Biological treatments for Schizophrenia- Anti psychotic drugs

- The first antipsychotic was chlorpromazine in 1950s enabling many SZ’s to lead normal lives outside of institutions.
- Dampens positive symptoms but doesn’t cure, where relatively regular functioning can occur.
- Taken in tablet form, syrup or injection.
- **Typical**- combat positive symptoms as products of over reactive dopamine system ie. Hallucinations and thought disturbances. Bind to receptors but don’t stimulate.
- **Atypical** - introduced in 1990s act upon serotonin as well as dopamine production systems and affect positive and claim of negative symptoms. Occupy receptors yet rapidly dissociate to allow normal dopamine transmission. Perceived as having fewer side effects, not known specifically how they affect brain to alleviate symptoms.
- Some sufferers only have to take a course once, others take regular doses. Sizeable minority don’t respond to drug treatment.
- **Davis** meta analysis over 100 studies, compare antipsychotics to placebo with drugs more effective, 70% treated improving in condition after 6 weeks, fewer than 25% improved with placebos.
- **Vaughn and Left**- they did make significant difference in people living with hostility and criticism in their home environment. Relapse for those on meds 53% and in placebo 92%. No significant difference for those in supportive environments. High hostility linked with higher relapse rates and environmental factors to be considered when deciding upon drug.
- **Side effects**- **Hill** found 30% of those taking AP’s get tardive dyskinesia in which 75% of the time is irreversible.

Ethical issues- protection from harm- one US case sufferer sued on grounds of inhumane treatment.
Cost/benefit argument:
- Prescribed meds reinforce idea something is wrong with you- add to social stigma and quality of life. Reduces likelihood of seeking for other ways to target illness.
- **reductionist**- patients reinforced they have less control over disorder when CBT treatment has also been found to help with daily functioning.
- **Atypical over conventional**- **Leucht** found atypical only marginally more effective, and negative symptom reduction only slightly more effective too. Yet side effects such as tardive dyskinesia less.
- **Liberman** comparing conventional and atypical from over 1,400 people and 74% discontinued drugs for different reasons. Conventional due to muscular disorders and atypical due to weight gain and metabolic effects. So if atypical drugs prescribed more due to less side effects, other changes in life such as more exercise and dieting to better manage side effects.
- Cheap to produce and easy to administer.
- Even atypical drugs may have side effects- reduction in white blood cells leading to ruined immune response and death. Blood tests regularly required.
- Biological treatments **deterministic**- completely due to biological cause. Psychological and environmental factors actually have a role, **reductionist** as ignores possible other explanations and symptoms.