

Comorbid anxiety problems in schizophrenia

Charchit S*

Charchit S. Comorbid anxiety problems in schizophrenia. *Health Pol.* 2021; 4(4):9.

DESCRIPTION

Comorbid Anxiety disorders in Sch-anxiety disorders commonly co-occur in patients of schizophrenia and have significant influence on course and prognosis of schizophrenia. However, probably due to diagnostic and treatment hierarchical reductionism anxiety disorders have been overlooked in schizophrenia. Review of the literature reveals wide variations in prevalence estimates as a result of heterogeneity among definitions of symptoms and diagnostic instruments. Schizophrenia patients with anxiety disorders and those without anxiety disorders differ significantly in their basic psychopathology. Schizophrenia patients with anxiety disorders respond to the Selective Serotonin Reuptake Inhibitors (SSRIs) but not to anti psychotics alone. Further, these patients have a shorter duration of illness assigning a prognostic significance to the presence of comorbid anxiety disorders in schizophrenia. It is imperative that schizophrenia patients undergo proper psychiatric screening and detailed evaluation to detect and treat comorbid anxiety disorders which may lead to improved prognosis of schizophrenia and improving the quality of life of these patients.

Early perceptions of the predominance of nervousness side effects in schizophrenia can be found in a portion of the main observational investigations of this gathering of mental issues. Social uneasiness side effects were first perceived in schizophrenia. Numerous early clinicians felt that over the top habitual marvel were a piece of schizophrenia and proposed clarifications for this.

The clinical heterogeneity of schizophrenia is unquestionable. Basically no 2 patients present with similar star grouping of indications. Besides, even in a similar patient, manifestations can show emotional change after some time, and there is huge interchange between various arrangements of side effects: eg., "auxiliary" negative indications may be improved with goal of positive indications, while center "deficiency" negative indications are seriously

suffering however can deteriorate over the longitudinal course of sickness. Such perceptions offer approach to contemplations that these may even establish gatherings of infections of by and large normal phenotypic articulation yet of various fundamental etiopathology.

Mental comorbidities are normal among patients with schizophrenia. Substance misuse comorbidity prevails. Nervousness and burdensome manifestations are additionally exceptionally normal throughout ailment, with an expected pervasiveness of 15% for alarm problem, 29% for posttraumatic stress issue, and 23% for over the top urgent issue. It is assessed that comorbid sadness happens in half of patients, and maybe (moderately) 47% of patients likewise have a lifetime determination of comorbid substance misuse.

Comorbid uneasiness issues are very normal in schizophrenia and despite the fact that there is no critical relationship of these problems with the essential psychopathology of schizophrenia still schizophrenics with tension issues vary fundamentally from schizophrenics without nervousness issues in their fundamental psychopathology for example positive, negative and intellectual areas. The total justification this isn't known yet the marvel no doubt exists in light of a typical pathologic cycle or a typical etiology. Further, there is a more limited length of disease in schizophrenics with tension problems when contrasted with schizophrenics without nervousness issues relegating a prognostic importance to the presence of uneasiness issues. In addition these tension issues are very receptive to the SSRIs predominantly fluoxetine if not receptive to the antipsychotics. So fluoxetine might be attempted in such cases for the successful treatment of the tension issues comorbid with schizophrenia, prompting the compelling help of trouble of such patients. Further the quest for the reasons for such an affiliation may help in a superior and heartier arrangement framework for the appropriate position of these problems just as the others.

Department of Public Health, Boston University, Boston, Massachusetts, United States

Correspondence: Charchit S, *Department of Medicine, Boston University, Boston, Massachusetts, United States, E-mail: charchit1S@gmailmail.com*

Received date: July 05, 2021; **Accepted date:** July 19, 2021; **Published date:** July 26, 2021



This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact reprints@pulsus.com