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Perception of the factors that contribute to schizophrenia

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Abstract

Psychosis is a symptom of schizophrenia, which is often associated with significant disability and can have an impact on all aspects of functioning in personal, familial, social, academic, and occupational spheres. People with schizophrenia frequently experience stigma, discrimination, and human rights violations. In the world, more than two out of every three persons who have psychosis do not receive specialized mental health care. At least one in three people with schizophrenia will be able to fully recover, and there are many effective therapy alternatives available. Escaping the aetiology of schizophrenia has proven to be quite difficult. There are many different popular perceptions of schizophrenia. The method in which people with schizophrenia seek help, how well they respond to treatment, and how well they integrate into society are all influenced by how the general public views the origins of the disorder. Therefore, it is crucial for human welfare to evaluate how the general public views the causes of schizophrenia and the related aspects.

Keywords: Schizophrenia, causes of schizophrenia, disorders, perception

Introduction

A complex, long-lasting mental health condition called schizophrenia is characterized by a wide range of symptoms, such as hallucinations, delusions, disordered speech or behaviour, and cognitive impairment. For many patients and their families, the disease is a disabling disorder because of its early start and chronic nature ^[1]. Negative symptoms (Marked by loss or deficits) and cognitive symptoms, such as deficiencies in attention, working memory, or executive function, frequently combine to cause disability ^[2]. Additionally, positive symptoms including suspicion, delusions, and hallucinations might lead to relapse. The diagnostic criteria, aetiology, and pathophysiology of schizophrenia have not been agreed upon due to the disorder's inherent heterogeneity ^[3]. The early discovery, help-seeking behaviour, adherence to treatment, and manner in which people with schizophrenia integrate into society can all be impacted by the context of ideas and perceptions held by patients, their families, and the community regarding the origins of schizophrenia ^[4]. The best professional help-seeking behaviour is linked to a more tolerant, less stigmatising, and biopsycho-social understanding of the origins of schizophrenia. However, supernatural perception can lead to stigma, treatment delays, poor drug adherence, poor treatment outcomes, functional decline, and a worsening of the illness' prognosis ^[5-7]. About the prevalence of schizophrenia and its alleged causes in Ethiopia, little is known [8-10]. Therefore, the purpose of this study was to evaluate the alleged causes and contributing variables of schizophrenia.

Factors associated with schizophrenia

Schizophrenia has yet to be linked to any known causes. Thus, the term "schizophrenia" refers to a syndrome that has been empirically defined and is characterized by a cluster of specific symptoms that manifest in a certain temporal pattern.

How frequent is schizophrenia?

Schizophrenia often manifests in late adolescence or early adulthood. Men encounter the disease at an earlier age than women do, and they also frequently have more severe symptoms, a lower probability of full recovery, and an overall worse prognosis. 4 Systematic evaluations reveal that it is more prevalent in men than women (risk ratio 1.4:12) and is more common in those born in cities; the risk increases with the size and length of time spent in the city ^[11].

Correspondence Author; Dr. Jyotika Rathore Associate Professor, Department of Psychology, Navyug Kanya Mahavidyalaya Lucknow, Uttar Pradesh, India It is crucial to comprehend these aspects in order to effectively treat schizophrenia because there are a variety of things that can affect stigma in this illness. Schizophrenia affects roughly 3/1000 persons in India, which has a population of 1.1 billion ^[12]. Men are more likely than women to acquire schizophrenia, and on average, men start experiencing its symptoms five years younger than women do. Overall, men with schizophrenia have more negative symptoms than women do, whereas women have more affective symptoms ^[13].

Genetic Factors

The biggest risk factor for schizophrenia, which is a complex condition, is a favourable family history. The lifetime risk for afflicted individuals is less than 1% in the general population, but it is 6.5% in first-degree relatives of patients and more than 40% in monozygotic twins ^[14]. Studies on the extended family, adoption, and twins have revealed that this risk reflects the close genetic relationship between the relative and the proband. Numerous risk genes with minor effects and a high prevalence in the general population appear to exist. Patients most likely inherit a number of risk genes that, if a crucial threshold is reached, interact with the environment and each other to develop schizophrenia ^[14].

Environmental Factors

The environment is now at the forefront of research on psychotic diseases as a result of the examination of the impact of environmental risk factors in etiopathogenic investigations. The risk of developing schizophrenia has been linked to a number of environmental factors, including urbanization, migration, cannabis, childhood trauma, infectious agents, obstetrical difficulties, and psychosocial factors ^[15].

Drug Abuse Factors

Scientific evidence suggests that medicines do not directly cause schizophrenia but there is more than enough convincing data to support the claim that abusing drugs can raise the chance of acquiring schizophrenia or a comparable condition. Probably, drug use contributes to schizophrenia if individual already has illness. In this instance, it is reasonable to believe that the use more use drugs, is to be responsible for schizophrenia condition. You may also experience a drug-induced psychotic break that progresses to schizophrenia. While it may make some sense to say that the drugs were responsible, sometimes it's just the case that you were prone to develop schizophrenia in the first place. those who are vulnerable, some drugs, such as cocaine, LSD, or amphetamines, can cause symptoms of schizophrenia ^[16]. These substances can also result in psychosis or relapse in a person who is already recovering from an episode.

Pregnancy and birth difficulties related factors

Results from the quest for a link between birth problems and schizophrenia support developmental and non-genetic explanations of the illness ^[17]. Fetal hypoxia is the most frequently reported issue that could pose a concern. Preeclampsia, abnormalities, and vacuum extraction are birth conditions that may raise the chance of schizophrenia. Some form of perinatal damage is most prominent in children of mothers with schizophrenia ^[17]. These kids are

part of a more vulnerable, high-risk population. They have a little lower birth weight, which is linked to early-life developmental problems. These results support the idea that stress during pregnancy can act as a trigger in people who are already vulnerable genetically. Intrauterine hemorrhage may hinder brain development. But birth-related issues that cause brain ischemia or skull injury happen more frequently. Narrow delivery canals or labor's strong contractions might cause neonates' nerve tissue to squeeze and all these parameters showed that pregnancy and birth complications appear to be a significant risk factor for the development of schizophrenia ^[18].

Infection

The evidence suggesting an infectious cause of the illness is generally circumstantial and indirect. It cannot, though, be overlooked. Bacterial, protozoal, and viral infections are the cause of acute and subacute alterations ^[19]. Influenza virus infection during pregnancy is a known risk factor for neurodevelopmental abnormalities in the offspring, including the risk of schizophrenia. When a human is developing inside the womb, this effect peaks during the sixth month ^[20].

Measles is an infection that has been linked to congenital central nervous system abnormalities. Early prenatal measles exposure may increase the likelihood of developing schizophrenia and psychosis later in life ^[21]. According to research, inflammatory processes and infection may alter the risk for psychosis, and also hypothesizes that the genotype at human leukocyte antigen loci associated with schizophrenia alters the effect of these variables on the risk to develop schizophrenia ^[22].

Stress

Stress is the body's unique reaction to too many demands on its physical, emotional, or mental resources. Short-term stress can be managed by the body, but persistent stress can have a significant negative impact on mental health. These risk factors include infections, inadequate parenting, family dissolution or death, childhood trauma, head injuries, and infections ^[23]. 59% of men and 69% of women who are hospitalized for schizophrenia have experienced physical or emotional abuse. According to several other studies, the rates are significantly even higher ^[24].

Conclusion

Schizophrenia is a disorder of numerous mental functions while some individuals may be mostly cured and may never experience the symptoms of schizophrenia, others may need to be hospitalized for the rest of their lives in a psychiatric care institution. People with schizophrenia are typically affected while they are in their late teens or early 20s. The condition thus has a significant impact on both their life and the lives of others around them. Here, we have given the available information and potential risk factors and hazards related to Schizophrenia, it is essential to offer proper treatment to such individuals. Pregnant women should receive special consideration so they can support the healthy development of their unborn children. Although schizophrenia can occur in anyone, future study is anticipated to demonstrate that this disorder's progression may be modestly slowed down by taking good care of one's health, especially in individuals who have a history of the condition in their families. Studying potential risk factors needs to receive a lot of attention. Confirming these risks factors may help direct the efforts to prevent the disease by policymakers and healthcare workers.

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References

- 1. Bhugra D. The global prevalence of schizophrenia. PLoS Med. 2005;2(5):151.
- 2. WHO. The global burden of disease. A response to the need for comprehensive. In: Consistent and comparable global information on diseases and injuries; c2008.
- Phillips MR, Li Y, Stroup TS, Xin L. Causes of schizophrenia reported by patients' family members in China. Br J Psychiatry. 2000;177(1):20–5.
- 4. Agarkar S. A case of prolonged duration of untreated psychosis: barriers to treatment and strategies to improve the outcome. Clinical schizophrenia & Related psychoses. 2012;6(1):45-8.
- Borras L, Mohr S, Brandt PY, Gilliéron C, Eytan A, Huguelet P. Religious beliefs in schizophrenia: their relevance for adherence to treatment. Schizophr Bull. 2007;33(5):1238-46.
- Teferra S, Hanlon C, Beyero T, Jacobsson L, Shibre T. Perspectives on reasons for non-adherence to medication in persons with schizophrenia in Ethiopia: a qualitative study of patients, caregivers and health workers. BMC psychiatry. 2013;13(1):1-10
- Harrigan SM, McGorry P, Krstev H. Does treatment delay in first-episode psychosis really matter? Psychol Med. 2003;33(01):97-110.
- 8. Read J, Haslam N, Sayce L, Davies E. Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other 'approach. Acta Psychiatr Scand. 2006;114(5):303-18.
- 9. Deribew A, Tamirat YS. How are mental health problems perceivedby a community in Agaro town? Ethiop J Health Dev. 2005;19(2):153-9.20.
- Shibre T, Negash A, Kullgren G, Kebede D, Alem A, Fekadu A, *et al.* Perception of stigma among family members of individuals with schizophrenia and major affective disorders in rural Ethiopia. Soc Psychiatry Psychiatr Epidemiol. 2001;36(6):299 –303.
- 11. Gururaj G, Girish N, Isaac MK. NCMH Background papers- Burden of disease in India. New Delhi: Ministry of Health & Family Welfare. Mental, neurological and substance abuse disorders: Strategies towards a systems approach, 2005, 226.
- 12. Lee S, Chiu MYL, Tsang A, Chui H, Kleinman A. Stigmatizing experience and structural discrimination associated with the treatment of schizophrenia in Hong Kong. Social Science and Medicine. 2006;62(7):1685–1696.
- 13. Walsh D. The Roscommon family study. 1. Methods, diagnosis of probands, and risk of schizophrenia in relatives. Arch Gen Psychiatry 1993;50(7):527-40.
- 14. Cardno AG, Marshall EJ, Coid B, Macdonald AM, Ribchester TR, Davies NJ, et al. Heritability estimates for psychotic disorders. Arch Gen Psychiatry

1999;56(2):162-8

- 15. Vilain J, Galliot AM, Durand-Roger J, Leboyer M, Llorca PM, Schürhoff F. Les facteurs de risque environnementaux de la schizophrénie. Encephale. 2013;39(1):19-28.
- 16. European Monitoring Centre for Drugs, and Drug Addiction Annual Report. The State of the Drugs Problem in Europe. Luxembourg: Publications Office of the European Union 2009, 99.
- 17. Boydell J. Risk factors for schizophrenia. Expert Rev Neurother. 2001;1:183–191.
- Cannon M, Jones PB, Murray RM. Obstetric complications and schizophrenia and meta-analytic review. Am J Psychiatry. 2002;159(7):1080-1092.
- Flegr J, Príplatova L, Hampl R, Bicikovíá M, Ripova D, Mohr P. Difference of neuro- and immunomodulatory steroids and selected hormone and lipid concentrations between Toxoplasma-free and Toxoplasma-infected but not CMV-free and CMV-infected schizophrenia patients. Neuro Endocrinol Lett. 2004;35(1):20-27.
- 20. Yolken R. Viruses and schizophrenia: a focus on herpes simplex virus. Herpes. 11 Suppl. 2009;2:83A–88A.
- 21. Takei N, Murray RM, Sham P, O'Callaghan E. Schizophrenia risk for women from in utero exposure to influenza. Am J Psychiatry. 1995;152:150-151.
- 22. Avramopoulos D, Pearce BD, McGrath J, Wolyniec P, Wang R, Eckart N, *et al.* Infection and inflammation in schizophrenia and bipolar disorder: a genome wide study for interactions with genetic variation. PLoS One. 2015;10(3):166-96
- 23. Morgan C, Fisher H. Environment and schizophrenia: environmental factors in schizophrenia: childhood trauma; A critical review. Schizophr Bull.2007;33(1):3-10.
- 24. Clarke MC, Harley M, Cannon M. The role of obstetric events in schizophrenia. Schizophr Bull. 2006;32:3-8.