Treatment and management of schizophrenia

Lesson 3.1.3 | Clinical psychology

Core ideas

Antipsychotic medication can reduce symptoms by affecting neurotransmitter activity, especially dopamine systems.

Medication may help many people manage positive symptoms, but side effects and adherence can limit usefulness.

Cognitive behavioural therapy can help people test beliefs, cope with voices and reduce distress linked to symptoms.

Management often combines medication, psychological therapy, social support and practical care planning.

A strong evaluation considers effectiveness, relapse, side effects, access, patient choice and whether treatment fits the person's symptoms.

Drug comparison: typical antipsychotics, such as chlorpromazine, principally block dopamine D2 receptors. Atypical antipsychotics, such as clozapine, have broader receptor effects. Compare benefits with movement-related and metabolic side effects; avoid claiming that either group is universally better.

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Key terms

Antipsychotic: Medication used to reduce psychotic symptoms such as hallucinations or delusions.

Dopamine antagonist: A drug that reduces dopamine activity by blocking dopamine receptors.

CBT: A talking therapy that helps people examine thoughts, beliefs and coping strategies.

Relapse: A return or worsening of symptoms after improvement.

Adherence: How far a person follows a treatment plan.

Side effect: An unwanted effect of a treatment.

Management plan: A coordinated plan for treatment, support and daily functioning.

Typical antipsychotic: A first-generation antipsychotic, commonly acting through dopamine D2 blockade.

Atypical antipsychotic: A second-generation antipsychotic with a different receptor-action profile from typical drugs.

ECT: Electro-convulsive therapy: a medically controlled seizure treatment under anaesthesia.

Further detail and evidence

Electro-convulsive therapy (ECT) is explicitly in the 2027 syllabus. A controlled electrical stimulus produces a seizure under general anaesthesia and muscle relaxation. Evaluate possible short-term symptom relief against cognitive/memory effects, consent and individual circumstances.

Clinical context: NICE does not recommend ECT for general management of schizophrenia; it can be an option for severe catatonia under specified circumstances. Inclusion in the examination syllabus is not a claim that it is routine treatment for every patient.

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Continued

Psychological therapy: CBT examines distressing interpretations and coping responses through collaborative questioning and behavioural tests. Illustrative study - Sensky et al. (2000) randomly compared CBT with befriending in 90 people with persistent medication-resistant schizophrenia; both improved during treatment, but CBT participants continued to improve at follow-up.

Drug mechanisms: typical antipsychotics reduce dopamine transmission through receptor blockade. Atypical drugs also act on other receptor systems; clozapine may help treatment-resistant cases but requires blood monitoring because of potentially serious adverse effects. Movement effects, sedation, weight gain and metabolic changes can affect adherence.

CBT does not simply tell someone that a belief is false. Therapist and client consider alternative interpretations, test predictions safely and develop coping responses. Sensky used befriending as an active comparison, helping separate specific CBT techniques from supportive contact.

Applying the ideas

Evaluation example: a fall in symptom ratings during both CBT and befriending could reflect common therapeutic attention. Further improvement in the CBT group after sessions ended strengthens the case for learned coping skills. Random allocation supports the comparison while participants knowing their therapy leaves expectancy effects possible.

Evaluation and connections

Judge outcomes separately: fewer symptoms, less distress, daily functioning and lower relapse need not change equally. Medication can work without changing a person's interpretation; CBT can improve coping without removing every voice. ECT requires careful consent and monitoring; its syllabus inclusion should be distinguished from routine clinical use.