

# Symptoms and Treatment for Schizophrenia at Prodromal Stage

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## DESCRIPTION

A mental illness called schizophrenia is characterized by recurrent or ongoing psychotic episodes. The main symptoms are hallucinations, which usually involve hearing voices, delusions, paranoia, and disordered thinking. Apathy, reduced emotional expressiveness, and social withdrawal are further signs. Symptoms often start in early adulthood, come on gradually, and in many cases never go away.

A mental illness called schizophrenia is marked by dramatic changes in perception, cognition, mood, and behavior. Positive, negative, and cognitive symptoms are used to categorize symptoms. Positive symptoms of schizophrenia, also known as psychotic symptoms, are the same for all forms of psychosis. These can occur in any of the several psychoses and are frequently sporadic, making a diagnosis of schizophrenia early on difficult. A First-Episode Psychosis (FEP) is when a person experiences psychosis for the first time and is later diagnosed with schizophrenia.

### Positive symptoms

In people without schizophrenia or other serious mental illnesses, "positive" signs of schizophrenia are unusual. These actions consist of:

**Hallucinations:** Experiences that seem real but are actually manufactured by your mind are called hallucinations. They include having sensory perceptions that are different from those of those around you, such as seeing or hearing voices.

**Delusions:** When you hold a belief despite evidence or facts to the contrary, it is called a delusion.

**Paranoia:** When someone has paranoia, they may be abnormally suspicious of others or have a strong conviction that they are being watched or persecuted.

### Negative symptoms

Schizophrenia negative symptoms interfere with a person's regular feelings, habits, and abilities. These signs include:

- Reduction in speaking.

- Unusual emotional reactions to circumstances.
- A lack of expression or emotion.
- A decline of enthusiasm or interest in life.
- Social isolation
- Difficulties in enjoying pleasure.
- Having trouble starting or carrying out plans.
- Trouble carrying out routine daily tasks.

### Cognitive symptoms

These symptoms are sometimes referred to as "cognitive" symptoms since they show that a person is struggling with specific cognitive or mental tasks. They consist of:

- Chaotic thinking or speech, such as when someone speaks quickly or uses made-up words or phrases.
- Forgetfulness
- Disordered thinking, such as difficulty paying attention or focusing.
- Weak "executive functioning" or the capacity to comprehend information and apply it to decision-making.
- Issues in understanding and applying knowledge.

### Treatment for childhood schizophrenia

Treatment for children with schizophrenia is similar to that given to adults. It consists of:

**Medicines:** A doctor might advise one or more antipsychotic medications. Neuroleptic is another name for these medications. They deal with hallucinations (seeing or hearing things that aren't genuine) and delusions (beliefs in things that aren't true). Consult your doctor about potential side effects and medications that your child shouldn't take while taking these medications.

**Psychotherapy:** Specialists in childhood schizophrenia may be able to assist your child in managing their symptoms. Your child and other family members can learn about the illness and coping mechanisms from family therapy and support groups.

**Life skills education:** Your youngster can learn social skills and how to carry out daily duties in special sessions. Additionally, they can get advice on how to deal with difficulties at school.

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## CONCLUSION

Prevention of schizophrenia is challenging as there are no good indications for the later development of the condition. There is flimsy, yet inconclusive, proof that early intervention can stop schizophrenia in its prodromal stage. There is some evidence that early intervention in people with first-episode psychosis may improve outcomes in the near term, but these interventions have limited long-term benefit. The National Institute for Health and Care Excellence (NICE) recommends cognitive behavioral treatment for this population since it may, after a

year, lower psychosis risk in those at high risk. Avoiding drugs like cannabis, cocaine, and amphetamines that have been linked to the disorder's emergence is another protective approach.

Following a first-episode psychosis, antipsychotics are administered, and after remission, a preventive maintenance use is continued to prevent relapse. There is no mechanism to identify this group, although it is acknowledged that some people do recover after a single episode and will not require long-term usage of antipsychotics.