

**Reviews**

## **Rehabilitation of schizophrenia: at the end or in the beginning?**

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The Majority of the long stay psychiatric patients who are in need of rehabilitation suffer from schizophrenia. Most of them enter the old age with this illness, and besides the consequences of schizophrenia, they are facing the deprivation and misery due to the old age.

In contrast to the previous decades in which there was no effective treatment for schizophrenia, today with the immediate diagnosis of schizophrenia and its treatment with effective medications, we can prevent chronicity and resistance to the treatment. By these means, we can improve the prognosis and the quality of life of patients and their care givers.

Sine last decade, the unfair discrimination of schizophrenic patients to chronic and non-chronic has lost its validity. It is widely recommended that instead of constructing the special and isolated hospitals for the mentally ill, psychiatric wards in the general hospitals be established.

By all these efforts, the schizophrenics can have a better treatment and rehabilitation, and can be saved from the social and psychological consequences of staying in the isolated mental hospitals.

**Key Words:** Schizophrenia, Rehabilitation, Isolation.

### **Introduction:**

The majority of the psychiatric patients in need of rehabilitation are among the people suffering from schizophrenia. In Razi Psychiatric center the people with schizophrenia constitute nearly the 75% of the patients in the acute wards (1). This rate increases in the long-stay rehabilitation wards (formerly named chronic wards) to 90%, and a majority of these patients are above 60 year old and considered old (2). With respect to the fact that the life length of people with schizophrenia is shorter than the general population, this high percentage of the old people with schizophrenia is an important issue and must be taken under consideration.

According to the literature, the incidence of schizophrenia after 45 is rare (3). So nearly all these patients and other people with schizophrenia who are old and live in the society, have caught this illness in

adolescence and young adulthood, and in fact they have entered the old age with this disorder. Old age means a period that one has to face many problems and deprivations despite the lowest level of bio-psycho-social resources. It is expected that an old fellow suffering from schizophrenia has many more problems and shortcomings than the others. Without any doubt, the old people with schizophrenia need special attentions, which itself requires abundant economical and human resources. We must ask ourselves if there does not exist any more fundamental and practical way to decrease the patients' immense pains and expenditures. Do we have to wait schizophrenia to be settled in a person, and then isolate him / her from the other people of the community due to the diminished function in his/hers personal, social and educational domains? Should we erect more and more psychiatric beds and hospitals with enormous

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expenses under the title of psychiatric rehabilitation, or we can find better solutions? Let's see what recent researches have to offer us.

### **Modern Psychiatry and Schizophrenia:**

In the new Classifications of mental disorders, including world Health Organization classification of disease, named International Classification of Diseases and Related Health Problems, 10<sup>th</sup> revision (ICD-10) in 1993<sup>(4)</sup>, and in the American Psychiatric Association Classification, named Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) in 1994<sup>(5)</sup> and its revision in 2000, titled DSM-IV-TR (text revision) (6), the "chronic Schizophrenia" term is omitted. The reasons to omit the "chronic type" from the Classification of schizophrenia are as follow:

- 1- Avoidance of unjustified classification of chronic and non-chronic
- 2- Avoidance of undue discrimination and seclusion based on therapeutic despair.
- 3- Discarding of non-scientific and negative value systems, which deprive needy patients of available therapies.

According to numerous researches, the possibility of cure in psychotic Patients is proportionally increased by the speed of the treatments offered to them. Immediate treatment provides more suitable outcome (7 and 8), and reduces the consequences such as social isolation, suicide, substance abuse, addiction (9), and criminal behaviors (10). Immediate control of the acute episode of schizophrenia with fast treatment (and if needed with hospitalization) can prevent the death of the neurons. Delayed diagnosis and treatment of schizophrenia can lead to neuronal death and ineffectiveness of treatment with medicines (11).

Some of the improvements in prognosis of schizophrenia in recent decades are due to on-time and instant treatments for the acute phase, especially for the first episode of the illness. This is the reason why 25% of people with schizophrenia will be completely cured after treatment of the first episode of schizophrenia without any following recurrence, whereas one century ago- that there was no treatment for schizophrenia- only 4% of patients had complete cure without recurrence (12).

With regard to the experiential and documented reasons and humanistic motivations, in last few decades, the developed industrial countries have

started activities in direction of prompt diagnosis and treatment of psychoses, especially schizophrenia (12), instead of increasing the residential beds for psychotic patients that itself lead to an unpleasant consequence such as institutionalization (the patient's dependence on mental hospital and his/her losing of all natural skills and motivations for life),

The new trend in psychiatry emphasizes on the integration of this branch of medicine with the other specialties of medicine, and on the integration of psychiatric patients with the other patients. This new trend recommends establishing outpatient clinics and inpatient psychiatric wards in general hospitals, and regards the seclusion of psychotic patients in one specialty psychiatric hospitals as an old fashioned method that leads to further regression of patients with schizophrenia (12).

The medicine in last decade, and psychiatry in its subjection, is concentrated on molecules and instead of focusing on the superfluous hypotheses about environmental, psychological and sociological subjects, attempts to diagnose and cure the disease by focusing on genes and molecules (13 and 14).

Since 1950, by using antipsychotic drugs(15) and applying effective psychoactive medications with respect to biochemical background of mental disorders and neuronal receptors (16) tens of millions of schizophrenic patients have been released from locked wards of mental hospitals.

Paying attention to the acute phase of schizophrenia and providing a short-term hospitalization up to one month are among the most important requests of caregivers and the families of the patients (17). In contrast, according to the researches performed in Iran, the lowest demand is the residential care for the patients (18).

Perhaps now, we can directly answer the question constituted the title of this article as: Rehabilitation of schizophrenia in the beginning is preferential to rehabilitation at the end. This can be achieved only by quick diagnosis and immediate treatment of schizophrenia, and both of them require avoidance of separation of people with schizophrenia from the other patients by taking the former ones in places like specialty mental hospitals (19).

It is necessary for psychotic patients to enjoy the services and hospitalization in general hospitals (20). This possibility has many advantages that will be addressed in the following:

1- The Iranian Ministry of Health and Education must pay enough attention and comply with this classification.

- 1- Using the present potentials of all the hospitals around the country.
- 2- Integration of psychiatry to others medical specialties (which is among the objectives of modern medicine).
- 3- Destigmatization of hospitalization in mental hospitals (or in laymen terms, madhouses). Fear from the stigma of admission in mental hospital prevents many patients and their families from necessary hospitalization and leads to depreciation from proper treatment.
- 4- Avoidance of psychiatric patients and their physicians and paramedical staff from isolation in terrible citadels named mental hospitals. This isolation contradicts the main goal of psychiatry that is the integration of psychiatric patients into the society. Besides, it isolates the medical staff of these institutions from the new and progressive courses of medicine.
- 5- Availability of new possibilities in medicine that are present in general hospitals, including more perfect laboratories, C.T.Scan, MRI, cerebral blood flow measurement, ... .

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6-Offering the liasion psychiatry services to other speciality wards of the general hospital.

It must be pointed out that new generations of antipsychotic medications (atypical antipsychotics) can improve and control the condition of one third of patients, known as treatment-resistant schizophrenia who were deprived from appropriate treatment for years, and provide the possibility of their release from the hospital (21).

#### CONCLUSION:

Considering the above facts and what have been said, it is better to concentrate on quick diagnosis and immediate treatment of schizophrenia in the first episode. Furthermore, the nonscientific division of psychotic patients in Iran to chronic and non-chronic must be abolished. This division can be regarded ranking the psychiatric patient, respectively, to 3rd rank and 2<sup>nd</sup> rank (it seems that some medical agents in Iran rank the non-psychiatric patients as the first). Hopefully, we can provide the situation that all the patients can have equal treatment possibilities(22). ■

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