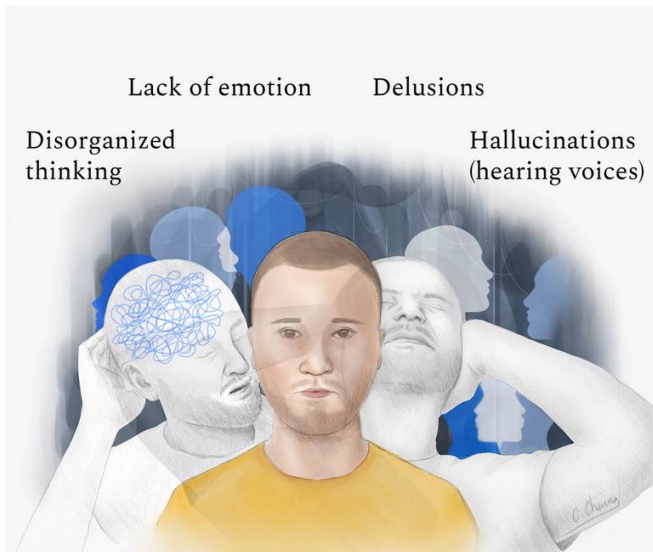


SCHIZOPHRENIA



Schizophrenia is a chronic, severe mental disorder that affects the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. The world may seem like a jumble of confusing thoughts, images, and sounds. Their behavior may be very strange and even shocking. Change in personality and behavior, which happens when people who have it lose touch with reality, is called a psychotic episode. Schizophrenia can develop due to genetic loading, heritability, change in brain neurotransmitters and its circuits, similar illness in the family, drug/ substance abuse, associated stressful mis-happenings might trigger a psychotic episode.

<u>Positive Symptoms</u>	<u>Negative Symptoms</u>	<u>Disorganized Symptoms</u>
<p>Hallucinations: When a person sees (people), feels (bugs are crawling over their skin) or hears (voices) things that are not actually there. Hearing voices is common for people with schizophrenia. The voices may comment on the person's behavior, insult them, or give commands.</p> <p>Delusions: These are false, fixed, and sometimes strange beliefs that aren't based in reality and that the person refuses to give up, even when shown the facts. For example, a person with delusions may believe that people can hear their thoughts, that they are God or the devil, or that people are putting thoughts into their head or plotting against them or others are trying to hurt them.</p>	<p>Flat Affect. Lack of emotion or a limited range of emotions</p> <p>Social Withdrawal and Isolation from family, friends, and social activities</p> <p>Physical inactivity. Less energy</p> <p>Alogia. Difficulty speaking or speaking less</p> <p>Avolition. Lack of motivation</p> <p>Anhedonia. Loss of pleasure or interest in life</p> <p>Impaired Self-care. Poor hygiene and grooming habits</p> <p>Decreased Sleep and Appetite. Unusual waking hours.</p>	<p>Disorganized Behavior: Odd, bizarre behavior such as smiling, laughing, staring or talking to oneself or being preoccupied/responding to internal stimuli. It can include purposeless, ambivalent behavior or movements (Eg- repeating movements or gestures, like pacing or walking in circle). It can include random agitation for no clear reason, childlike silliness. Dress in an unusual manner, show clearly inappropriate sexual behavior.</p> <p>Disorganized Speech: Rapidly shifting from topic to topic, with no connection between one thought and the next. repeating words or sentences, saying sentences that make no sense to other people</p>

For Caregivers of Schizophrenic patients:

- **Make sure the person gets enough to eat and drink:** Make sure they drink plenty of water to avoid dehydration. Make sure they get exposure to natural sunlight via windows during the day. Help them stay awake during the day by limiting naps. Keep a small light on at night so that when the patient wakes up, he does not feel fearful.
- **Medications and therapies:** The person may actually be unaware that anything is wrong with them or believe that they have an illness or need medical help. The caregivers need to schedule regular doctor's appointments and ensure they take their medications on time and attend their counselling sessions, because the sooner the person is treated, the better the outcome. The follow-ups and other treatments can be difficult for them, and they will even want to stop. But encourage them by being understanding and showing that you are concerned.



- **Reduce stress:** Stress can cause schizophrenia symptoms to relapse. A loud, chaotic household and other sources of stress might intensify delusions, hallucinations, and other symptoms. It's important to create a safe, calm and supportive environment for them.
- **Listen:** If the patient is agitated, listen calmly and respectfully. Try and understand what he may be experiencing, like hallucinations or delusions, which will seem very real to them. Try not to take anything that they may say personally, keeping in mind that they aren't behaving and talking as they normally would.

- **Cognitive Stimulation:**

- i. Talking about current events or things inside or outside their room.
- ii. Explaining where they are and why.
- iii. Letting them read books/ newspapers or read them good news.
- iv. Playing them music they like or is relaxing.

- **Set realistic expectations and empower them:** Be realistic about the challenges and limitations of schizophrenia and help them set and achieve manageable goals, and be patient with the pace of recovery and treatment.

- **Help Them Avoid Alcohol and other**

Drugs: Caregivers can help prevent substance abuse by clearing the house of drugs and alcohol and by talking to their loved one about how abstaining from drugs and alcohol can help them maintain their overall health and achieve their goals.



- **How to talk with them:** Avoid long debates in which you try to point or convince them that their delusions or hallucinations aren't real, because this will make them feel like they can't talk to you about what they're going through. Schizophrenia effects on relationships can be tough to handle. Do not complicate it further by pointing out their false beliefs. At the same time, don't go along with their delusions or hallucinations, just listen and sympathize with what he is experiencing. Try to find things to talk about that are neutral, instead of concentrating on their mistaken beliefs; this will most likely not upset them or get you frustrated.

- **Plan their routine:** It's important to encourage safe activity as soon as possible. Plan their day, and make sure the activities are simple and easy. When you are giving them a task, break them into small and easy steps. If changes are made, ensure they are gradual and not sudden. Changes are important to avoid boredom. In planning some activities, let them make the decision but make sure the matter is not complex for them to decide. Ensure you introduce something new in their routine now and then. Also, ensure the new activity is something they like. if necessary, involve familiar people. Do not expect them to excel at the first go. Remember to praise and appreciate them for their effort and achievement.



- **Encourage them to socialize:** Schizophrenia affects the social life as the patient is too confined within their thoughts and beliefs. Encourage them to talk to other family members and old friends. Even if it is superficial, encourage them. Take them out for walks and gathering, if possible, and encourage them to talk to other people. Educate them about the disorder, its symptoms, and its effects. Social support can play an important role in helping the individual function better.

- **Encourage Movement/ Physical activity.** It's important to encourage safe activity as soon as possible. Help them move around and get out of bed.



- **Way of Communication.** Speak distinctly and at a natural rate of speed. Make sure your tone of speech is light and soft. Resist the temptation to speak loudly. Use simple, direct wording. Present one question, instruction, or statement at a time. Try to communicate by being understanding and assertive.

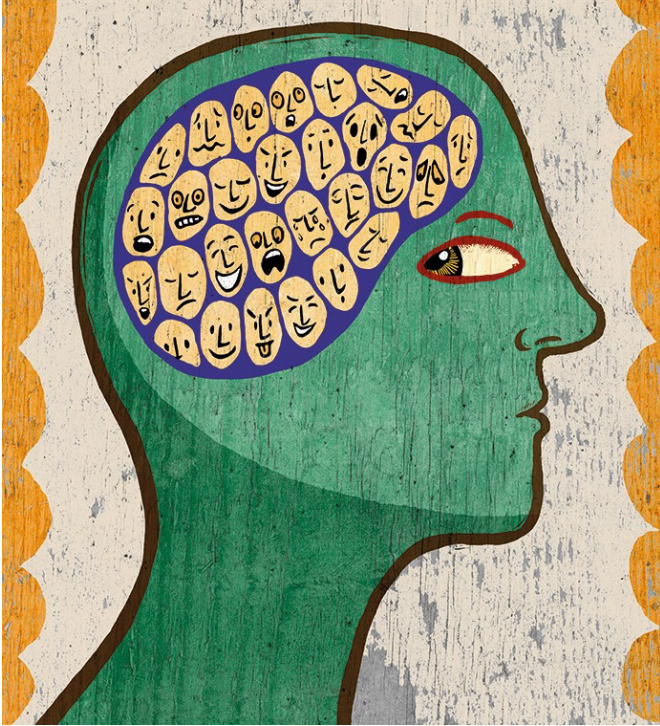


- **Under difficult situations:** There are the times when they can become aggressive and difficult to handle, due to their symptoms. During these times, do not confront them, stay in control, and stay calm. Let them do what they want, but also keep an eye on them so that they don't harm themselves or others. Consult the Psychiatrist and be ready for admission in the nearest mental health hospital

How to Handle Acute psychotic episode:

It is important to remember that for the patient, the experience is true. The hallucinations and delusions are very real. Try to understand what the patient has to say about the voices – are they pleasant or unpleasant? What do they say? If the person feels suspicious, find out why. Ask how you can help the person to feel better. When the patient believes in a hallucination or delusion, denying it will just worsen the problem. Speak to them about the hallucination as their experience, and acknowledge that it may be very disturbing for them. For instance, you could ask questions such as: “*Do you feel afraid when the voice tells you to...?*”





Ask them if they would feel safer in another place. Check if they would feel better if you accompanied them on a walk, or any other activity. If they do not want to be active, take them to a quiet room.

Ask if there are any triggers – do the voices speak when the person is alone, idle, tense, anxious or in the company of strangers, etc? In what situations do the voices reduce? Do they disappear when the person is engaged in some activity?

Ask if the voices command the person to do certain things, and check whether the person feels compelled to obey the voices. If so, the person must not be left unattended as far as possible.

Ask if the person gets suicidal thoughts or death wishes – sometimes the person may feel it is better to die as the distress of the voices can be too much to bear. Keep a watch for any such behavior (Eg- checking about household toxins) or for discussions on these with other people. Monitor the patient and call for help whenever in doubt.



Recovery from Schizophrenia:

Getting a diagnosis of schizophrenia can be devastating. One may be struggling to think clearly, manage your emotions, relate to other people, or even function normally. It can be frightening for the patient, as well as for the caregiver or family. Caregivers may feel exhausted and frustrated because of the time and other resources required to take care of a person with Schizophrenia. You can treat and manage Schizophrenia with medication, self-help strategies, and supportive therapies. Coping with schizophrenia is a lifelong process. But the early you catch Schizophrenia and begin treatment, the better the chance of getting well from this. With the right treatment, they are able to have satisfying relationships, work or pursue other meaningful activities, be part of their community, and enjoy life. They can regain normal functioning and even become symptom-free. No matter what challenges you presently face, there is always hope. The caregivers will have to provide assistance in terms of Medications and Self Care.



“Treatment works, but it doesn’t work overnight, It’s a process.”