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## Psycheducational Manual for Families of People with Schizophrenia

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# PSYCHOEDUCATIONAL MANUAL FOR FAMILIES OF PEOPLE WITH SCHIZOPHRENIA

Shiva Fatemifiroozabadi, M.D

# Schizophrenia

- schizophrenia is a relatively rare mental dysfunction which causes significant discomforts for the patient and his/her family
- This mental illness usually starts at the young ages and lingers virtually forever, it affects almost every aspect of patient's and his/her family's life
- Schizophrenia declines the individual's ability to normally interact with others in multiple settings be it family, workplace, and society.
- Families of patients with schizophrenia usually experience declining in the quality of their life and have higher degree of depression and anxiety and social isolation

# Why psychoeducation is important

- Families usually want to be part of their patient's treatment and eager to support them through recovery
- The importance of family psychoeducation in patients with psychotic symptoms has been studied from different perspectives.
- FPE is one of the best evidence based recommendation in treatment plans

# Research:

- Researches has shown that Psychoeducation helps with lowering the relapse, hospitalization rate and medication compliance, as well as reduce the length of hospital stay.

# What is mental illness?

- The word “ Illness “ is related to any problem that cause the body organs to not work properly. This fact is true about all body parts like blood, heart, brain, etc.
- For example, in Diabetes, a part of the pancreas does not work appropriately to release enough insulin, which leads to high blood sugar in the body.
- What happens when the brain does not work properly?
- Therefore, when we talk about mental illnesses we consider that problems related to the brain.
- Best way to understand the brain disorders is to know more details about how the brain works to understand the changes seen in mental illnesses.

# How does the brain work?

- Human behavior, thoughts, language and consciousness as well as the ability to think, all originate in the cerebral cortex.
- The brain is made up of about 100 billion specialized nerves (neurons), closely packed together in the small place make the brain to wrinkle.



# Brain lobes:

- ***The frontal lobes:*** are responsible for our emotional control and personality
- ***parietal lobes :*** are responsible for processing complex sensations like touch, shape and directions.
- ***temporal lobes:*** process our hearing, and are vital for memory and learning.
- ***occipital lobes*** are responsible for processing visual sensations.





# Neurons:

- Neurons are specialized nerve cells are in charge of transmitting both chemical and electrical forms of information.
- The axon and dendrites are specialized parts of the neuron, which help with transferring information throughout the body cells via particular spaces between them.



# Neurotransmitters:

- Biochemical substances called neurotransmitters carry information from one neuron to another
- There is a space between two neurons, which is called synapse. Information can pass through the neurons using neurotransmitters through these synapses



# Different types of neurotransmitters:

- *Acetylcholine*: Associated with voluntary movement, learning, memory and sleep.
- High acetylcholine is associated with depression, low amount of it is associated with memory problems.
- *Dopamine*: Associated with thoughts and feelings. Parkinson's disease is associated with deficits in dopamine. High dopamine has been associated with schizophrenia.
- *Norepinephrine*: Associated with alertness. Low norepinephrine has been associated with depression, while excess has been associated with schizophrenia.
- *Serotonin*: plays a role in mood, sleep, appetite, and impulsive and aggressive behavior
- Low serotonin is associated with depression and some anxiety disorders, especially obsessive-compulsive disorder.

# Epidemiology of Schizophrenia

- Lifetime prevalence: 0.5 – 1.0%
- Average age of onset:
- Males: teens to mid-20' s
- Females: early to late 20' s
- Range: Early childhood to 50' s/60' s
- Male slightly > female
- Leads to suicide in ~10% of cases, especially in first decade of illness

# Etiology of schizophrenia :

- The first-degree families of persons with schizophrenia are at the increase rate of developing the disease more than other family members.
- The risk of schizophrenia in their child will increase to 40% if both parents have schizophrenia.
- offspring of the mothers who had nutrition deficiencies or some types of viral infections during their pregnancy might be at a higher risk of developing schizophrenia later in life.
- heavy marijuana smoking in adolescence is associated with acceleration of the onset of psychosis in those who have already at risk for developing schizophrenia.

# Complications:

- *Substance abuse:*
- Alcohol and drug abuse is a common problem between people with schizophrenia. For some people, these drugs help them cope with the symptoms of the disease or the adverse effects of medications
- Patients with schizophrenia may have symptoms of depression and anxiety.
- *Violence:*
- Schizophrenia is not directly related to violence. However, some of the patients may become violent, because of hallucinations or delusions.

# Pathophysiology of schizophrenia

- **Anatomical defects:**
- Imaging studies has shown that the ventricles of the brain in these patients are larger, and the volume of the brain is less in medial temporal lobes.
- **Neurotransmitter changes in schizophrenia:**
- Schizophrenia is associated with defects in the dopaminergic pathway in the brain. The main antipsychotic drugs like chlorpromazine and reserpine, work by blocking the dopamine in this pathway.
- **Immune dysfunction** : Schizophrenia may be associated with immune dysfunction  
Inflammation may be responsible for the psychopathology of schizophrenia. Metabolic disorders also have been seen in patients with schizophrenia

# Diagnosis of Schizophrenia:

- Schizophrenia is not associated with any characteristic laboratory test.
- Diagnostic criteria for schizophrenia are clinical and according to DSM criteria.





# Positive Symptoms:

- Distortions or excesses of normal functioning
  - delusions,
  - hallucinations,
  - disorganized speech,
  - thought disturbances,
  - motor disturbances
- Positive symptoms are generally more responsive to treatment than negative symptoms

# Negative Symptoms:

- Anhedonia:
  - inability to feel pleasure; lack of interest or enjoyment in activities or relationships
- Avolition
  - inability or lack of energy to engage in routine (e.g., personal hygiene) and/or goal-directed (e.g., work, school) activities

## Psychosocial treatment in schizophrenia:

- Psychotherapy is an important part of the treatment in healing schizophrenia.
- Cognitive-behavioral therapy
- Social skills trainings and social cognition trainings.
- Psychotherapy treatments are according to the recovery model.

## Recovery Model

- According to this model, the goals of treatment for a person with schizophrenia are as follows:
- To have few or stable symptoms
- To avoid hospitalization
- To manage his or her own funds and medications
- To be either working or in school at least half-time

# Rehabilitation

- Vocational rehabilitation
- Family intervention
- Smoking cessation
- Diet and Activity
- Prevention



# Advocacy :

- The National Alliance on Mental Illness (NAMI) is a helpful advocacy group that is supportive for family members.