

CONTEMPORARY ACCOUNTS OF SCHIZOPHRENIA

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Abstract. *This article consists of issues of etiology, pathogenesis, clinic of clinical forms of schizophrenia, comparative diagnosis of other diseases, measures of modern diagnosis and treatment of the disease, as well as theoretical and practical skills on rehabilitation problems.*

Key words: *Schizophrenia, etiology, pathogenesis, clinic, modern diagnosis, treatment.*

СОВРЕМЕННЫЕ ДАННЫЕ О ШИЗОФРЕНИИ

Аннотация. *В данной статье рассматриваются вопросы этиологии, патогенеза, клиники клинических форм шизофрении, сравнительной диагностики других заболеваний, современной диагностики и лечебных мероприятий заболевания, а также теоретические и практические вопросы реабилитации.*

Ключевые слова: *Шизофрения, этиология, патогенез, клиника, современная диагностика, лечения.*

Introduction. Schizophrenia is the most basic problem in modern psychiatry. The prevalence of Kura schizophrenia according to modern epidemiological data is 9,63 per thousand inhabitants, which means that a person on every face suffers from schizophrenia. 80% of patients are infected until the age of 24. In most patients, the disease tends to be progredient, meaning that disease disorders are exacerbated by time wasting [1-4].

Schizophrenia is a mental illness characterized by chronic endogenous-progredient, feeling poverty, intraversion, delimitation of the circle of interests, autism, that is, rapid or slow development of an individual, contagion of the Union of mental processes, that is, dissociation of mental functions [5-7].

The main symptom of schizophrenia is impaired mental adaptation. Translation of schizophrenia from Greek: schyso-fragmentation, phren – ACL, John.

Eugene Bleiler published a monograph, "schizophrenia on groups". Ye. Bleiler named schizophrenia for this disease, and was the first to show that the prognosis of the disease is different, describing different groups of schizophrenia. The same images became the forerunner of the modern classification. Later, Manfred Bleiler (a Swedish Actor Blair's son) continued to provide for schizophrenia and created a second classification of schizophrenia [8-12].

His psychiatrist in Vienna, Stransky M. He described intrapsychic ataxia at the same time as Bleiler. Later S.S. Korsakov described dysnoae.

Etiology and pathogenesis:

a) psychodynamic model of schizophrenia.

This is a violation of the relationship between people on the basis of the theory;

B) fenomenological-existential model

This is what the theory says: schizophrenia is a wonderful form that reflects an objective environment;

2. Biological, i.e. hereditary, theory:

According to this theory, the disease is transmitted by inheritance.

Modern data suggest that the risk is 10% for a child if one parent is affected in the family, and 40% if both are affected.

3. Biochemical theory of schizophrenia:

(a) groups of catecholamine hypotheses

This is the cause of schizophrenia by theory – disorders of norepinephrine and dopamine metabolism;

(b) groups of indolamine hypotheses

The cause of schizophrenia in this theory is disorders of the metabolism of serotonin, its metabolites, biogenic amines

4. Immunological and auto-intoxication theory of schizophrenia

5. The "pathos et nosos" concept of schizophrenia.

The meaning of this concept indicates the next – by hereditary means, the disease itself is not, but the predisposition to it is inherited by birth.

People with pathos are not sick, but among acquaintances they are perceived as wonderful people. These people have schizoid traits of the character: they become non-interfering with people, the circle of interests is reduced, they can make impactful, non-ordinate movements, dress wonderfully.

Under the influence of the pupa factor, the pathos will rub into the noses. These can be childbirth, pregnancy, smoking cannabis, alcoholism, elevated temperature. EXO-and endogenous factors give different effects at different periods [13-20].

Critical diagnosis is carried out on three criteria:

1. Declining reading:

In physiological crisis, a teenager becomes interested in other activities and, as a result, his studies decrease, since he is less distracted by studies.

In pseudopubertat Kriz, on the contrary, the teenager blurs a lot with reading, but his reading decreases due to a decrease in the tone of the psyche.

2. Emotional breakdown of relationships:

In physiological crisis, a teenager is opposed to an adult because he curses that the actions of an adult are incompatible with what they say, and as a result, disrupts his relationship with those around him.

In pseudopubertat Kriz, however, the echo of emotion disappears (feelings of love, friendship).

3. Curiosities:

In physiological crisis, the teenager is engaged in sports, collections.

In the case of pseudopubertat Kriz, however, the curiosities are wonderful, blurred out of the real world around. For example, a teenager Burns a goal to create a permanent engine or asks himself the question of what the meaning of life is, and as a result, philosophy reads books, moves them, but everyone's activities are without consequences. This condition is known as metaphysical intoxication [21-28].

Clinical types of schizophrenia disease

1. Typical type (prostaya forma) – violations of the emission will, accompanied by a gradual progressive weakening of interest and desire, productive symptoms, weak manifestations.

The disease is often accompanied by neurosis or psychopathic symptomatology.

2. Gebefrenic form – more often at the age of puberty, mainly signs – interruption of thinking, oppressive wisdom (rezonyorstvo), and all sorts of clown gestures (twisting the back, releasing the tongue, strange gestures, mocking). The delay is bad with a deep defect in the person.

3. Catatonic species – often develop between the ages of 20 and 30 years. Symptoms: stupor-loss of movement, a secretary stands in an uncomfortable situation, mutism-cannot answer questions (like dumb ones), negativism-resistance or pathological staining (voskovaya hypkost)

The typical form is frequent, mostly irregular in adolescence, with little noticeable onset with slow-onset and relatively slow but continuous progression without remission. In this, patients undergo the following changes in their character, isolation, cold or bad attitude towards their parents, unexpected, impulsive paradoxical acts, negativism towards those around them, loss of fear in ignorance, and at the same time a new, strange manner appears. They remain indifferent to their appearance. Over time, they separate from those around them. For the most part, the diagnosis of mental illness is made late, since the symptoms of the disease are slow and have a less noticeable onset, those around them perceive them as a victim of severe temperament or poor upbringing. In addition, seductive ideas and hallucinations in the simple form of schizophrenia do not occur. 3-5 years after the onset of the disease, a mental defect of the Apathic-abulic type develops [29-36].

The hebephrenic form (from Greek "hebephrenia" – adolescent psyche), like the simple form, occurs mainly in adolescence. They pretend to be clowns, make fools, hum, touch everyone around them, cause frustrations, tease the elderly and laugh at them. Such patients can often commit bloody crimes, accompanied by insanity hoarseness. This form of schizophrenia is rare, without remission, is dangerous, is not immediately diagnosed (like ordinary ones, those around them look at them as a bully who has not been brought up for a long time), and a severe defect in the psyche develops [37-42].

Catatonic form. This previously encountered form of schizophrenia is now much rarer.

This form is characterized by the fact that the mental disorder is accompanied by a change in muscle tone. This form of schizophrenia can occur at different ages. In these patients, there is an alternation of catatonic pupillary with catatonic stupor. In the catatonic stupor, the sign of autism is clearly visible: the patient's muscles undergo a complete contraction, and for this reason he lies with the same stiffness (more embryonic). Eyes dry, no moisture, no blinking. The torso is bent, the arms hang next to it, they themselves are relaxed, they do not have a job with those around them, they lie or sit without moving. Patients feel as if they have gone into an undone street and believe that they can only get rid of it by killing themselves in a single way, so patients are at risk with suicidal actions in case of depression.

The further deepening of depression was first followed by self – incrimination, sinfulness, self-humiliation, hypochondric cases with UTA-assessed, ultimately broken temptations, encouraging other patients to commit suicide as well.

One of the signs characteristic of patients in the depression phase is severe experiencing insensitivity – anesthetic depression.

Patients complain that we do not know the joy in this, we have become indifferent at night.

They say to loved ones, to their children, that we lost sincerity, humanity and became like a heartless robot.

Most often, depression is accompanied by anxiety (anxious depression) panic, unrest, patients growl, cry, crackle their days, cannot find a place to pour himself, often these situations reach a state of melancholic raptus and periodically try to self – injure and kill. Patients become camphor, answering questions slowly, with camphor, pausing and after repeated pleas.

Maniacal stage. The main clinical manifestations of the maniacal phase are represented by a triad of symptoms:

1. With mood swings;
2. With the speed of thought;
3. By the fact that the movement is agitated. They can be expressed to varying degrees.

Accordingly, the maniacal phase is divided into light – hypomania, expressed (typical circularmknia) and the temptation of grandeur.

The sick will be in a good mood, laugh hard, sweat on the way, feel happy. They always consider themselves mature, remain captivated – they believe that they are talented and know several foreign languages, begin to see Thai at once, trying to enter three institutions, consider themselves a popular artist, singer, poet, as if they were able to cope with large scientific or political problems. Having begun to correctly answer the doctor's questions, the patient becomes distracted from this toxic question and becomes interested, distracted by a freshly formed dust of thoughts in his brain. Patients cannot keep their faces, speak with a choking sound without stopping, sing, read poetry, like to say words in pairs, explain what is happening around with a bouncy spirit. Clinical types of schizophrenia that occur at the stage of development:

1. Simple type – emotional will disorders, accompanied by a gradual decrease in interest and desire, productive symptoms, sluggish manifestations are blurred. The disease is often accompanied by neurosis or psychopathic symptomatology.

2. Gebefrenic form – more often at the age of puberty, mainly signs – interruption of thinking, oppressive wisdom (rezonyorstvo), and all sorts of clown gestures (twisting the back, releasing the tongue, strange gestures, mocking). The delay is bad with a deep defect in the person.

3. Catatonic species – often develop between the ages of 20 and 30 years. Symptoms, stupor – loss of movement, a secretary stands in an uncomfortable situation, mutism – cannot answer questions (like dumb ones), negativism – manifested by resistance or pathological staining.

Catatonic signs also include catatonic arousal: onset with impulsivity, stetheotypy, aimless actions, confused utterances, exolalia (reversion of heard utterances), exoproxia (repetition of

actions performed by others), gallusinator – paranoid, oneiroid symptoms can be added in the catatonic type of schizophrenia.

The Paranoid type-temptation will consist of signs of ideas, psychic automatism (syndrome Kandinsky – Clarambo) and hallucinations. The content of seduction ideas can be of different nature, persecution seduction ideas, temptation of physical influence, nihilistic seduction (Qatar syndrome), overestimation of one's own personality, getting rich, physical omnipotence and strength, temptation of discovery, temptation of jealousy, etc. These fall into the paranoid temptation. In Paranoid vasavasa, hallucinations (false and chin hearing, olfactory types) are added [43-46].

Clinical manifestations of schizophrenia disease

I. Continuous sitting type:

1. Bad quality schizophrenia of adolescents

A rough progreditioned form (progredition is the rate at which negative and yield perturbations grow).

This is the incidence of schizophrenia – 4.5%. Men are sick with kura 3-4 times more often than women.

Adolescent poor quality schizophrenia begins with negative disorders, i.e. false pubertal crisis.

The result of weakness in the mind is characterized by rapid development, polymorphism of yield disorders, resistance to therapy and excellent weights of the last cases.

2. Paranoid schizophrenia

Uta is characterized by progressiveness. The last cases develop after 20-25 years.

It consists of pressure drops in the tune of schizophrenia:

1. Neurosis, or psychopathic stage;
 2. Uta is the stage of valuable ideas (jealousy, relational uta values);
 3. Paranoid stage (characterized by systematic temptation);
 4. Gallucinator-paranoid stage (characterized by the Kandinsky-Clarambo Syndrome Clinic);
 5. Paraphrenous stage (characterized by the temptation of grandeur in the sense of fantasy);
 6. Last case
- ##### **3. Sluggish schizophrenia**

Mild personality changes are a form of continuous laughter with psychopathic or neurosis symptomatics in the environment. In this form, the last cases never develop.

At the discretion of clinical manifestations, 3 variants are distinguished:

1. Neurosis;
2. Psychopathic;
3. Paranoyal

The disease passes throughout life with a weakened or exacerbated symptomatology, that is, it becomes wavy.

II. Recurrent transition type

This species sat with snoring and remissions.

Remission is a glossy interval with negative symptomatology between seizures.

In recurrent schizophrenia, personality changes are blurred in small amounts and always to some extent, with no final cases observed. Patients get used to the environment well.

In recurrent schizophrenia, 4 clinical forms are distinguished:

1. Circular (utadi with maniacal or depressive attacks, atypical attacks Ham is observed);
2. Depressive-paranoid form (accompanied by depression, Kotar temptation is observed);
3. Oneyroid-catatotic form (with oneyroid dullness of consciousness, catatonic arousal or stupor is observed);
4. A cyclothymic form (a form that undergoes subdepression or hypomania, i.e. attacks in which the affective uta does not appear).

Treatment of schizophrenia:

Psychopharmacological in the current treatment of schizophrenia;

The basic principle of psychopharmacological style is the principle of "target symptom", that is, the treatment of the underlying syndrome.

Galoperidol, trifazine in gallucinator syndrome.

In depressive syndrome – amitriptyline, melipramine.

Salts of lithium in maniacal syndrome.

In schizophrenia of poor quality of usmirs, majeptyl, Stelazine.

In tempting syndrome-frenolone.

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