

Schizophrenia

Name

Institution

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As individuals grow up, they are more likely to develop mental disorders that require appropriate medication. Even though, Jim was born normal, he later on developed some form of withdrawal and he looked somewhat alarmed and depressed. As a result, his parents sought to find a medication that could help him get back to his mental condition. At his first hospital visit, Jim was diagnosed to be suffering from a paranoid type of Schizophrenia. In this case, the hospital's medical personnel prescribed an antipsychotic medication known as thiorazine as the first medication for the mental disorder. However, after some time he developed side effects after using the drug because he felt tired and dizzy. In the end, he discontinued the medication that later on made him develop intense anxiety and confusion because of the hallucinations he experienced. As a result, he was on and off hospital seeking medication that majorly consisted of antipsychotic medication that he became resistant over time. Later on, a visit to a psychiatrist Dr. Sorkin saw Jim change to using a typical antipsychotic medication known as Risperidol that was still new. Without doubt, the drug was stronger because his condition improved after sometimes and he returned to his normal condition. Awad and Voruganti (1999) assert the fact that typical antipsychotic drugs had evidently reduced the symptoms of Schizophrenia in eighty five percent of such cases.

The treatment provided to Jim by Dr. Sorkin is consistent with the recommended treatment. When the doctor realizes that he cannot use the normal diathesis-stress model while treating Jim he decides to use the biobehavioral therapy that introduces protective factors against Schizophrenia from the customer. According to psychiatric rehabilitation consultants (1991), the approach used by Dr. Sorkin was developed in 1980s and contained five behavioral modules that were set to teach basic skills in areas where patients lacked basic conversation skills, medication,

grooming, symptom management and self-care. The main challenge in the use of this approach is that the doctor has to engage the patient as a collaborator while continuing with the treatment program. Dr. Sorkin had to take up the challenge of convincing Jim to take up the medication he prescribed for a longer period. Nonetheless, he had to compromise the dosage by reducing it in order to reduce the side effects the patient encountered after taking the treatment for some time. The family method the doctor used was consistent with the behavioral management approach that involves families with members who suffer from Schizophrenia cases. Liberman et al. (1994) describes the approach to include training in psychoeducation, problem-solving and communication skills. This program took twelve sessions that brought the family member and the psychiatrist together. The challenge in conducting behavioral family management program is the commitment of the patient and the family members to complete all the sessions successfully.

When Jim's parents take him for the first time to the hospital to seek medication he is hospitalized. His hospitalization was essential at this point because he needed monitored treatment for the Schizophrenia mental disorder. This is because his condition had grown worse and he had more than two symptoms of Schizophrenia. He had delusions, hallucinations, disorganized behavior, and speech. As a remedy, of monitoring his condition, the doctors in the hospital needed to be hospitalizing him over some time to ensure that they gave him the best medication. The later subsequent hospitalization was not essential because Jim had developed resistance to the conventional antipsychotic drugs they used for treatment. Liberman (1998) explain that unlike the typical type, convectional antipsychotic drugs were used in successful treatment of sixty-five percent of the patients.

Dr. Sokin used drug and family therapy, as one way of ensuring that Jim gets successful treatment from DSM- IV mental disorder known as Schizophrenia. As he recommended the use

of a typical antipsychotic drug the doctor understood that Jim needed the support of his family as a result, he incorporated his family actively in the treatment process (Cameron et al. 1999). These combined therapies were essential because they helped families understand more information about the Schizophrenia conditions. As a result, the doctor encouraged the use of problem solving skills that later on helped in reducing the number of relapse rates that were recorded. Use of both drug and family therapy is a recommended treatment of Schizophrenia.

Schizophrenia is a mental disorder that affects the way someone think, talks and behaves, as they relate with other people. Jim begins to develop the disorder gradually as he grows up until its characteristics start to expose itself. He experiences delusions, hallucinations, disorganized behavior, and speech because of the mental disorder. The main challenge Jim encounters is facing reality because he lives with a false perception that people listen to him and talk about him. The worst scenario is that the medication he receives suppresses the effects of the Schizophrenia condition appears after sometime. As a result, he has to be undertaken through medication for close to a decade as he is on and off the hospital while seeking treatment. Above all, Jim faces the challenge of getting a physician who understands his needs before he meets Dr. Sokin who eventually assists him to recover fully from the persistent Schizophrenia condition.

Jim case presented that of a poor prognosis. Research indicated that prognosis of patients with Schizophrenia often ran in the family as close family member had similar mental conditions (Schizophrenia, 1996). However, in the case of Jim he was the only one in his family who had the mental disorder. In addition, Jim had a history of substance abuse as a result; it was hard to associate his diagnosis with that of the marijuana he used consistently. On the other hand, male patients also presented a poor diagnosis of Schizophrenia condition as compared to the female patients.

References

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