Modern Concepts About Schizophrenia

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ABSTRACT

This report is devoted to the problem of the etiopathogenesis of schizophrenia and the possibilities of using cognitive - behavioral psychotherapy (CBT) when working with patients with schizophrenia spectrum. The paper provides a brief overview of modern ideas about the role of biological and psychological factors in the development and recurrence of schizophrenia, emphasizes the relationship between stress and the development or exacerbation of psychosis, as well as the significance of the influence of personal characteristics, expectations, attitudes and beliefs of patients on the dynamics of the disease and the effectiveness of treatment. . The relevance of the use of psychotherapy in addition to biological methods of treatment of schizophrenia and the possibility of using cognitive - behavioral psychotherapy to work with a wide range of psychological problems in patients are substantiated. There is evidence that CPT can significantly reduce the level of stress in the lives of patients with schizophrenia, reduce the risk of relapse and the severity of painful symptoms.

Keywords: Schizophrenia, biopsychosocial model, vulnerability, cognitive - behavioral psychotherapy.

Introduction. WHO studies show that only manifest forms of schizophrenia affect about 1 percent of the population. Schizophrenia ranks first among psychoses in terms of prevalence, progression , and severity of social consequences [8]. Therefore, the development and implementation of effective therapeutic and rehabilitation approaches for patients with schizophrenia are especially relevant .

At the present stage of development of psychiatric science, the biopsychosocial concept of mental disorders in general and schizophrenia in particular is generally recognized. The basic position of the model "vulnerability - diathesis - stress - disease" is the presence of a dynamic relationship of the parameters that determine it in the occurrence and development of a mental disorder, subject to the mandatory participation of three global factors (in different ratios): biological, psychological and social [2].

Main part. At present, a number of genes that contribute to the development of schizophrenia have been identified [20]. However, in addition to genetic factors, the development of schizophrenia spectrum disorders is also influenced by environmental factors, among which childhood experience plays an important role. Thus, a number of studies have shown that a child's early traumatic experience (various types of violence and rejection) increases the risk of developing psychosis and other mental disorders, including affective ones, in the future years or even decades later [12]. In addition, studies have shown that people with psychosis are 15.5 times more likely to experience sexual abuse than people without mental disorders, and early childhood trauma increases the risk of productive psychotic symptoms [13]. This conclusion also fits well with some models that suggest that

adverse events in childhood can lead to psychological and biological changes that increase vulnerability to psychotic disorders [18].

At the moment, a number of brain systems and structures have been identified that are directly related to the response to stress and the formation of schizophrenia spectrum disorders. Thus, poor treatment of a child leads to hyperreactivity of the stress response system (hypothalamic - pituitary-adrenal system), a decrease in the volume of the hippocampus , a decrease in the production of oxytocin and an increase in the production of dopamine, which increases a person's vulnerability to everyday stress and, as a result, the likelihood of psychosis [12]. Stress plays the role of a trigger that starts, but does not determine the painful process.

Evidence suggests that high levels of stress are a precursor to psychosis rather than a consequence of it, and may contribute to relapse [14]. At the same time, stress reactions are mediated by the evaluation of the event: an event becomes stressful due to the meaning that a person gives it [19; 23]. Therefore, in addition to neurobiological changes, the personal characteristics of patients also play a significant role, increasing their vulnerability to certain types of stressful influences. Studies have shown that patients with schizophrenia often have specific attitudes and beliefs that determine their perception of themselves, other people and the world around them and affect the level of distress . For example, under the influence of negative childhood experiences, people with psychotic experiences often form beliefs of the following types: "I am bad", "I am not loved", "I am vulnerable", "I am different", "Others should not be trusted", "The world is dangerous" [21]. Under the influence of these beliefs, patients experience a decrease in self-esteem, which in turn contributes to their even greater alienation from society, which in itself is a chronic stress effect [22].

Coping strategies used by the patient (strategies of coping with stress), as well as attitudes towards their own disease, also make an important contribution to the maintenance of the disease. According to a number of researchers, patients with schizophrenia are less likely than patients with neurosis and healthy people to use adaptive strategies to overcome difficult and stressful situations [6], which can negatively affect the level of social adaptation and prognosis of the disease, and increase the risk of relapses [3]. An important role is played by the internal picture of the disease - "everything that the patient experiences, experiences, the whole mass of his sensations, general well-being, self-observation, his idea of \u200b\u200bhis illness, its causes" [4], which determines the strategy of the patient's behavior and ultimately affects on the effectiveness of treatment [7]. Also, in patients with schizophrenia, adherence to treatment is often reduced, self-stigmatization is expressed , an idea of their own inefficiency and failure of activity [1; fourteen]. At the same time, according to some data, the patient's lack of faith in the success of treatment (a defeatist social position) can largely determine a negative functional outcome [17]. It is important to note that many patients continue to experience distress caused by residual psychopathological symptoms despite drug therapy [14].

Coping strategies they use , which often increase their vulnerability to psychotic disorders and affect the likelihood of relapse, the use of psychotherapy in addition to pharmacological intervention is extremely important. Of all the variety of psychotherapeutic approaches to patients with schizophrenia spectrum disorders, the most effective is the use of cognitive -behavioral, body-oriented techniques, as well as family psychotherapy [26]. It is also relevant to include psychoeducation in the practice of working with patients with schizophrenia , which can be used as the initial stage of work in a cognitive - behavioral manner.

Cognitive -behavioral psychotherapy (CBT) is a theoretically based conversational psychotherapy aimed at cognitive and behavioral changes that are based on the individual formulation of problems, history and views of the patient [24]. At the same time, it is important to emphasize that the theoretical

understanding of the model of endogenous disorders by cognitive -behavioral psychotherapists is consistent with the concept of "vulnerability - diathesis - stress - disease" [14].

In the Russian Federation, CBT in patients with endogenous mental disorders is not currently widely used, despite the fact that the effectiveness of using this method in a psychiatric clinic is well substantiated. An analysis of 13 randomized controlled trials of patients with schizophrenia involving more than 1300 people showed that CPT leads to a reduction in psychotic symptoms and associated distress in 20-40% of cases and helps 50-60% of patients [15]. In the domestic literature, there are only a few works devoted to the cognitive - behavioral approach in the rehabilitation of patients with schizophrenia [5; 9-11], although there is a high practical need for the use of these programs by medical institutions due to their scientific validity, reproducibility and structuredness.

CBT in schizophrenia was first described in a case study by Aaron Beck in 1952. Subsequently, cognitive - behavioral psychotherapy has been seriously developed and improved. A. Beck used the construction of a narrative or the formation of a clear, consistent personal story about a person's experience as an explanatory construction for creating hypotheses about the development, maintenance of various human problems and the relationships between them. Obviously, the formation and development of such a narrative in a patient has a psychotherapeutic effect in itself, making a significant contribution to the rehabilitation process.

Beck elaborated on how thoughts and beliefs can be "tested" for truth by asking questions. He demonstrated the usefulness of the "Socratic dialogue" and other techniques that contribute to testing beliefs with reality, testing them for reasonableness, rationality. For example, a patient who is convinced that his neighbors are following him may be asked to justify his belief and try to consider other versions of what is happening. In general, studies of KPP in working with schizophrenia show that an increase in the ability to reevaluate one's experience, correct erroneous or inadequate beliefs and false interpretations of the situation (the so-called cognitive insight) in the process of psychotherapy is associated with a clinically significant decrease in the severity of both positive and and negative symptoms [16]. Thus, with a quality therapeutic relationship that gives the patient the feeling that the therapist is on their side, as well as carefully designed interventions that meet the needs and abilities of the patient, the use of classical cognitive - behavioral techniques can lead to a reduction in the severity of schizophrenia symptoms and contribute to the prevention of relapse.

When drawing up a treatment plan within the framework of the CPT, the patient's request, the goal of treatment formulated by him, serves as a guideline. It is difficult for patients with schizophrenia to maintain motivation, and to maintain it, it is good to develop tasks that can be implemented in a fairly short time. In this regard, the psychotherapist, together with the patient, draws up a treatment plan that includes short-term goals for each stage of psychotherapy. The development of a treatment plan allows you to outline the structure and scope of psychotherapeutic care for this particular patient, to carry out the management of a clinical case in a team form of work and to track the effectiveness of psychotherapeutic care.

Currently, CBT in schizophrenia allows modifying the patient's dysfunctional beliefs, thereby increasing resistance to stress, helping to reduce the severity of symptoms and solve problems, harmoniously complementing biological methods of treatment [14; 25]. In addition, it allows a person to better understand their disease and deal with it more effectively. Among the targets that CPT works with are: adherence to treatment, delusions, hallucinations, anxiety, suicidal feelings and feelings of hopelessness, decreased concentration, sleep disturbances, interpersonal relationship problems and anhedonia , social skills deficits, motivational problems and relapse prevention. [25].

Conclusion . Thus, despite the significant contribution of neurobiological factors to the development and recurrence of schizophrenia, an important component of the treatment and rehabilitation of people suffering from this disorder is work with the psychological component, for which cognitive - behavioral psychotherapy provides ample opportunities. The CPT is based on modern ideas about the etiopathogenesis of schizophrenia and has a sufficient arsenal of techniques within the framework of a personalized approach, which is promising in the development and improvement of psychotherapeutic care for this complex group of patients.

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