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SCHIZOPHRENIA: AN UPDATE

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Schizophrenia is a serious mental disorder which presents with both diagnostic and management challenges. In process of developing DSM5, the inclusion of a Psychosis Risk Syndrome is currently being discussed. This is also the focus of early intervention programs which should facilitate to diagnose the disorder as early as possible and to prevent long durations of untreated psychosis (DUP). As only about 20-40 % of young people with At Risk Mental States (ARMS) develop a full blown psychotic disorder, the challenge is to identify people with ARMS who will eventually receive a diagnosis of schizophrenia. Various interventions have been evaluated in ARMS probands, yet it is still too early to make management recommendations.

Once the diagnosis of schizophrenia has been established, treatment must commence as early as possible, in order to prevent long DUP's. First episode patients show a very good chance of remission, 40-60 % have been reported.

It is generally recommended to switch patients to clozapine after two or three different antipsychotics have been unsuccessfully tried. In the case of clozapine non-response, the evidence for further interventions becomes extremely weak.

Once improvement and/or remission has been achieved, maintenance treatment is the next big challenge. As most relapses are related to compliance problems, assuring a positive therapeutic relationship with an influence on compliance behavior becomes a key issue.

Managing schizophrenia patients requires expert skills, ideally provided by multiprofessional teams both in inpatient and outpatient settings. Sufficient attention must also be given to the somatic health of schizophrenia patients.