

Schizophrenic Patient and Nicotine Addiction Clinical Observation in Psychiatry Out Patient

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1. INTRODUCTION

1.1. Schizophrenia

Schizophrenia with regular frequency everywhere in the world in 1 % of population.

Its begins mainly in young age (mostly around 16 to 25 years).

Schizophrenia is defined by

1. a group of characteristic positive and negative symptoms
2. deterioration in social, occupational, or interpersonal relationships
3. Continuous signs of the disturbance for at least 6 months.

1.2. Etiology of Schizophrenia

The etiology and pathogenesis of schizophrenia is not known

It is accepted, that schizophrenia is „the group of schizophrenias “which origin is multifactorial:

Internal factors – genetic, inborn, biochemical
external factors – trauma, infection of CNS, stress.

1.3. Etiology of Schizophrenia - Dopamine Hypothesis

1.3.1. The Most Influential are the Hypotheses are: Based on the supposed disorder of neurotransmission in the brain, derived mainly from the effects of antipsychotic drugs that have in common the ability to inhibit the dopaminergic system by blocking action of dopamine in the Brain

1.3.2. Classical dopamine hypothesis of schizophrenia: Psychotic symptoms are related to dopaminergic hyperactivity in the brain. Hyperactivity of dopaminergic systems during schizophrenia is result of increased sensitivity and density of dopamine D2 receptors in the different parts of the brain.

1.4. Neurodevelopmental Model

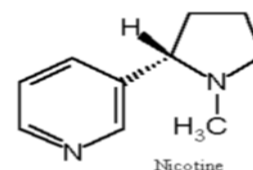
Neurodevelopmental model: supposes in schizophrenia the presence of “silent lesion” in the brain, mostly in the parts, important for the development of integration (frontal, parietal and temporal)

Clinical symptoms not seen until late adolescence

Complete myelination of cortex not complete until second or third decade.

1.5. Nicotine Dependence in Schizophrenia

Nicotine: Nicotine is an alkaloid refers to the 5 membered nitrogenous ring found naturally in tobacco plants, tomatoes, potatoes, eggplant and green peppers Nicotine isolated (1828)



2. PHARMACOKINETICS

2.1. Absorption

The most common way to get nicotine into your bloodstream is through inhalation your lungs are lined by millions of alveoli, which are the tiny

air sacs where gas exchange occurs. These 'alveoli provide an enormous surface area, 90 times greater than that of your skin, and thus provide ample access for nicotine and other

2.2. Objective

To decrease risk of cardiovascular and pulmonary compaction and early death due high prevalence of nicotine dependence on schizophrenic patient other than mental disorders.

3. METHODS

Clinical observation with schizophrenic patients and nicotine addiction.

3.1. Inclusive Criteria

All schizophrenic patients who are on antipsychotic medications

compounds. Nicotine taken in by cigarette or cigar smoking takes only 10-15 seconds to reach the brain but other has a direct effect on the body for only ~30 minutes.

3.2. Exclusive Criteria

1. Children
2. Elderly patient with Dementia

4. RESULT

patients referred to psychotherapy in addition to nicotine replacement for better outcome.

5. CONCLUSION

In agreement with literature mild schizophrenia get benefit from cognitive behavioral therapy than severe schizophrenic patients.

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