

THERAPIES for SZ

PSYCHOLOGICAL THERAPIES

- CBT**
 - OUTCOME: RELIEVE FEWER HALUCINATIONS DELUSIONS RECOVER FUNCTIONING
 - TECHNIQUES: DISTORTED BELIEFS INFLUENCING BEHAVIOUR
 - SUPPORT: TRACE SYMPTOMS ORIGIN EVALUATE VOICES. VALIDITY ALLOW PATIENT TO THINK OF STRATEGIES
- DRURY (1998)**: REDUCTION of BENEFITS POS SYMPTS.
- GOULD et al**: POS SYMPTS DECREASE

PSYCHODYNAMIC

- FREUD**: BUILD TRUST WITH PATIENT
- GOTTDIENER (2000)**: 37 STUDIES BETWEEN 1954 & 1999

SUPPORTS

- MAUMSER & FERTON (2004)**: 66% AFTER PSYCHOTHERAPY IMPROVED. 2642 PATIENTS MET IN THE 31-YRS.
- DEPNAT CONVISSIONS IMPACTIVE**: 35% WHO DIDN'T RECEIVE.
- VULNERABLE GROUPS**: 12%.
- ETHICAL ISSUES**: HADN HIGHLIGHTED PUTREBO NO INFORMED CONSENT

ANTIPSYCHOTIC MEDICATION

- DANGEROUS INVAHIVE?**
- CONVENTIONAL**: COMBAT NEG SYMPTS. e.g. Chlorpromazine
- ATYPICAL**: COMBAT POS SYMPTS. e.g. Clozapine
- EFFECTIVENESS**
 - CONVENTIONAL: REDUCE DOPAMINE EFFECTS
 - ATYPICAL: DAPAMINE ANTAGONISERS BIND TO D2 BUT DON'T BLOCK SEROTONIN
 - KAPUR & REMINGTON (2001)**: LOWER LEVELS OF SIDE EFFECTS
- HISTORY BEGINS**
 - SARITA (98)**: MAIN STUDY
 - PUTREBO'S**: DIFFERENCE IN RESPONSE RATE
 - ONYS (180)**
 - KRETHANAVA (1950)**: FIRST USE = 95 PATIENTS GIVEN
 - JESTE (199)**: 30% TO (LATE) 9 MONTHS
 - 'TARDIVE DYSKINESIA'**: (MOUTH & TONGUE MOVES)
- RISKS**: DEATH, HEPATIC LOSS, BRAIN DRAINAGE
- FOUND NO DIFFERENCE ECT STIM.**