New Perspectives of Schizophreniform Disorder

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Abstract. This study aimed to provide a comprehensive understanding of the schizophreniform disorder. This study clarifies the differences and connections between schizophreniform disorder, schizophrenia disorder, and schizoaffective disorder. The difference between them may be the difference in the period of existence, but also maybe the difference in the severity of symptoms. Different views on schizophreniform have been found in different literature, so this article summarizes the concept of schizophreniform, etiology, effects, complications, treatment, and suggestions for future development. Among the causes, genetics, social environment, upbringing, and substance and substance abuse may all contribute to schizophreniform. This article also discusses how to effectively treat schizophreniform and some common treatment methods. Effective drug therapy and psychological counseling can prevent complications. In most studies, the possibility of different severity or frequency of symptoms between men and women has not been distinguished, and future studies may make a careful distinction between male and female symptoms. Schizophreniform disorders can be treated with antidepressants and antipsychotic medications within six months and require understanding and psychological counseling from the family to prevent their progression to schizophrenia.

Keywords: Schizophreniform disorder · Schizophrenia · Schizoaffective disorders · Etiology · Treatment

1 Introduction

Schizophrenic patients also have different controversies and influences in society, because some weird behaviors may bring rejection or shame and stigma to patients at work and family [1]. In terms of family, patients' families pay special attention to caring for or avoiding patients who may hallucinate and aggression [2]. Moreover, in some families, it is only when the patient shows signs of aggression that they consider the patient to be mentally ill and in need of medical attention [3]. In terms of work and school, peer isolation or unemployment are likely in most cases [1].

Schizophreniform disorders are like schizophrenia, but they differ in duration [4]. Schizophreniform disorders usually occur for less than six months and are diagnosed as schizophrenia once more [5]. Although it lasts less than six months, it is still a highly disabling behavior and suicidal tendency [6]. Schizophrenic disorder is also different from schizoaffective disorder, in that schizophrenic disorder may show delusions, hallucinations, thinking disorders and confusion of language or lack of motivation, and loss

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of interest in social interaction [4]. Schizoaffective disorder adds mood disorders, such as depression, to the list of hallucinations that occur in a patient [7].

For adolescents, social environmental factors such as education level, peer relationships, and academic performance also have a certain influence on the disease [8]. Some of the factors contributing to adult morbidity may be socioeconomic status and work status [1]. Currently, schizophrenic disorders are associated with a range of comorbidities, among which depression is relatively common in schizophrenic patients [9]. Panic disorder and substance use disorder are also included [1]. Among patients, there are still many behavioral thoughts about suicidal tendencies and mania [7].

Gender and age differences also affect morbidity. Although the impact on males and females is roughly the same, the prevalence of males is earlier than that of females [10]. The age range with the highest incidence is different for men and women. Men with schizophrenic and affective psychosis were more likely to have impaired BBB integrity, which maintains normal nerve cell function, than women with these two conditions [10].

Schizophreniform disorders, schizophrenic disorders, and schizoaffective disorders have their differences and similarities. There has been no particularly detailed analysis of schizophreniform disorder and how it differs from the other two disorders in previous studies. In conclusion, the focus of this article is to provide a comprehensive review of the etiology, effects, treatment, and recommendations of schizophreniform disorders, thereby increasing knowledge about psychosis.

2 Literature Review

2.1 Definition and Diagnosis

It is a psychotic disorder that also affects your ability to act, think, interact with others, express emotions, and perceive reality [4]. The symptoms are almost identical to those of schizophrenia, except that they don't last a person's entire life, only for one to six months. Schizophreniform is generally divided into two different symptoms, one is positive, and the other is negative. Positive symptoms include hallucinations, delusions, thought disorders and speech disorders, behavioral disorders, or catatonia. Negative symptoms include the inability to feel emotions, emotional flatness, inability to experience pleasure or anhedonia, loss of interest in social relationships, lack of motivation, and reduced speech impairment. The prevalence of these symptoms has seriously affected the living function of individuals and the ability of society to survive alone. There are no episodes of manic, depressive, or mixed bipolar symptoms during these symptoms, and there are no mood disorders during these only, so there can be no schizoaffective disorder or bipolar disorder with psychotic features. Also note that these symptoms are not affected by a substance, such as drug abuse or medication. Neither are medical and neurological diseases. If the schizophrenic episode had no favorable prognosis and if the schizophrenic episode had a favorable prognosis, there were at least two consistent patterns. Symptoms such as psychosis may occur within 4 weeks of the first significant change in behavior or functioning, preceded by good social or occupational functioning, and accompanied by confusion, confusion, and a lack of bland or unresponsive emotion. Otherwise, the disease "does not have a good prognostic feature." Patients may later be diagnosed with

mood disorders but not on the schizophrenia spectrum, which "has favorable prognostic features" [11].

2.2 Cause

2.2.1 Individual Factors

For clinical medicine, many psychological diseases need to consider genetic factors, even cannot deny that it is not genetic factors. In daily life, the tendency of mental illness to develop into schizophreniform disorder may be passed from parents to their offspring, although the incidence is not particularly high, the risk is higher than in the general population [12]. It may also be related to lower socioeconomic status factors, such as nutritional deficiencies during pregnancy if a woman is not in a good economic position to receive adequate care [13]. It may also lead to an increased risk of schizophreniform. Another factor is biochemical. When a person has schizophrenic, things that are present in the brain can become out of balance. These substances are called neurotransmitters, and their original role is to help nerve cells in the brain transmit and send messages [14]. If a neurotransmitter imbalance at this point leads to miscommunication, symptoms may surface.

2.2.2 Families Factors

Environmental factors also play an important role in schizophreniform disorders. There are many kinds of environmental factors, such as the home environment and work environment. First, family factors in addition to genetic inheritance, the possibility of developing schizophreniform disorders are the interference of upbringing. In the process of growing up, family economic factors and domestic violence will play a key role [1]. The impact of domestic violence may put children under long-term psychological stress and panic [15]. When the psychological situation is in a stressful situation, it is possible to use alcohol or illegal drugs to escape, such as marijuana [1]. Cannabis is a hallucinogenic drug, and its use can produce hallucinations of consciousness, cognition, vision, and perception [16]. This is likely to accelerate the development of schizophreniform disorders. There is a similar reason between family economic factors and work factors. Unemployment is related to economic factors, and the economic pressure on the family caused by unemployment may also evolve into schizophreniform disorder [1]. Of these factors, it cannot be said that they directly cause schizophrenia-like disorders, but there is certainly some correlation. Family growth environment factors come from the parents themselves, children's psychology is not mature, relatively speaking is also the most vulnerable time. Parents with a correct educational concept and a good growing environment can greatly reduce the probability of mental illness for their children. It is common to face pressure from all aspects of life and work. Try to face life with an optimistic attitude.

2.3 Impacts

2.3.1 Personal Health and Psychological Pressure

Schizophreniform disorders affect both men and women equally, and the onset period is also quite different for men and women. The most common onset period is between 18 and 24 years in males and between 24 and 35 years in females. For now, the incidence is generally much lower in developed countries. The life pressure and employment pressure of developed countries are much smaller than that of developing countries, and relatively speaking, the general pressure will be much smaller. And schizophreniform disorders are more common in some developing countries [17]. In addition, stress caused by all kinds of socioeconomic environments is also a risk factor for the schizophreniform disorder, such as living in an environment with poor socioeconomic status, parents with low occupational status, or parents with insufficient education levels [13]. If a family has a low socioeconomic status, over time, some negative emotions may accumulate and form mental stress. For example, parents of lower socioeconomic status may not be able to provide their children with better educational resources. Children from lower socioeconomic status families may have less access to technological products or sports items and may experience isolation from their peers. Similarly, communities of lower socioeconomic status are likely to have less social cohesion and fewer social services, which can lead to higher crime rates and higher levels of stress. Another source of stress that may contribute to schizophreniform could be events in a person's life, such as the death of a loved one, which may also be associated with schizophreniform risk. If parents carry a genetic risk gene and pass it on to their children, then it can lead to an increased risk of disease outbreaks as the children are also in a lower socioeconomic class.

2.3.2 Body Dysfunctions

The cause of schizophrenia spectrum disorder has not been established, but there is a lot of evidence that it involves dopamine and delusions and hallucinations, that is, dopamine neurotransmission disorder [18]. Schizophreniform disorders are associated with the structural and functional functioning of many brain systems. Patients with this type of disorder may have cerebral cortex dysfunction, which may involve areas of the prefrontal and medial temporal lobes that include working memory and declarative memory. There is also evidence that story recall deficits are associated with both schizophrenia and schizophreniform disorders [19]. With the increasing use of second-generation or atypical antipsychotic drugs, serotonin is inevitably involved [18]. The use of antipsychotics effectively blocks dopamine overactivity in brain regions. Neurological findings are not particularly common in schizophreniform disorders, but there is a general increase in the incidence of neurological signs involving physical coordination and involuntary movement in schizophreniform disorders. Neuropsychological tests have found that the deficits of schizophreniform disorders are very similar to those of schizophrenia disorders, with the average person with schizophrenia developing problems with attention, executive function, and movement by age 13. Schizophreniform and schizophrenia are very similar in every aspect, and the most important difference is the period of onset. Students with these symptoms or social workers, etc., may affect

their life and the development of interpersonal relationships, resulting in mental health effects.

2.3.3 Depression and Suicide

Depression and suicidality are common comorbidities of schizophreniform disorders [6, 9]. Suicidal thoughts are not uncommon for people with mental illness. Studies have shown that the higher the degree of mental illness, the higher the likelihood of suicide and the higher the degree of depression [6]. In the study data, as awareness of the positive and negative symptoms of schizophreniform disorders increases, anxiety and depression gradually increase, and suicide rates also increase. Unlike other diseases, suicide attempts cannot be measured. No matter it is suicide, depression, or schizophreniform disorders, they all have a heavy impact on society and family. Depression and schizophreniform disorders can be treated with appropriate treatment and drug suppression [20], but suicide is an irreversible phenomenon. The pain brings to a family member or friend is beyond words. Although suicide attempts are unpredictable, they can be prevented in the right way. For family and friends, more close relationships, and family members' interaction. Awareness of mental illness, rather than the ability to treat it, leads to a modest reduction in psychological stress [6].

2.3.4 Disabilities in Work and Schoolwork

Schizophreniform disorders can be very disruptive, affecting daily life and interpersonal interactions. Its symptoms can disrupt a person's mood at work, a lack of motivation, and enthusiasm for work [21]. Mental disorders, catatonia, or speech problems may occur during speech reporting. There may also be academic problems with interpersonal and other common symptoms. Whether at work or school, it has the potential to disrupt a person's ability to think, act, show emotion to others, perceive, and communicate. These are all symptoms of employment, school, and daily life.

2.4 Therapies

2.4.1 Medical Treatment

When a person shows significant changes in behavior and dysfunction, it is important to determine whether psychotic symptoms occur for most of the following month. Whether social and work skills are affected when these changes occur. If diagnosed with a schizophreniform disorder, there are currently several medications that can effectively treat it, such as antipsychotic drugs, antidepressants, and antibipolar drugs. Risperdal, Seroquel, Zyprexa, and Geodon, the most used atypical psychotics, may be more effective and better tolerated at lower doses for the first psychotic symptoms of schizophrenia [22]. There are several solutions to the symptoms of second-generation psychotropic drug resistance, including newer antipsychotics or antidepressants, or anticonvulsants with lithium, SSRI, or SNRI. If a patient has a schizophreniform disorder with depressive symptoms, it is generally recommended to use an SSRI or SNRI antidepressant in combination with another antipsychotic. Other antipsychotics include Abilify, Invega, Saphris, Zomaril, and Latuda.

2.4.2 Psychotherapy

Psychotherapy helps patients understand the illness and the daily symptoms associated with the illness. It can alleviate and ameliorate the panic and distress caused by the illness. Psychological therapy can effectively prevent adverse psychological conditions, to effectively cooperate with drugs for treatment. At the same time through psychological counseling communicate with the patient's relatives to understand and help. As symptoms improve, the dose should be gradually reduced, and the possibility of recurrence checked.

3 Limitations and Future Implications

Although a lot of research has been done on the spectrum of schizophrenia disorders, only a few studies have been done on schizophreniform disorders. Perhaps he has too much in common with schizophrenia, but for people with schizophreniform disorders, it also needs to be understood in advance. Long-term research investigation does not apply to schizophreniform disorder, its onset period only exists in 1–6 months, and after six months belongs to the category of schizophrenia. In addition, gender differences are not mentioned in many studies, because the age and onset period of men and women are very different, so not all-male results apply to women, and not all female results apply to men. In most studies, the possibility of different severity or frequency of symptoms between men and women has not been distinguished, and future studies may make a careful distinction between male and female symptoms. Due to the development of The Times, at the onset of the interval, a part of the youth belongs to college students. In society, college students' study and employment pressure are generally more serious, so will the pressure produce schizophreniform disorders and depression? A survey focusing on college students is an interesting idea. There are certain limitations in this article. This article only refers to the current research on schizophreniform disorder without carrying out a population psychological survey on the spot. If the survey had been conducted in the form of a questionnaire, the results might have been different. Schizophreniform disorders are only a short cycle in comparison to schizophrenia, after which they become schizophrenia. Schizophrenia is a permanent condition, and if the patient's schizophreniform symptoms can be prevented before they turn into schizophrenia, effective treatment plans or programs can be developed. Early intervention is necessary, as the longer symptoms are delayed, the greater the likelihood of complications and the impact on relationships and social functioning.

4 Conclusion

Schizophrenia-like disorders can have a significant negative impact on the lives of patients, and these symptoms can be effectively prevented by medication and psychotherapy, while also preventing them from turning into schizophrenia as much as possible. In summary, genetics, social environment, upbringing, and substance and substance abuse may all contribute to schizophreniform disorder. For patients, the impact of mental illness is undoubtedly heavy. Schizophreniform disorders are accompanied by depression

and suicidal tendencies. To avoid irreversible consequences, patients should get effective treatment in advance, such as drug treatment, psychological counseling, and so on. In addition to medication, support and understanding from the family are equally important. Schizophrenics exhibit expectations in the face of social change. In the support of social relations, the care and dependence of family are irreplaceable. There may be many people in society who subconsciously reject mentally ill people, but effective support can reduce the burden of illness on patients.

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