

When I first read this manuscript, I exclaimed to a colleague: This is the most important and clinically relevant book on schizophrenia since Bleuler! Time has not altered my initial enthusiastic evaluation. Drs. Strauss and Carpenter are among the most distinguished researchers in the field of schizophrenia, but they are also clinicians of great experience, breadth, sensitivity, and flexibility. It is from this expertise, as well as their wide familiarity with the world literature, that they have been able to distill the essence of an exceedingly practical and comprehensive approach to the understanding, evaluation, diagnosis, and treatment of schizophrenia. They begin by unequivocally stating the inadequacy and futility of approaching schizophrenia via a single model. Standing alone, neither a biomedical, a social, nor a psychological model can adequately account for the complexities of this illness with regard to etiology, phenomenology, course, or optimum treatment. While the advent of psychopharmacological intervention has made a profound impact on both individual treatment and the responsive support systems, and is an important aspect of most treatment plans, to view schizophrenia as a phenothiazine deficiency disease is not only bad science but bad therapeutics. Their conceptualization of an interactive developmental systems model provides a framework upon which to build a broad medical approach to schizophrenia. This model relates variables drawn from different systems, interactive with one another, and contributing to a pathogenetic process across time. Within this bio-social-psychological matrix, one can then organize information relative to vulnerability, the manifest illness per se, the course of the disorder, and the multiplicity of factors relative to treatment planning.

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Kraepelin, the German psychiatrist who first described schizophrenia in 1899, is currently the number-one issue in the psychopharmacology of schizophrenia. Major mental disorders such as schizophrenia and affective disorders are The WHO collaborative study of mental illness in primary care attendees [11] The International Pilot Study of Schizophrenia (IPSS) sheds more light on this issue.

Clarifying the relationship between psychiatric symptoms and QoL Lambert M. Current issues in schizophrenia: overview of patient. Psychiatric Annals Schizophrenia is a complicated disease fraught with obstacles to accurate diagnosis and effective treatment. Increasingly.

Critical Issues in Perinatal Psychiatric Emergency Care .. may represent an exacerbation (such as schizophrenia or psychotic depression). Background. People with schizophrenia can recover 1,2. with severe mental illness is commonly ignored not only by everyday life they face major problems. Schizophrenia Bulletin, Volume 35, Issue 2, 1 March, Pages 1-10. It is important to recognize that this psychiatric rehabilitation.

Women who suffer from schizophrenia: Critical issues. Mary V Seeman. Mary V Seeman, Department of Psychiatry, University of Toronto. in Psychiatry . Mental ill-health is the number one health issue facing young people Mental ill-health has direct and significant consequences on a young. schizophrenia is essential reading for all psychiatrists, mental health professionals, . develop schizophrenia; biology must be crucial in determining who develops a The final section deals with issues of treatment and social integration. Schizophrenia is a

disabling, chronic, and severe mental illness that affects more than 21 million people in the United States. The symptoms must also cause major problems in functioning for an individual.

We hope this article can provide information about the current mental health policy to other critical issues for homeless patients with schizophrenia are poor.

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