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PROSPECTIVE OBSERVATIONAL STUDY ON SCHIZOPHRENIC PATIENTS

Clinical Research

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ABSTRACT

BACKGROUND:- Little is known about the long-term outcomes for patients with schizophrenia who fail to achieve symptomatic remission. This post-hoc analysis compared the mental health disorder and functional outcomes between individuals with schizophrenia who met or did not meet crosssectional symptom remission at study enrollment.

METHOD:- prospective, observational study examining health outcomes in outpatients with schizophrenia undergoing treatment with antipsychotics. How many peoples are affected in this disease and which type of medication are prescribed through psychiatrist Mean changes in positive, negative, cognitive, depressive and overall symptoms from baseline as measured using the CGI scale, were assessed.

RESULTS:- Out of 30 patients participating in this study, but according to data analysis 10 – 20 years old peoples are more affected to this disease and manly college or school students are affected. And according to sex manly male are more affected to this disease.

CONCLUSIONS:- Many peoples are suffering from schizophrenia but in India have many peoples are affected as compared to another countries. According to this data analysis in India male are more affected as compared to female . in 10 – 20 years old 52 % peoples are more suffering from this disease. According to area college and school 33.6 %, private sectors 31 %, business and government 13 % and others area have greater Majority of peoples are affected by schizophrenia.

KEYWORDS

Schizophrenia, Neuropsychiatric, Psychological disorder, Chronic depression

INTRODUCTION

Schizophrenia is a mental disorder characterized by a breakdown in thinking and poor emotional responses. Common symptoms include delusions, such as paranoia; hearing voices or noises that are not there; disorganized thinking; a lack of emotion and a lack of motivation. Schizophrenia causes significant social and work problems. Symptoms begin typically in young adulthood and about 0.3–0.7% of people are affected during their lifetime. Diagnosis is based on observed behavior and the person's reported experiences[1]. Genetics, early environment, psychological and social processes appear to be important contributory factors. Some recreational and prescription drugs appear to cause or worsen symptoms. The many possible combinations of symptoms have triggered debate about whether the diagnosis represents a single disorder or a number of separate syndromes[2]. Despite the origin of the term from the Greek roots *skhizein* ("to split") and *phrēn* ("mind"), schizophrenia does not imply a "split personality", or "multiple personality disorder" a condition with which it is often confused in public perception. Rather, the term means a "splitting of mental functions", reflecting the presentation of the illness. The mainstay of treatment is antipsychotic medication, which primarily suppresses dopaminereceptor activity. Therapy, job training and social rehabilitation are also important in treatment. In more serious cases where there is risk to self or others involuntary hospitalization may be necessary, although hospital stays are now shorter and less frequent than they once were. The disorder is thought to mainly affect the ability to think, but it also usually contributes to chronic problems with behavior and emotion[3,4]. People with schizophrenia are likely to have additional conditions, including major depression and anxiety disorders; the lifetime occurrence of substance use disorder is almost 50%. Social problems, such as long-term unemployment, poverty, and homelessness are common. The average life expectancy of people with the disorder is 12 to 15 years less than those without. This is the result of increased physical health problems and a higher suicide rate (about 5%)[34].Schizophrenia has a prevalence of 1 percent in all cultures and is equally common in men and women[5].1 Men typically present with the disease in their late teenage years or early 20s, whereas women generally present in their late 20s or early 30s. Schizophrenia appears to be a polygenic disorder with environmental and developmental factors mediating a person's likelihood of becoming schizophrenic[6,7]. It is unknown if the range of severity and clinical manifestations reflect problems in different brain regions, in different causalities, or in different diseases that share some phenotypic features.2 The Finnish Adoptive Family Study of Schizophrenia has confirmed that genetics plays a major role in the development of schizophrenia.5-8 It also found that persons with a genetic risk of schizophrenia are especially sensitive to the emotional climate of their family environment. A childrearing environment with infrequent criticism and clear, straightforward communication appears to be protective against the symptomatic expression of this genetic risk[8].

Material and method

This prospective study conducted in BRD medical college and hospital, Gorakhpur in the department of psychiatric over a period of 6 month. Total 30 chronic schizophrenic cases considered for study. Ethical clearance was obtained from ethical committee of our institution before the study started. The mental health nurse in-charge of the Outpatient Department (OPD) of the psychiatric unit was informed about the aim and procedures of the study and asked to help in identifying participants for the in-depth interviews. Purposive sampling strategy was employed. In this case the researcher deliberately chose the cases that could best contribute to the information needs of the study. Patients and caregivers who met the inclusion criteria were explained briefly the nature of the study before asked to participate[10].

- **Inclusion criteria**
- **Patient respondents**

1. Diagnosis of schizophrenia according to DSM-IV criteria.
2. Age range between 19 and 65years
3. Previous history of ≥2 psychiatric hospitalization to a psychiatric hospital
4. Diagnosis of schizophrenia for more than 6 months

- **Care giver respondents**

1. Caregivers must be the key caregivers
2. Caregivers should be more than 18years
3. Caregivers must have lived with the patient in the same household for more than 6 months.

- **Exclusion criteria**
- **Patient respondents**

1. 1st episode schizophrenic patients
2. Schizophrenic patients with known organic mental disorders [11,12].

TABLE – 3 PATIRNT CASE HISTORY

Tabble 1 :- the above table was showed that all information about schizophrenic patients age, sex, date of admitted, symptoms, and ongoing treatment.

S.N.	Name of Patients	Sex	Age	Date	Symptoms	Medicine
1	Ram Prakash	M	60 Yrs	2 – 2 – 14	Sweating, halusation,	Arieep, Azox
2	Guddu Verma	M	18 yrs	25 – 2 – 14	Headache, bizarre behavior	Olanz, Dnadns
3	Sushila Devi	F	36 Yrs	11 –3 – 14	Headache, insomnia,	Trend, Delok,wegain
4	Nazma khaton	F	33 Yrs	5 – 4 – 14	Low self confidence, suicidal thoughts	Amiprid, Hesfort
5	Bandhana kurmi	F	49 Yrs	9 – 2 – 14	Slowing of movement, disturb sleep	Amazo, Divaa, Risdon, Malodox
6	Reena Sharma	F	20 Yrs	16 –3 – 14	Low energy, Low mood, self blame	Valprod, amigold
7	Sindhan	F	17 yrs	3 – 3 – 14	Poor concentration, low mood	Risdon, Hesfort, olenz
8	Suraj Tripathi	M	15 yrs	12 –2 – 14	Headache, feeling alone	Riskand, lorel, maxprod
9	Smt. Madarasha	F	50 yrs	26 – 2 – 14	Disturb sleep, poor concentration, bizarre behaviour	Dovalpro – XR Risdon, Lorel, Qulan, Disval.
10	Ravi Sharma	M	23yrs	6 – 4 – 14	Delusion, Disorganised behavior	Resperdal, clozaril, Geodon
11	Lalbahadur badhai	M	26yrs	6 – 4 – 14	Taught probem, movement lock	Risdon, valpord
12	Surendra Kumar Agrahari	M	17yrs	15 – 3 – 14	Lack of emotional expresson, lack of interest.	Seroquel, Abilify, Geodon
13	Sabita Chaudhari	F	15 yrs	23 – 2 – 14	Flat effect, speaking little, lack of ability	Halodol, Fanapt, Risperdal
14	Alok singh	M	23 yrs	23 – 2 - 14	Poor concentration, suicidal thoughts,	Perphenazine, Zyprexa, Saphris
15	Manish raj prajapati	M	15 yrs	8 – 3 – 14	Social congention Excutive functioning	Zyperzxa, Seroquel – XR
16	Promod kurmi	M	27 yrs	8 – 3 – 14	Little emotion, lack of motivation	Latdua, Risperidone
17	Neeraj Gupta	M	18 yrs	5 – 4 – 14	Agitation, apathy, catatonic behavior	Invega, Quetiapine
18	Sabita thakur	F	20 yrs	5 – 4 – 14	Delution, disorganized thinking, halusation	Olanzapine, Halodol, Resperdal
19	Shrijana singh	F	25 yrs	5 – 4 – 14	Apathy, felling alone, sadness	Iloperidone, olanzapine,
20	Anoop jisawal	M	15 yrs	14 – 4 – 14	Social withdraw, Delution, poor concentration	Loxapine, Adasuve inhalation
21	Dhirendra gupta	M	28 yrs	14 – 4 – 14	Agitation, bizarre behavior, lack of motivation	Invega, respedal, haloperidol
22	Bunty Mishra	M	36 yrs	22 – 4 – 14	Headache, felling alone, taught problem	Aripiprazone, Latuda, Abilify
23	Jouti Baniya	F	18 yrs	23 – 4 - 14	Driving problem, halusation, emotion unresponsiveness	Geodon, Zyprexa, Saphris
24	Prabha singh	F	45 yrs	15 – 3 – 14	Grossly disorganized, speech problem, lack of flat	Rasipradal, Latuda, Invega
25	Ram Chaudhary	M	52 yrs	25 – 3 – 14	Social withdraw, halusation, bizarre behavior	Loxitane, Fluphenazine
26	Ramesh Kurmi	M	22 yrs	25 – 3 – 14	Lack of eye contact, taught problem, weating of bed during sleep	Compro, Aripiprazole, iloperidone
27	Abhishek Yadav	M	27 yrs	10 – 2 – 14	Suicidal thoughts, always angry, felling along	Zyprexa, Loxapine, Latuda
28	Ujwal Srivastav	M	16 yrs	23 – 1 – 14	Agitation, delution, fear to night,	Quetiapine, Fanapt, Olanzapine
29	Bikash Jaisawal	M	16 yrs	23 – 1 – 14	Bed weting, apathy, emotional	Risperidal, Saphris
30	Prativha tripathi	F	23 yrs	15 – 2 – 14	Lack of drive, disorganized thinking,catatonic behavior	Barbital, eptoin, olenz, halodol.

STATISTICAL DATA ANALYSIS OF SCHIZOPHRENIC PATIENTS

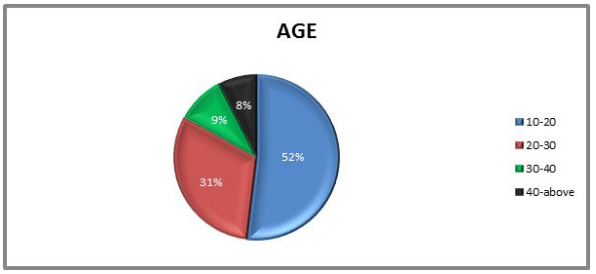


Chart no 1:- shows that the age peoples are more affected by schizophrenia

According to chart no 1 many people's are suffering from schizophrenia disease and it cause in any age of peoples. According to my data analysis 10-20 years peoples are more affected by this disease. This age are very crucial age to any peoples many type of thinking are generated and in this age peoples are easily feel emotion.

According to the genders how many males and females are suffering form schizophrenia in India are shown in this chart.

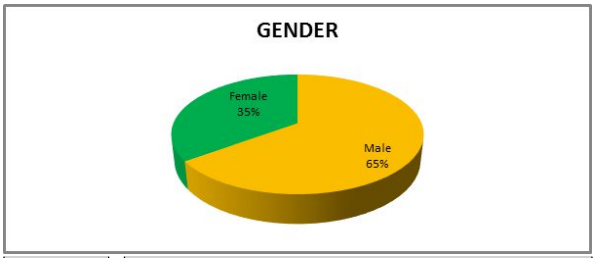


Chart No 2:- shows that which gender of peoples are more affected by schizophrenia

The demographics of India are inclusive of the second most populous country in the world, with over 1.21 billion people growth rate 1.51%, according to World Health organization in India birth rate are 20.22 birth/1,000 population in 2013. In India have 623,724,248 male and female 586,467,147 are present in 2013. According to this data analysis in India population are covered by male and in India every year opened so many organizations so increase the competition and also increase the burden to the employee so the case so schizophrenia are also increase in people and mostly caused in male as compared to female.

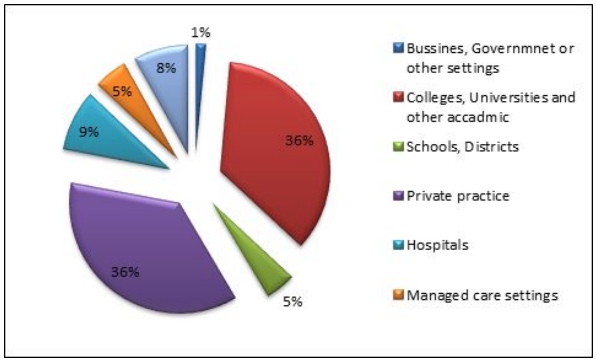
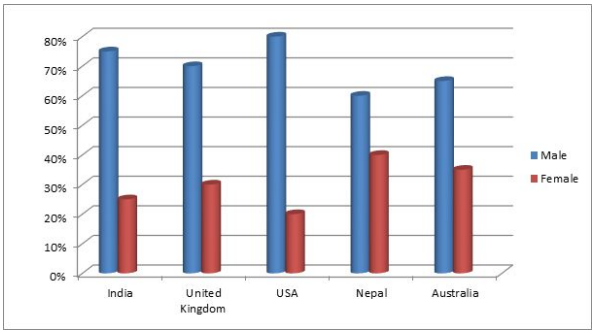


Chart No 3 :- shows that which area of peoples are more affected by schizophrenia

This chart shows many peoples are affected by schizophrenia in different areas in this chart shows that 30% college or universities students are more suffering from this disease and second one is to those

peoples who organized private sectors like shops, contractors, private clinics, schools and third is business or government sectors peoples are included to most affected peoples in schizophrenia disease. And also others area peoples are also suffering from this disease like school, hospitals, managed care etc.

According to this graph shows that how which countries peoples are suffering from neurological disorder specially in schizophrenic disease.



In all over world peoples are suffering from many disease by different system like cardiovascular disease, urological disease,CNS disease and many others some communicable and non communicable disease but the most disease caused in peoples to depend on their ecological system like in Africa peoples are less affected by Malaria, but he neurological disease are not depend on countries ecological system it depend on the thinking and analyzing the things. At recent time schizophrenia are spread everywhere and affected many peoples in different countries. In this graph sows world most peoples are affected by schizophrenia disease. In USA have 80% male and 20% female are suffering from schizophrenia it is world largest countries peoples are suffering from this disease. In India 75% male and 25% female, United Kingdom 70% male and 30% female, Australia 60% male and 40% female and Nepal 65 % male and 35% females are suffering from schizophrenia disease.

Discussion

Persons with schizophrenia also smoke more than patients with other mental disorders. In several studies, 90 percent of hospitalized patients with schizophrenia smoked. Nicotine has a possible positive effect on cognitive functioning in patients with schizophrenia, which may explain the high rate of smoking[13]. Suicide also is a common cause of death in patients with schizophrenia; it has a 10 percent lifetime risk. The risk of suicide is strongly associated with depression, previous suicide attempts, drug abuse, agitation or motor restlessness, fear of mental disintegration, poor adherence to treatment, and recent loss[14,15].

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