganized speech or behavior and problems with concentration or memory.

It has not yet been proven to be un-curable as there have been notable improvements in the conduct and quality of life of those who have been touched by these symptoms. All the while, studies are being done for new and safer treatments. The causes of schizophrenia are also being thoroughly investigated through the study of genetics, the conduct of behavioral investigations and the use of advanced images to observe the structure and function of the brain. These different ways of looking at the symptoms and their pathology, as well as

searching out from whence they derive from allows us to believe that there will be more effective therapies developed in the proximity.

There are many misconceptions due to the complexity of this disease. Schizophrenia is not a double personality or multiple personalities. None of the people suffering from schizophrenia is violent. People who have schizophrenia lead their normal lives to continue to live with their family or alone, as long as they are medicated.

Men and women are equally prone to suffer from the symptoms associated with this diagnosis, but men are more likely to start faster. People with schizophrenia are more likely to die younger, mostly fallen victims of heart disease or diabetes.

People with schizophrenia have high rates of smoking and many use other drugs of addiction. This may be part of the illness. Treatment for schizophrenia helps people deal with these problems. People with schizophrenia often neglect their physical health because they (and the people around them) tend to concentrate on their mental health problems. They need support and encouragement to stay healthy and avoid preventable illnesses like heart disease and diabetes (Gallethy, 2016).

Some symptoms may include:

- Lack of motivation (avolition) - the patient loses their drive. Everyday actions, such as washing and cooking, are neglected.
- Poor expression of emotions - responses to happy or sad occasions may be lacking, or inappropriate.
- Social withdrawal - when a patient with schizophrenia withdraws socially, it is often because they believe somebody is going to harm them.
- Unawareness of illness - as the hallucinations and delusions seem so real for patients, many of them may not believe they are ill. They may refuse to take medication for fear of side effects, or for fear that the medication may be poison, for example.
- Cognitive difficulties - the patient's ability to concentrate, recall things, plan, and organize their lives are affected. Communication becomes more difficult.

1.1 Causes of schizophrenia

Experts believe several factors are generally involved in contributing to the onset of schizophrenia. Evidence suggests that genetic and environmental factors act together to bring about schizophrenia. The condition has an inherited element, but environmental triggers also significantly influence it.

As stated, Schizophrenia has several causative factors, which can be grouped into two groups: genetic and environmental. Several doctors and scientists say that the interaction between the two causes is necessary for mental disorders to develop.

“According to research findings, strengthened by the personal accounts of patients, they may add to negative symptomatology even when unnoticed by clinicians and may impair, in more or less subtle ways, interpersonal skills” (Estroff, 1981, p.19).

1.1.1 Genetic component.

Genetics has been determined as one of the determining factors, given the varied research and studies that compiled the following data:

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- ❖ 5.6% of the parents of someone diagnosed with schizophrenia will also suffer from this mental disorder.
- ❖ Around 3% is the incidence of this disease in grandchildren, nephews, and uncles of a schizophrenic patient.

The presence of disease in the family increases the risk of suffering it but does not mean the direct presence of the disease.

In conclusion, it is important to remember that, although the cause may be an inheritance, not because a member of our family carries the disease means that necessarily other members will carry it.

1.1.2 Environmental component.

Even though Claridge (1990) affirms: "Furthermore, considerable empirical evidence points to a continuity between most psychotic symptoms and ordinary experience. The tendency to bizarre thinking and peculiar sensory experiences is spread across the population more widely than

is usually acknowledged by clinicians" (p.4).

The environmental factors involved in the development of schizophrenia are:

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1.2 Classification.

Psychiatrists diagnose schizophrenia based on a person's symptoms and behavior. They only make a diagnosis after they have spent time with the person, carefully collected information and considered other possible causes. Getting the correct diagnosis can be difficult and take time. Having hallucinations or delusions does not mean schizophrenia. (Gallethy, 2016, p.4)

Therefore it is of the utmost importance to efficiently classify the type of Schizophrenia which may be affecting the patient to conclude with the proper diagnosis. The proper steps must be taken rather than a rash decision made so that the proper treatment may provide the optimum results needed so that all those involved may proceed to enjoy the best possible quality of life.

1.2.1 Types.

1.2.1.1 Paranoid type.

The paranoid type is the most frequent type of schizophrenia, is characterized by auditory hallucinations, delusions of persecution, believe to be the center of looks, teasing, and

attention, think that everything that happens around them is against them. They usually get angry easily.

1.2.1.2 Disorganized type.

The disorganized type is characterized by a disorganized or incoherent way of speaking. They react with emotional responses out of place, they present a childish behavior and strange behaviors and the presence of the symptoms predominates like apathy, anhedonia, poverty of language, among others.

1.2.1.3 Catatonic type.

The catatonic type is characterized by disturbance in motor activity; it can be excessive or immobile. With excessive motor activity, they are excited, sleep little and are in constant motion until tired. They have periods of mutism and can stop talking, eating or controlling their sphincter for long periods.

1.2.1.4 Undifferentiated type.

You can realize that it is undifferentiated by the presence of psychotic symptoms, but they are not paranoid, disorganized or catatonic symptoms, it has delusions, hallucinations, and disorganized thoughts. Doctors see it as a stage before some type of schizophrenia

1.2.1.5 Residual type.

The residual type is characterized by presenting in people who have suffered from schizophrenia but currently have no relevant symptoms. It is characterized by the

significant deterioration of intelligence, thinking, self-care skills and daily development.

(2,005 words)

Chapter II

History

2.1 History

The word schizophrenia, which is roughly translated as "division of the mind" and comes from the Greek roots schizoid ("divide") and phren ("mind"), was coined by Eugen Bleuler in 1908 and was intended to describe the separation of functions between personality, thought, memory and perception.

Bleuler's interpretations led to the claim that he described his main symptoms as four A: flattened affection, autism, deteriorated association of ideas and ambivalence. He realized that the disease was not dementia, as some of his patients improved instead of deteriorating, so he proposed the term schizophrenia. The treatment was revolutionized in the mid-1950s with the development and introduction of chlorpromazine.

At the beginning of the 20th century, Psychiatrist Kurt Schneider described the forms of psychotic symptoms that, according to him, distinguished schizophrenia from other psychotic disorders. These symptoms are known as the first rank. They are those who have delusions of being controlled by a force greater than themselves, have the belief that

thoughts are taken from them or put in a conscious mind and hear voices that make them do things they do not want to do through conviction.

Records of a syndrome similar to schizophrenia are believed to be rare in historical records before the 19th century, although reports of irrational, unintelligible or uncontrolled behavior were common. A detailed report of the case in 1797 about James Tilly Matthews and the accounts of Philippe Pinel published in 1809 are often considered the first cases of the disease in the medical and psychiatric literature. The Latinized term early dementia was first used by German alienist Heinrich Schule in 1886 and then in 1891 by Arnold Pick in a case report of a psychotic disorder (hebephrenia). In 1893, Emil Kraepelin borrowed the term from Schule and Pick and in 1899 introduced a new and broad distinction in the classification of mental disorders between praecox dementia and a mood disorder (called manic depression and includes unipolar and bipolar depression). Noll (2012) states: "Kraepelin believed that early dementia was probably caused by a latent process of systemic or whole-body disease that affected the peripheral organs and nerves of the body but affected the brain after puberty in a waterfall. of final decisive decision "(p .14). His use of the term "praecox" distinguished him from other forms of dementia, such as Alzheimer's disease, which usually occurs later in life. It is sometimes argued that the use of the term *démence précoce* in 1852 by the French physician Bénédict Morel constituted the medical discovery of schizophrenia. This account ignores the fact that there is little to connect the descriptive use of the Morel term and the independent development of the concept of early dementia disease at the end of the 19th century.

2.2 Diagnosis

In the early 1970s, the diagnostic criteria were the subject of a series of controversies that eventually led to the operational criteria used today. Diagnostic criteria in the US UU. They used the DSM-II manual, and Europe used its ICD-9. David Rosenhan's 1972 book "On being sane in crazy places," concluded that the diagnosis of schizophrenia was often subjective and unreliable. These were some of the factors that led to the review of the diagnosis of schizophrenia and the entire DSM manual, which resulted in the publication of the DSM-III in 1980. The term schizophrenia is commonly misunderstood to mean that affected people have a "split personality." Although some people diagnosed with schizophrenia may hear voices and experience voices as distinct personalities, schizophrenia does not imply that a person changes between multiple personalities; The confusion arises in part due to the literal interpretation of Bleuler's term "schizophrenia."

Dissociative identity disorder (which has a "split personality") is also misdiagnosed as schizophrenia according to lax criteria in the DSM-II. Rather, the term means a "division of mental functions," which reflects the presence of the disease. o The International Statistical Classification of diseases and related health problems of the World Health Organization (ICD-10).

These criteria use the self-reported experiences of the person and reported abnormalities in behavior, followed by a clinical assessment by a mental health professional. Symptoms associated with schizophrenia occur along a continuum in the population and must reach a certain severity and level of impairment before a diagnosis is made. (Picchioni, 2007, p.93)

2.2.1 Criteria.

The American Psychiatric Association launched the fifth edition of the DSM (DSM-5). To know that you suffer from schizophrenia, a diagnosis must be met for most of the time of a period of at least one month, with a significant impact on social functioning. The person diagnosed has to be suffering from delusions, hallucinations or having an unintelligible language. The second symptom could be severely chaotic and disorderly behavior. The definition of schizophrenia remained essentially the same as specified above.

Classifications, such as catatonic and paranoid schizophrenia, are eliminated. These were retained in previous reviews largely for reasons of tradition but subsequently proved to be of little value. Catatonia no longer carries such a strong relationship with schizophrenia. When describing a person's schizophrenia, you have to study how they are doing and their progress, to know exactly what they are dealing with. Special treatment of first-rate symptoms is no longer performed although some doctors do. Schizoaffective disorder is better defined to demarcate it more cleanly from schizophrenia. It is recommended that all domains of psychopathology be evaluated, even if you experience hallucination or mania so that clinics can make a decision. (1,048 words)

Chapter III

3.1 Life experiences and how they affect us

The role that vital experiences can play is increasingly clear. Psychosis is almost always due to experiences that can lead to trauma such as sexual abuse and murder. People who are in extreme poverty with debts and have much-accumulated stress or who live in societies with inequality are more likely to give them some mental illness.

3.1.1 Vital events and trauma.

In our lives many things can happen like: divorce, rejection for being of another religion or sex, unemployment, traumatic disappointment, loss and various forms of failure. Even good events, such as winning the lottery, for example, can be stressful. Some have to deal more than others with some kind of poverty, abuse, problems, loneliness, abuse. Evidence has accumulated to show that, as in other mental health problems, psychosis can be a reaction to stressful events and life situations, specifically abusive behaviors, stress, and anxiety.

For example, voices can be related to previous traumas that have left difficult feelings and memories that need to be explored and resolved. One review found that between half and three-quarters of psychiatric patients suffered physical or sexual abuse as children. Experiencing multiple childhood traumas seems to carry approximately the same risk of developing psychosis as smoking to have lung cancer (Carson, 2010).

Often, the content of people's experiences is associated with the nature of the trauma, such as a war survivor or a person who was abused in childhood who fights every day against

negative feelings about himself, and this makes low self-esteem stronger. Those who have suffered from trauma almost always see flashbacks and images, or they can separate: mentally abandon the situation, forget or go blank. It is increasingly clear that there is much more coincidence than previously thought between these experiences and those considered as psychosis.

This is currently the focus of many investigations, and the editorials in the British Journal of Psychiatry say that "the implications that we must finally take seriously the causal role of childhood difficulties are very deep." For example, a recent study shows that there is increasing evidence that some psychologists say that psychosis is a natural reaction of a traumatic event that a person has experienced.

3.1.2 Relationships.

As we said before, professionals are not in a position to say exactly the cause of a person suffering from psychosis at a particular time in their life. This is particularly important in the context of family relationships. In the past, family members sometimes felt accused and as it is known no one should blame anyone sometimes it is also given for family history.

"However, it is also important to recognize that difficult relationships in childhood and adolescence, which can occur for all kinds of reasons, can be an important factor that impacts some people" (Randal, 2011, p.24). In some cases, they can be very significant. People whose family environment provides support, calm, and tolerance tend to improve.

3.1.3 Inequality, poverty, and social disadvantage.

The normal cycles of life, the passage of childhood, adolescence, doing or not making merits, having a job, having a girlfriend and breaking relationships, terminal illnesses and

deaths affect us all. These are things that happen to a lot of people only that some of us affect each other differentially to all these events but stress all accumulates and this disease can occur. Poverty h stress is a very strong impact on mental health, which makes researchers interested in attributing mental health problems. In the words of a review by the World Health Organization: "No one can against mental disorders, but the risk increases to the neediest, the homeless, the unemployed, people with low educational levels."

Investigations that have been carried out in London say that one of the most determining factors for psychosis to occur is external poverty and abuse. From what they have investigated, it is said that the third factor that can cause this is inequality. This research is very similar to that obtained by researchers Richard Wilkinson and Kate Pickett, whose book "The Spirit Slight" shows that the rates where there are more people with mental health are in countries where they do not accept inequality, in the that there is a greater difference between the income of the rich and poor such as the United Kingdom than in more equitable countries such as Norway.

The immigrant population, particularly people of African and Afro-Caribbean origin living in the United Kingdom, is much more likely than white Britons to have a diagnosis of schizophrenia, although in their native countries the numbers of people detected with mental health are similar to those in the United Kingdom. It may be because there experience much extreme poverty, exploitation, and unemployment. This is a very difficult topic to deal with: people in these groups are more likely than others to experience suffering.

3.2 Getting help

The sooner it is recognized that the young person is ill, the greater the chances of obtaining effective treatment. This will speed recovery and reduce long-term damage. Some people can recover completely. You should first contact the family doctor. It is important to ensure that there is no medical problem that explains the symptoms. If necessary, the doctor will refer you to the child and youth psychiatrist in the area. Evaluation and treatment can sometimes lead to admission to a specialized psychiatric income unit for children and adolescents. If there is a risk of self-harm or aggression towards others, admission is also recommended. The young person may have to stay in the hospital for a few weeks or months. The goal of treatment is to help the young person lead a life as normal as possible. At first, the treatment is mainly focused on eliminating symptoms.

For the best result, everyone involved, including the affected person, the family, psychiatric team, teachers and social services, need to work together from the beginning. Medication is very important when it comes to schizophrenia, you cannot stop taking the medication if the doctor does not say it because the disease can get worse and it will be more difficult to treat it. There are several medications. All belong to the medication group called neuroleptics, antipsychotics or major tranquilizers. For reasons I don't know they understand at all, not everyone responds to the same medication from its way. Sometimes you have to try several medications until you find the one better "fit." Once the main symptoms of the disease have been treated successfully, it is important to continue the medication, under supervision medical, for a few months. A small group of people is able

then of abandoning the medication without the disease getting worse. Most of the people, however, need maintenance medication indefinitely to prevent relapses.

The medication can have side effects. Your doctor will advise you on these and on how to prevent or relieve them. An assessment of the benefits and the disadvantages of medication in the treatment of the disease has to be done. Drug treatments must be combined with support and help from practical types for young people and their families. This includes:

- Assist in the understanding and management of the disease.
- Rebuild self-confidence
- Take into account the risk factors that can carry out a relapse.

Provide support to continue education and / or employment.

Some young people will get sick despite these measures. However, this should not be an impediment to lead a full and happy life. (1,396 words)

Conclusions

At the end of the work you can give several conclusions regarding the topic:

- Schizophrenia is a very strong mental illness that at the time of detection has to be treated, they also have to prepare their relatives or people around them this disease can be kept under control and lead a normal life as long as it is the type of schizophrenia milder.
- The doctor who identifies the disease should not blame family members for that reason why they will never know specifically how it occurred or how the schizophrenia could begin.
- Schizophrenia is a disease in which the person can be mediated and controlled. It is also possible to be cured, but if one acts quickly, it must be determined once the patient has this disease.
- The medication plays a very important role because it is what you will have with your feet on the ground and if the medication causes more negative than positive symptoms you must change it.
- When the main symptoms have already been treated it is very important to continue with the medication because then it will be worse. (300)

Recommendation

At the end of the work it is recommended to take some action about it:

1. It is important to try not to stress too much because so much stress can cause you to suffer from this disease this recommendation is addressed to everyone and especially for those who have a family member with a history of schizophrenia.
2. When a person is discovered with schizophrenia, everyone must help, friends and family, give the medication at the time the affected person must live normal.

3. You can stop taking the medication indefinitely but not in all cases only in some under medical supervision.
4. For the government to tell them that there is a need to improve housing and the experience that is had in marginalized areas because that is the main factor by which schizophrenia occurred because of seeing as many crimes as abuses and murders.

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Qr code