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Schizophrenia
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Introduction
Schizophrenia is a mental disorder that comes with a range of severe cognitive and social deficits. The pathophysiology of schizophrenia is still largely unknown and continues to be widely studied. It is believed that a combination of genetic, environmental factors, and psychosocial factors contribute to schizophrenia (World Health Organization, 2021).

• Schizophrenia is one of the top 15 leading causes of disability.
• The estimated average potential life lost for individuals with schizophrenia in the U.S. is 28.5 years.
• Comorbidities contribute to higher premature mortality rates.
• An estimated 4.9% of people with schizophrenia die by suicide (National Institute of Mental Health, 2021).

Signs and Symptoms
Symptoms of schizophrenia include delusions, hallucinations, and thought disorder, impaired ability to function, psychosis, reduced expression of emotions, reduced motivation to accomplish goals, difficulty in social relationships, motor and cognitive impairment. Research shows that schizophrenia affects men and women equally, but has an earlier onset in males. Symptoms typically start in late adolescence or early adulthood. Cognitive impairment and unusual behaviors sometimes appear in childhood. Schizophrenia is often severely disabling when left untreated.

Negative Symptoms:
• Traditionally grouped into one symptomatology domain, but growing evidence shows that symptoms map onto at least two domains: apathy and diminished expression.
• Apathy dimension includes asociality, anhedonia, and avolition domains—pertaining to motivation, goal-directed behavior and the experience of pleasant emotions.
• Diminished expression dimension includes blunted affect and alogia, defined as reduction in outward expression and speech.

(Begue et al., 2020)

Pathophysiology
It is postulated that the pathophysiology of schizophrenia involves interactions between genetic predisposition and epigenetic mechanisms. These interactions result in altered gene expression, which results in changes in behavior (Dean et al., 2016). The impact of acute psychosocial stress is implicated in the stress-mediated pathway of schizophrenia.

The complete function of dopamine and schizophrenia is not yet understood, but they believe more research would help improve treatment. There is strong support for dopamine dysfunction in schizophrenia through clinical imaging studies that point to dopamine as central in development and expression of psychotic symptoms.

Developing a more complete neurobiological framework of dopamine and its disruption in schizophrenia could lead to a better understanding for interpreting clinical findings and developing new treatments (Sonnenschein et al., 2020).

The current method of assessment contains many unexplained variables, and with a better understanding of the underlying methods for treating schizophrenia patients could be improved if they were broken down into both clinical and neurobiological entities. Social-skills training, arts and body-oriented therapies could improve emotional expression and interpersonal functioning (Begue et al., 2020).

References

Conclusions
It is widely concluded that more research is called for and could contribute to better outcomes with schizophrenia. While much progress has been made in understanding behavioral, cognitive and neural mechanisms of schizophrenia, the translation to treatment has not been made and still remains a critical need for patients.

A differentiated view of negative symptom domains on pathophysiological models could improve the integration of biological and psychological treatments, ultimately leading to the development of individualized treatment programs (Begue et al., 2020).

Nursing Implication
Nurses are charged with providing evidence-based practices and always striving to improve the lives of their patients. Treating schizophrenia patients holistically and caring for their mental, neurological and physical health is the best way to treat the needs of the patient.