

*“Outline and evaluate two or more therapies used in the treatment of schizophrenia”*

There are two methods in treating schizophrenia; biologically or psychologically. One way to treat schizophrenia biologically is by antipsychotic medication. This therapy involves the use of drugs; conventional and atypical drugs. Conventional drugs bind to dopamine receptors, blocking their action. Reducing stimulation of dopamine in the brain helps to remove signs of hallucinations and delusions. Conventional drugs are primarily used to combat the positive symptoms of schizophrenia. Positive symptoms are thoughts, behaviours, or sensory perceptions present in a person with schizophrenia, but not present in people in the normal population. Atypical antipsychotic drugs also act on dopamine but also block serotonin in the brain. Atypical drugs are thought to have lower levels of side effects such as tardive dyskinesia (involuntary movement in body parts). Atypical drugs not only work on positive symptoms but also negative symptoms. Negative symptoms affect the behaviour, feelings or perception of the person with schizophrenia.

Many studies have evaluated the effectiveness of both conventional and atypical drugs by comparing the relapse rates of those on medication and those on placebos. Placebos are fake medication. Davis (1980) found a significant difference in terms of relapse rates between drug medication and use of placebos, therefore supporting the use of drugs and their effectiveness. Another important factor that may affect the relapse rates between medication and placebo group is living conditions. Davis found that there was a bigger difference between medication and placebo relapse rates in those who lived in more hostile and unfriendly conditions. There was however not a big difference between the relapse rates of medication and placebo groups if the living conditions were more supportive and friendly.

Conventional drugs have a higher risk of acquiring tardive dyskinesia. About 30% of people taking conventional medication will develop this disorder, which is also irreversible in 75% of cases. The prescription of drugs also de-motivates patients making them feel as there is something wrong with them, which may reduce the interest to look for possible solutions to improve themselves. Some research showed that atypical drugs were slightly more effective than conventional drugs. They also have fewer side effects, making them more secure and removing some ethical issues that might come from the use of conventional drugs.

This type of medication raises significant ethical issues which may also result in death of the patient. There are more negative effects than positive effects with using and experimenting with antipsychotic medication.

Biological therapies are reductionist because they do not take into account simpler ways to treat a patient with schizophrenia. For example, the patient may only need a few sessions with psychiatrist to solve the disorder.

The second therapy to treat schizophrenia is psychological. Cognitive behavioural therapy (CBT) can be used to treat a patient with schizophrenia. This therapy involves the patient to trace back the initial cause of the symptoms, realising and remembering how they were developed. During CBT, the therapist lets the patient to realise and create ways to overcome the disorder. The therapist teaches the patient to cope with the disorder. Research has showed that CBT is a more efficient and effective way to treat schizophrenia, because it removes the initial cause of the disorder and doesn't postpone it like antipsychotics do. Drury

et al (1996) supports the use of CBT and also the use of antipsychotics. He concluded that if both are used together, the recovery time is reduced by 20 -50%.

Many studies support the use of CBT; Gould et al found that 7 meta analysis studies reported a decreased rate of patients with positive symptoms after CBT. CBT allows the patients to understand their disorder and gradually making themselves feel better. The therapy not only deals with positive symptoms but also with negatives. The therapist gives explanations why patients with negative symptoms feel inactive or unemotional.

However a study of 142 schizophrenic patients found that CBT was not effective because the patients did not completely get engaged with the task. The therapy works less well with older patients.

This therapy is culture biased because it assumes that every culture will be treated similarly. Some cultures may not deem the patient to be schizophrenic while some do.