

SYMPTOMS OF SCHIZOPHRENIA IN WOMEN AND MEN

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Annotation. This article discusses the symptoms of schizophrenia in women and men. The manifestations of schizophrenia are so diverse that some researchers consider it not one disease, but a group of different disorders. The mildest form of this pathology is recurrent schizophrenia, it is also called periodic. Schizophrenia is considered one of the most severe forms of mental disorders. This disease is accompanied by disorders of personality and thinking.

Key words: clinical psychiatry, paroxysmal schizophrenia, hallucination-delusional psychoses, brain damage, recurrent schizophrenia, schizoaffective psychosis, disease, periodic psychosis.

Schizophrenia in women. According to a 1998 study (Y.V.Seiko et al.), in a large sample, there are approximately the same (6–8) number of men and women who suffer from schizophrenia per thousand people. Similarly, with the hereditary transmission of the disease - it is not transmitted only through the female or only through the male line.

At what age does schizophrenia appear in women?

The disease does not spare a person, regardless of gender. However, the disorder begins in men and women a little differently: in women, schizophrenia often debuts at a conscious age - 25–30 years, which is an average of 5 years later than the onset in men.

While men are already showing symptoms in their thirties, women may develop schizophrenia more slowly and insidiously. Women of other ages (teenagers, the elderly) are also susceptible to schizophrenia, but less.

Why does schizophrenia occur in women.

In the brain, the exchange of neurotransmitters (signal molecules that help brain cells interact) - dopamine, serotonin - is disrupted. Schizophrenia is definitely related to genetic factors, but this does not mean that the disease is always inherited from parent to child. Genetic mutations can occur spontaneously (accidentally) during early fetal development, causing a predisposition that may not occur.

The causes of schizophrenia in women are a violation of the brain at the neurobiological (molecular) level.

Schizophrenia can start for no apparent reason (only due to internal mechanisms), or it can be provoked or coincide in time with stress, psychological trauma, or a difficult conflict in life. Often provoke or aggravate the disease by taking alcohol and drugs, even a single one.

Signs of sluggish schizophrenia in women. Unusual behavior is one of the clearest symptoms of the disorder:

in severe cases, delirium develops (obsession with pursuers, poisoners, sometimes a person discovers “superpowers” or an incurable disease, lack of internal organs) and hallucinations (perception of non-existent “voices”, smells, “visions”);

a frequent symptom is a tendency to philosophize, strange causal relationships, unusual, twisted logic; in random events, a woman can see "symbols", "signs", "messages"; a characteristic symptom of schizophrenia is a loss of self-control: a woman says that she no longer controls her thoughts, speech, emotions, body movements; her thoughts and body are "under the influence" of another person (relative, ill-wisher, alien, otherworldly force);

irritability, asociality and coldness (direct aggression in an acute form);

the opposite symptomatology is also encountered - a woman becomes closed, emotionless and loses interest in everything; work, hobbies no longer please, a woman does not care where to go, how to dress, what to eat - a person can not leave the house for days and literally not get up from the couch.

Types and forms of schizophrenia in women - episodic, paroxysmal, continuous. Schizophrenia can be mixed with symptoms of a mood disorder—depression or mania (schizoaffective disorder)—or it can be subtle and latent (schizotypal disorder). The type of schizophrenia and the severity of the disease will accurately determine the diagnosis by an experienced specialist.

Schizophrenia and menopause. The level of hormones in the female body can manifest a mental disorder - because of this, the disease often begins at puberty (hormonal changes in adolescents), during pregnancy and after childbirth and can begin in perimenopause (before and after menopause).

A woman who is experiencing hormonal involution (production of hormones decreases, menstrual function disappears) experiences anxiety, irritability, and vegetative symptoms that dramatically impair well-being.

Behind similar symptoms, neuroses (neurasthenia, generalized anxiety disorder) and affective disorders (depression) and schizophrenia of a different course can be hidden. An accurate diagnosis is a consultation with a psychiatrist and modern instrumental and laboratory diagnostics.

Diagnosis and treatment of schizophrenia in women.

Methods for diagnosing schizophrenia in women include:

consultation of a psychiatrist (clinical and anamnestic study);

consultation of professor, doctor of sciences.

pathopsychological examination (conclusion of a clinical psychologist);

Neurotest (immune blood indicators that confirm schizophrenia and show the severity of the disease);

Neurophysiological test system (a specialist in human physiological reactions determines the likelihood of schizophrenia).

How to treat schizophrenia in women? Comprehensive treatment for schizophrenia includes:

1. Drug correction of acute symptoms (anxiety, depression, obsessions, thinking disorders, sleep problems).

2. BOS-therapy is a modern method of therapy, relaxation (relaxation). With the help of a computer program, a specialist teaches a person to control the frequency of breathing, heartbeat, muscle tone - to relax. The patient can then use these skills in stressful situations to quickly deal with emotions.

3. Individual psychotherapy, in which the client learns to resist negative circumstances, due to which the disease may aggravate again.

In order for therapy to bring a lasting result, treatment must be continued for a long time - until the doctor says that all manifestations of the disease have disappeared (including hidden, subtle symptoms). If you abruptly quit medicines, take them irregularly, a

withdrawal syndrome may occur - the body does not have time to adapt to constantly changing conditions and the disease will return with renewed vigor.

With strict adherence to the recommendations of the doctor, the prognosis is favorable. Recurrent schizophrenia is not a fatal mental disorder. Usually this disease proceeds favorably, easily amenable to psychotropic drugs. If the disease develops in adulthood as a result of exposure to stress or other traumatic situations on the patient, then the prognosis will be more favorable. In addition, the presence of professional and life achievements in the patient before the onset of the disorder is a prerequisite for a more successful rehabilitation. If you feel that you cannot cope with emotions in relation to a sick relative on your own, then be sure to contact a psychotherapist. In the course of family therapy, you will be able to better understand each other, as well as tune in to work together, the purpose of which will be the recovery of your loved one.

When schizophrenia in recurrent form is in its initial stage, neither those around nor the patient himself are yet aware of the presence of a mental disorder. Oddities in human behavior can be explained by relatives for various reasons, often the patient becomes the object of ridicule or outright aggression from others. But it depends on relatives how quickly the disease is detected, their support helps patients get out of the attack faster and return to normal life. Family members should respond to the patient in this way:

if a person is talking to himself and at the same time it seems that he is answering someone's questions, then this may indicate the development of auditory hallucinations. The patient may suddenly become silent, so that others get the impression that he is listening to something, laugh for no reason, or show a feeling of concern. This behavior allows us to conclude that the patient sees or hears something that other people do not perceive. At this point, you should very delicately ask what exactly he hears. Discuss his feelings, ask how exactly you can help him cope with the excitement. The patient must feel protected. All talk about the fact that this is a symptom of the disease should be careful, but still you need to try to convince the relative to see a doctor. At the same time, you should not discuss in detail his hallucinations or convince the patient of their unreality, do not mock him and do not be afraid of his fears and experiences;

in various types of schizophrenia, delusional ideas arise. It is not difficult to understand that a person close to you has started delirium. His attitude towards you and other family members changes dramatically, becomes openly hostile. He begins to fear for his life, carefully checks food and drinks, constantly makes unfounded statements to the police and other authorities, his statements are unjustified or frankly doubtful. The actions of family members in this case should also be aimed at reassuring the patient. Do not try to prove the fallacy of his beliefs, this can only aggravate the situation. A person with recurrent schizophrenia must understand that he can turn to you for help, you will listen to him and protect him as much as possible;

a patient with schizophrenia develops mood and movement disorders. A person may be depressed (depressed) or be in an extreme degree of arousal (mania). He freezes for a long time in static poses and the attempts of those around him to forcibly change the position of his body cause ardent resistance. If the degree of psychomotor agitation of the patient is high, then there may be a need for emergency hospitalization. This decision is made by a psychiatrist after assessing the patient's condition and the degree of danger to others. If the patient remains at home, then it is necessary to remove all objects that can be used as a tool. Do not enter into a skirmish with the patient, try to provide him with medical assistance, defuse the situation and eliminate the prerequisites for the development of panic.

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