

Modern Approaches to the Treatment of Schizophrenia

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ABSTRACT

Schizophrenia is an endogenous disease that can develop without properly selected therapy. Usually, the first debut of the disease occurs in adolescence, it manifests itself in a violation of thinking, consciousness and behavior. For schizophrenia, 3 types of therapy are used: stop, stabilize and support. After the diagnosis, the specialist chooses treatment. Usually, treatment consists of taking antipsychotics, anxiolytics, and antipsychotics. Also, doctors sometimes resort to prescribing drugs of the normotimics class. Especially after taking them, a good effect is achieved in the treatment of a sluggish form of schizophrenia. In combination with pharmacological agents, cognitive behavioral therapy is also prescribed.

Introduction. Schizophrenia is a mental disorder (and according to the modern classification of ICD-10 – a group of disorders) that leads to the breakdown of emotional reactions and thought processes. It cannot be completely cured. However, as a result of long-term treatment, it is possible to restore a person's social activity and working capacity, prevent psychosis and achieve permanent remission [1-5]. Treatment of schizophrenia traditionally consists of three stages: stop therapy – therapy to relieve psychosis. The purpose of this stage of treatment is to suppress the positive symptoms of schizophrenia – delirium, geophrenia, catatonia, hallucinations. Stabilization therapy-used to maintain the results of stop therapy, its function is to completely remove all types of positive symptoms [6-10]. Supportive therapy-aimed at maintaining a stable state of the patient's psyche, preventing relapse, maintaining maximum distance from the time of further psychosis. Stop therapy should be done as early as possible; it is necessary to consult a specialist as soon as the first signs of psychosis appear, since it is much more difficult to stop an already developed psychosis [11-16]. In addition, psychosis can lead to personality changes that deprive a person of their ability to work and the ability to perform normal daily activities. In order for the changes to be less pronounced and for the patient to be able to lead a normal lifestyle, it is necessary to stop the attack in time. Currently, such methods of treating schizophrenia diseases have been developed, tested and are used everywhere – Psychopharmacology, various types of shock-comatose therapy, high-tech treatment of stem cells, traditional psychotherapy, treatment of cytokines and detoxification of the body [17-23].

Inpatient treatment is necessary directly during psychosis, after stopping the attack, stabilizing and supportive therapy can be carried out on an outpatient basis. A patient who has undergone treatment and has been in a state of remission for a long time still needs to undergo an annual examination and seek inpatient treatment to correct possible pathological changes [24-30]. In fact, the full treatment time for schizophrenia after the next psychosis is one year or more. It

takes 4 to 10 weeks to stop the attack and suppress effective symptoms, after which it takes six months of therapy and 5 to 8 months of treatment to prevent relapse, achieve a sufficiently stable remission and social rehabilitation of the patient to stabilize the results [31-39]. Early onset schizophrenia negatively affects patient development, cognitive function, social capacity, and life expectancy. The treatment of patients with endogenous diseases remains one of the most pressing problems of modern psychiatry [40-47]. The main task of Psychopharmacology is to create the most effective drugs with a therapeutic effect compared to a wide range of psychopathological syndromes with minimal side effects. The introduction of classical antipsychotics into clinical practice at the same time radically changed the concept of therapeutic possibilities for the treatment of acute psychoses [47-57].

However, Classic antipsychotics have a number of serious side effects: extrapyramidal disorders, behavioral toxicity, vegetative instability, endocrine shifts, hematococcal and hepatotoxic actions. In addition, classic antipsychotics do not affect the negative symptoms of schizophrenia. In turn, atypical antipsychotics practically do not cause extrapyramidal side effects, while they are effective and effective against negative symptoms. According to some studies, due to good tolerance, negative symptoms and positive effects on neurocognitive defects, after achieving remission, the patient can be returned to the socio-professional environment familiar with the least Loss (high quality of life, reduced number of exacerbations and re-hospitalization) [58-63].

The purpose of this work is to study the effectiveness of the action of the new atypical antipsychotic–Paliperidone in relation to a wide range of psychopathological diseases in different types of schizophrenia course.

Materials and research methods. The criterion for assessing effectiveness was a significant increase in the percentage of quality of life indicators of patients. The criteria for introducing patients in the study were: age of patients from 20 to 40 years, compliance of clinical diagnoses with diagnostic departments f-20.0, F-21, F-25, ICD-10, admission as the main supportive therapy – all drugs in the antipsychotic series – Paliperidone. The goal of Paliperidone was associated with the emergence of neuroleptic disorders with classical antipsychotics (haloperidol, trifluazine), accompanied by low effectiveness of psychopharmacotherapy or exacerbation of mental disorders. The study did not include patients with signs of gross insufficiency. Paliperidone-has a pronounced antipsychotic effect. From the first days of treatment, the antipsychotic effect of the drug is manifested; acute effective psychotic symptoms are quickly suppressed, even superior to conventional antipsychotics in treating patients with schizophrenia if there is violence and aggression in the clinical picture. Undesirable side effects in Paliperidone treatment occurred less frequently than haloperidol, did not require the appointment of correctors, and did not prevent neuroleptic therapy. Good tolerance (including the condition of a mandatory dose increase), the absence of a long-term braking effect on the mental and motor activity of the patient are indisputable advantages of Paliperidone and determine the patient's positive attitude to treatment, consent to the continuation of therapy after stopping acute psychosis. The drug also shows good results in patients with low efficacy and/or poor tolerance of prior antipsychotic therapy. In the study of the effectiveness of the drug in relation to negative symptomatology, positive and negative syndrome scales (PANSS; L. Kayetal, 1986) and the negative symptoms assessment scale of schizophrenia (SANS; N. Adheasen 1982) was used. The initial oral dose of Paliperidone was 3 mg per day. Subsequently, depending on the dynamics of the disease and the tolerance of the drug, it was possible to increase the dose. After choosing individual doses, the average dose was 6 to 9 mg per day. The duration of support therapy was from 6 to 18 months, with an average of 12 months. The criteria for the clinical effectiveness of Paliperidone therapy were the absence of relapses or exacerbations of effective symptoms during the observation period. The safety criterion for the use of the drug was the absence of pronounced extrapyramidal symptoms that cannot be stopped by cyclodol at a dose of up to 2 mg

per day, as well as the absence of other serious side effects that require discontinuation of the drug.

Research results. The research team found that 22 (100%) were male with schizophrenia, with an average age of 20 ± 18 years, and the average duration of the disease at the time of examination was 7.5 years. In 12 (54.5%) patients, the diagnosis is continuous with paranoid schizophrenia and is consistent with a paroxysmal progredient 7th(31.8%) course. In most patients, this condition is depressive - paranoid when forming 14-(63.6%) drug remission, while in 8- (36.3%) patients it is marked by reduced paranoid symptomatology. The clinical efficacy of therapy has been reported in 18- (81.8%) patients. In 2 (9%) of patients, the drug was canceled due to a deterioration in mental state in the form of exacerbation of previous symptoms. Analysis of PANSS clinical indicator Dynamics data found the effectiveness of using Paliperidone as the primary drug for supportive therapy for patients with schizophrenia. At the stage of formation of remission, changes in the indicators of the quality of life of patients occurred after general clinical improvement. The overall rating decline on the PANSS scale was 33.5%, and the severity of positive and negative symptoms decreased by 33 and 32% respectively, and effective and negative disorders decreased harmoniously and evenly. Against the background of supportive therapy, the effect continued to increase (a $>18\%$ decrease in PANSS score). Sans is a significant decrease in the initial total score of -21% . Positive dynamics for negative symptoms in Paliperidone treatment is often evident from 2 and 3 weeks of its use. It is noted that the improvement applies primarily to oral and voluntary drugs. Patients noted "the return of initiative and motivation, the desire for activity." Improvement at the oral level was manifested by facilitating contact with the patient. They had a great ability to express themselves: the duration and content of the answers in the conversation, the fluency of speech increased. From the 3rd week, the dynamics influenced the increase in mental activity, the emergence of Natural Vitality, interest in real events, participation in the fate of people close to the sick. patients became more emotional. After about 5-8 weeks, an improvement in cognitive function can be noted, which is manifested in the correct interpretations of Proverbs, Proverbs, metaphors. It is also affected in the treatment of patients with a long-term course of the schizophrenic process (10 ± 4). In such cases, the effect became clear for up to 2 months at 5-6 weeks. The improvement affected the alleviation of patient availability, they revealed their past experiences and current experiences, disease awareness emerged, initiative, increased mental activity, which was reflected, for example, in medical staff assistance and occupational therapy by Department. Thus, the anti-negative effects of the drug include: the emergence of interest in the environment, the loss of non-existence, the return of lost norms of social behavior.

Thus, the most sensitive symptoms were those that reflect activity disorders, activity motives, mental performance, impaired communication with others, emotional deviations to experiences. Changes in the physical sphere (indicators of vital activity reached a level of 65%), and in the psychological sphere (an increase in indicators of positive emotions is 75%;) a positive change in self-esteem is 38%.

The improvement in cognitive function (40%) has become significant, their impairment remains in remission in a large part of patients, since the improvement of attention, the ability to assimilate new information is one of the most important conditions of social activity. With the changes listed above, indicators describing the ability to work in parallel increased (50%). No specific side effects of therapy have been recorded during the treatment process. In 20 (80%) patients, correctors were not prescribed due to the good tolerance of the drug.

Conclusion. The socialization effect of Paliperidone therapy should be noted. Clinically, this was demonstrated in reducing the hostility and aggression of more connected, cooperative, improved relationships with loved ones, improved compatibility patients, which created a good

assumption for conducting psychosocial activities.

Patients became more concentrated, they had a sense of confusion, a lack of understanding of what was happening, and regulated thinking. In general, the reduction of acute symptoms was carried out very quickly. In addition, the socialization effect of Paliperidone appears even with hallucinatory-delusional symptoms, which very quickly affect the components of the drug that disrupt the behavior of the syndrome (acute ideator disorders, confusion, anxiety, impressive charging of experiences, aggressive behavior, hostile attitude to others, impulsiveness). All this had a positive effect on the work of patients.

In the process of therapy, indicators of physical performance, intellectual productivity, breadth of the circle of communication revealed statistically significant changes from the initial level. Good tolerance (including cases of mandatory dose increases), the absence of a long-term inhibitory effect on the mental and motor activity of the patient are indisputable advantages of Paliperidone, determining the patient's positive attitude to treatment, consent to the continuation of therapy after stopping acute psychosis. The drug also shows good results in patients with low efficacy and/or poor tolerance of prior antipsychotic therapy. Paliperidone helps to reduce affective symptoms that include not only depression (with anxiety and confusion), but also mania, working as part of both isolated and mostly complex psychopathological syndromes.

It was noted to reduce the effect of the drug on affective symptoms (depression, guilt, anxiety and tension). In addition, the drug has a pronounced effect on negative symptoms, while having a favorable profile of adverse events, which allows the use of Paliperidone for supportive therapy in patients with schizophrenia.

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