The Treatment of Schizophrenia

Ethical concerns:

- Side effects
- Patient consent
- Reversibility
- Expense of treatment
- Stigmatization

Biomedical:

In the late 1940's, Henri Laborit, a French surgeon, was experimenting with the use of an antihistamine, promethazine, to block surgical shock. Although the drug did not achieve the desired effect, Laborit noticed that it was able to induce a state of disinterest without putting the person to sleep. First anti-psychotic drug for schizophrenics: chlorpromazine (thorazine). Took away the need for strait-jackets. Also made psychosurgery (Moniz) and ECT.

Development of neuroleptics in response to dopamine hypothesis. About 50% successful. Reduce positive symptoms only. Extrapyramidal effects (side effects).

Segal et al found that institutionalized patients tend to receive much higher and more frequent doses of anti-psychotic drugs.

Treatment-refractory patients - 10 - 20% of schizophrenic patients do not seem to benefit from typical forms of anti-psychotic medication (Kane).

Milieu Therapy:

Hospital as a community. Increases appropriate self-care behaviour, conversation skills, and role skills (job training). Behavioural contingencies: high-probability behaviours are made contingent on low-probability behaviours in an effort to increase the frequency of the low-probability behaviour. Token Economy. (Schaefer & Martin).

Stimulus control procedure: e.g. the patient is allowed to choose one place in the house where he can daydream and talk to himself. Whenever he feels the urge to daydream or begin an auto-conversation, he has to go to the specific spot before engaging in these behaviours.

IPT: Integrated Psychological Therapy

Identifies specific cognitive deficiencies shown by the patient and attempts to remedy them. Usually four levels: 1. Cognitive Differentiation - learns to discriminate between stimulus categories. 2. Social perception: learns to respond to social cues. 3. Verbal communication: conversation skills. 4. Social skills: interpersonal interactions.

Family Intervention Strategies

The problem of EE and the high relapse rates among deinstitutionalized patients. The therapist provides family members with information about schizophrenia, on the assumption that some hostility and criticism result from the failure to understand the nature of the patient's problems. Second, the therapist focuses on enhancing the family's ability to cope with stressful experiences by working on problem-solving and communication skills.