



Topic: Psychological And Physical Problem among Patient Suffering from Schizophrenia Disease in Jalalabad, Kyrgystan

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Abstract

Background

In this study we have considered the psychological and physical problems among Patient suffering from Schizophrenia disease in Jalal-abad, Kyrgystan. As we know Schizophrenia is a chronic brain disorder that affects a lot of people all around the world. So we have done the study on the patient living with schizophrenia and what's the percentage of psychological and physical problems that they are affected with.

Methods:

A cross-sectional study was conducted in which semi structured close ended questionnaire was used to collect data from the patient as well as from the healthcare provider that were selected on the basis of a convenient sampling technique. After collecting data, they will be entered in SPSS software for data analysis.

Conclusion: Majority of the respondent 83.3% were from age group above 65 years and remaining 16% were from 45 -55 years. Where as regarding sex 75% were male respondents and remaining 25 % were from female respondents. Regarding the level of awareness about Psychological and Physical Problem among Patient Suffering from Schizophrenia Disease only 16.7% have good level of awareness, whereas majority 83.325% level of awareness is poor they could give correct answer.

Keywords: Psychological Problem, Physical Problem, Elderly People,, Schizophrenia

CHAPTER I: INTRODUCTION

1.1 Introduction:

Schizophrenia is a chronic brain disorder that affects less than one percent of the U.S. population. When schizophrenia is active, symptoms can include delusions, hallucinations, disorganized speech, trouble with thinking and lack of motivation. However, with treatment, most symptoms of schizophrenia will greatly improve and the likelihood of a recurrence can be diminished.

While there is no cure for schizophrenia, research is leading to innovative and safer treatments. Experts also are unraveling the causes of the disease by studying genetics, conducting behavioral research, and using advanced imaging to look at the brain's structure and function. These approaches hold the promise of new, and more effective therapies.

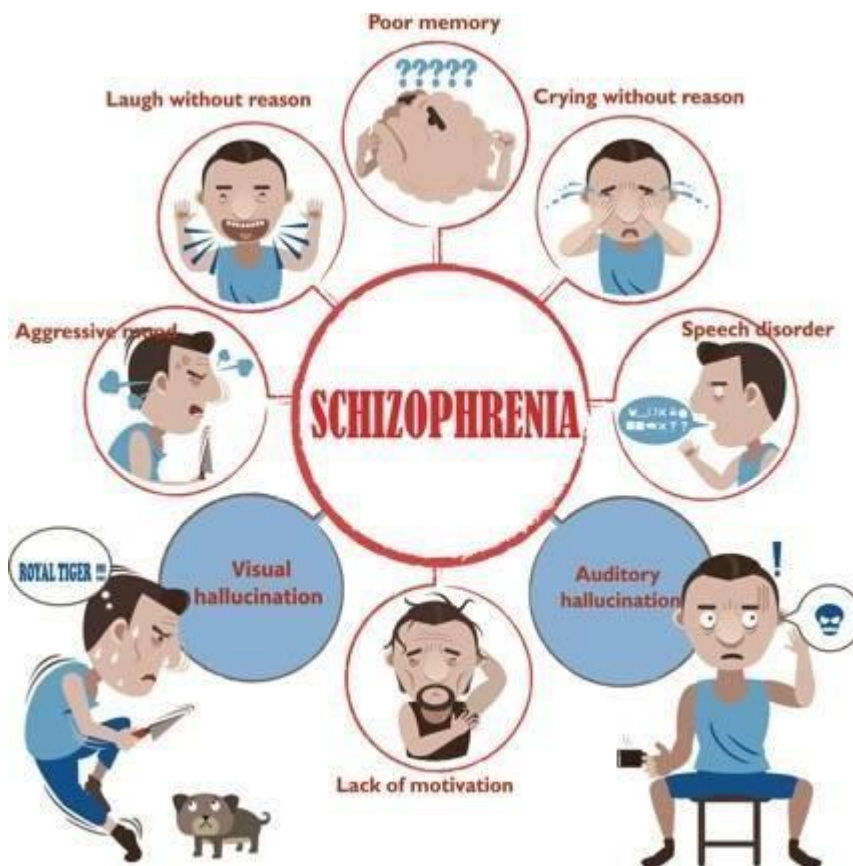
The complexity of schizophrenia may help explain why there are misconceptions about the disease. Schizophrenia does not mean split personality or multiple-personality. Most people with schizophrenia are not any more dangerous or violent than people in the general population. While limited mental health resources in the community may lead to homelessness and frequent hospitalizations, it is a misconception that people with schizophrenia end up homeless or living in hospitals. Most people with schizophrenia live with their family, in group homes or on their own.

Schizophrenia causes psychosis and is associated with considerable disability and may affect all areas of life including personal, family, social, educational, and occupational functioning.

Stigma, discrimination, and violation of human rights of people with schizophrenia are common.

More than two out of three people with psychosis in the world do not receive specialist mental health care.

A range of effective care options for people with schizophrenia exist and at least one in three people with schizophrenia will be able to fully recover.



Research has shown that schizophrenia affects men and women fairly equally but may have an earlier onset in males. Rates are similar around the world. People with schizophrenia are more likely to die younger than the general population, largely because of high rates of co-occurring medical conditions, such as heart disease and diabetes.

When the disease is active, it can be characterized by episodes in which the person is unable to distinguish between real and unreal experiences. As with any illness, the severity, duration and frequency of symptoms can vary; however, in persons with schizophrenia, the incidence of severe psychotic symptoms often decreases as the person becomes older. Not taking medications as prescribed, the use of alcohol or illicit drugs, and stressful situations tend to increase symptoms. Symptoms fall into three major categories:

Positive symptoms: (those abnormally present) Hallucinations, such as hearing voices or seeing things that do not exist, paranoia and exaggerated or distorted perceptions, beliefs and behaviors.

Negative symptoms: (those abnormally absent) A loss or a decrease in the ability to initiate plans, speak, express emotion or find pleasure.

Disorganized symptoms: Confused and disordered thinking and speech, trouble with logical thinking and sometimes bizarre behavior or abnormal movements.

Cognition is another area of functioning that is affected in schizophrenia leading to problems with attention, concentration and memory, and to declining educational performance.

Symptoms of schizophrenia usually first appear in early adulthood and must persist for at least six months for a diagnosis to be made. Men often experience initial symptoms in their late teens or early 20s while women tend to show first signs of the illness in their 20s and early 30s. More subtle signs may be present earlier, including troubled relationships, poor school performance and reduced motivation.

Before a diagnosis can be made, however, a psychiatrist should conduct a thorough medical examination to rule out substance misuse or other neurological or medical illnesses whose symptoms mimic schizophrenia.

1.2 Research Question/Problem Statement

What's the Psychological and Physical Problem among Patient Suffering from Schizophrenia Disease?

1.3 Objectives of the Study

1.3.1 General Objective

To find out the level of awareness about Psychological and Physical Problem among Patient Suffering from Schizophrenia Disease.

CHAPTER III: RESEARCH METHODOLOGY

3.1 Study design:

- A cross sectional study was carried out to find the level of awareness about Psychological and Physical Problem among Patient Suffering from Schizophrenia Disease

Study Area

- Group of family doctors polyclinic, Jalalabad, Kyrgyzstan

Study duration:

- Month of December, 2022

3.2 Study population

- Patient who visited outpatient department of Group of family doctors polyclinic, Jalalabad, Kyrgyzstan

3.3 Selection Criteria

- Those who patient who visited outpatient department of Group of family doctors polyclinic, Jalalabad, Kyrgyzstan

3.4 Sample size

- Convenient sample technique: 11 sample size

3.5 Sampling technique:

- Non Probability sampling method was applied for this study

3.6 Research tool

- A structured (open and close ended) questionnaire

CHAPTER IV: RESULTS OF THE STUDY

4.1 Socio demographic Characteristics

Table 1: Distribution of respondents by age

Age	Frequency(n)	Percentage (%)
45-55 years	2	16.0
65 and above	10	83.3
Total	12	100.0

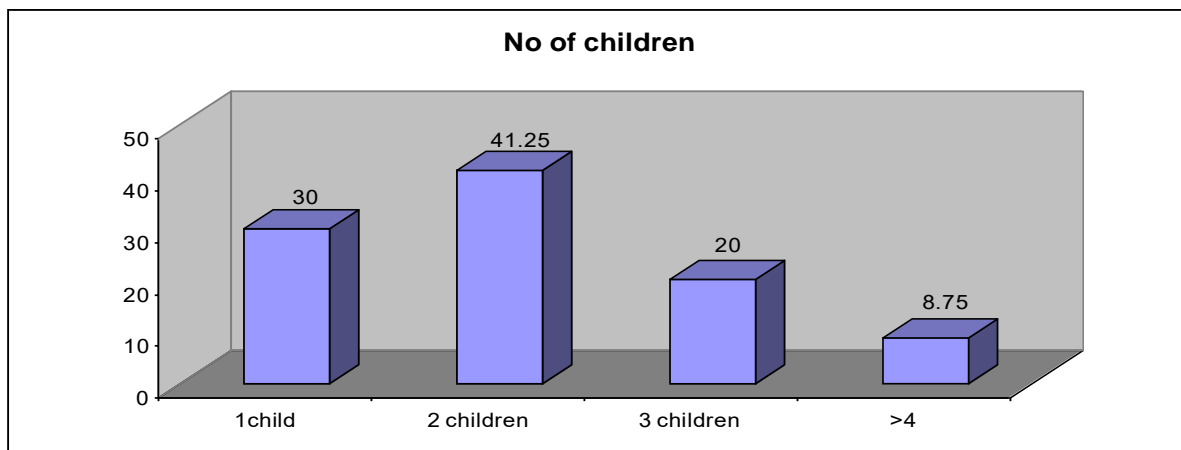
Table.1 shows majority 83.3% of the respondent were from age group above 65years and remaining 16% were from 45 -55 years.

Table 2: Distribution of respondents by sex

Sex	Frequency(n)	Percentage (%)
Male	9	75%
Female	3	25%
Total	12	100.0

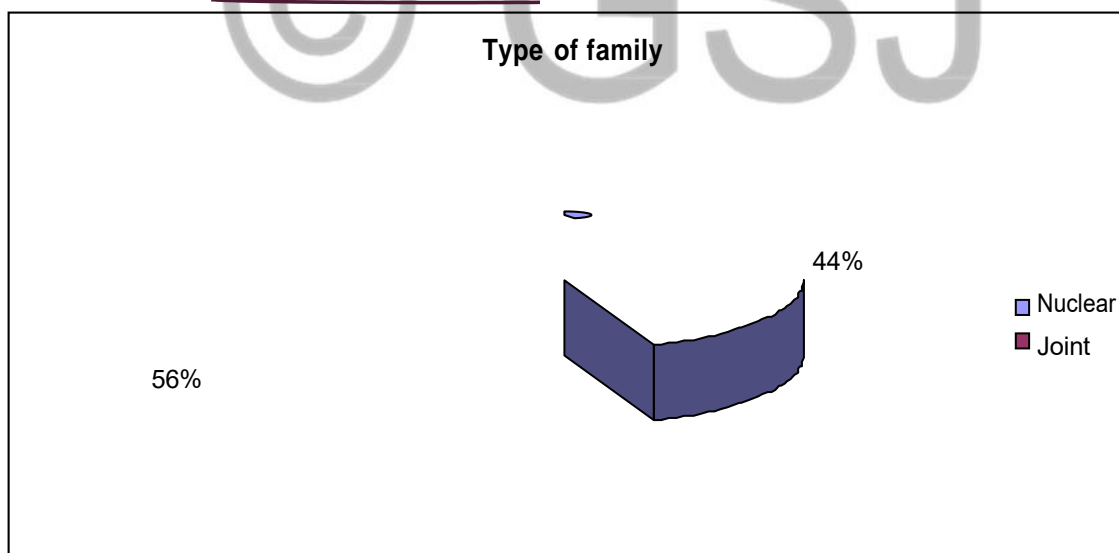
The above table shows 75% were male respondents and remaining 25 % were from female respondents

Figure 1: Distribution of respondents according to no of children



Above figure shows that among 12 respondents who have 2 children were 41.25% and 30% have only one child and those who have three children were 20% and the women who have children more than four are 8.75%.

Figure 2: Distribution of respondents according to types of family



Above figure shows that 45(56.2%) women have to stay in joint family and the remaining 35(43.8%) they have to stay as a nuclear.

Table 4: Distribution of respondents by level of awareness about Psychological and Physical Problem among Patient Suffering from Schizophrenia Disease

Level of awareness	Frequency(n)	Percentage (%)
Good	2	16.7%
Poor	10	83.3%
Total	12	100.0

Above table shows that level of awareness about Psychological and Physical Problem among Patient Suffering from Schizophrenia Disease only 16.7% have good level of awareness, whereas majority 83.325% level of awareness is poor they could give correct answer.



CHAPTER: 5

CONCLUSION AND RECOMMENDATION

5.1 CONCLUSION

The study concluded that:

1. Most of the respondents had not heard about their health problems and its consequences.
2. Almost half of participants were found unaware of clinical features and causes of the Schizophrenia Disease.
3. Most of the respondents are unaware that people can live their normal life after they are diagnosed with schizophrenia.

5.2 RECOMMENDATIONS

- Awareness campaign and BCC regarding Schizophrenia Disease and its physical and psychological impacts should be conducted using appropriate medias i.e. radio, television, magazines, pamphlets.
- Proper awareness is necessary to the community people which can be given in the hospital during follow-up.
- Proper training as well as proper environment is necessary for the health worker so that they can provide appropriate information to the client.
- This kind of study in large scale which represents the population of the districts or regions could be a useful tool for the planning and implementation of child health care programme.

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