

## Research Article

# Schizophrenia and the Role of Artificial Intelligence in Detecting and Treating it: Cognitive Frontiers

Mohanad Ghazi<sup>1,\*</sup>, Saad Abas Abed<sup>1</sup>

<sup>1</sup> Department of Computer, College of Education, Aliraqia University, Baghdad, Iraq

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## ABSTRACT

A persistent mental illness that changes thoughts, feelings, behaviour, and communication with people is schizophrenia. Delusions, hallucinations, distorted thinking, lack of motivation, and fear of society are often its hallmarks. Although there is currently no cure for schizophrenia, patients can greatly benefit from early diagnosis and treatment. The field of artificial intelligence (AI) is very promising for the diagnosis and treatment of schizophrenia. Artificial intelligence systems can scan and analyse vast amounts of data, including genetic and hereditary data, brain scans, and medical records, and predict when a person might develop schizophrenia if the factor is hereditary. This can help medical providers act quickly to start treating patients before their symptoms worsen. AI can also help patients with schizophrenia manage and regulate their medications. Artificial intelligence systems can analyse patient data to determine the best medications and dosage amounts while also highlighting any potential side effects of treatment. This can help medical providers customize strategies structure treatment for each patient and enhance treatment outcomes. Considering all the above-mentioned matters, the use of artificial intelligence in diagnosing, analysing, and treating schizophrenia promises to improve patient outcomes and treatment, deepen our knowledge of this complex disease, early detection of the disease, and find appropriate treatment.

## 1. INTRODUCTION

Schizophrenia is a devastating mental illness that affects millions of people around the world. It is a chronic disease that often causes cognitive deficits, delusions, hallucinations, fear of society, and lack of interaction with it. It is essential that patients with schizophrenia receive appropriate treatment and early diagnosis to improve their treatment outcomes [1][2]. The potential application of artificial intelligence in identifying, diagnosing, and treating schizophrenia has attracted increasing attention in recent years due to the large number of cases [3]. Vast sets of information and data can be interpreted and analysed by artificial intelligence, which may also reveal subtleties that human doctors may find difficult to see [4]. This has great potential to increase the accuracy and effectiveness of the diagnosis and treatment of schizophrenia. This study aims to investigate the newly developing field of artificial intelligence in schizophrenia, review some of the current uses of AI in analysing, diagnosing, and detecting schizophrenia, and talk about how AI can be used to determine appropriate treatment. In addition, the research will address the difficulties and ethical issues surrounding the application of artificial intelligence in this field and talk about potential future paths to study, understand the disease, and advance its treatment. We may be able to improve early detection, better understand schizophrenia, and more by using artificial intelligence to create individualized treatment programs for those with this complex illness [5-7]. Applying artificial intelligence to schizophrenia has the potential to completely change the way the disease is diagnosed and improve its treatment. Figure 1 shows the Symptoms of schizophrenia. Schizophrenia is a serious mental disorder that affects more than 21 million people worldwide. It is a group of psychological disorders of unknown cause. The clinical picture includes thought disorders characterized by delirium, hallucinations, strange behaviour, and general impairment of intellectual function. Likewise, schizophrenia is a brain disorder that makes the patient unable to distinguish between what is real and what is imaginary. It is known as schizophrenia because the patient is separated from reality and is incapable of thinking, communicating with others, or functioning normally. It is a disorder that affects the patient's view of the world around him/her. In some individuals, schizophrenia appears suddenly and without warning, but for most people, it happens slowly, and its signs appear gradually until the first episode begins clearly and severely. Most of the time, friends or family members know early on that something is wrong with the patient's condition without knowing the exact reason for the emergence of this disease.

\*Corresponding author. Email: Maymy832410@gmail.com



Fig. 1. Symptoms of schizophrenia [8].

## 2. DIAGNOSIS OF THE CONDITION

Schizophrenia diagnosis is made after a thorough review of a patient's psychiatric evaluation, medical history, and symptoms [8-12]. A reliable medical test to identify schizophrenia does not currently exist. Instead, a thorough evaluation and the exclusion of any other potential explanations of the symptoms are often used to make the diagnosis.

A psychiatrist or psychologist will perform a thorough evaluation, which may include the following:

- *Sick's medical history:* Compiling details regarding the patient's past medical and mental health conditions, such as drug or alcohol addiction, mood disorders, or psychotic episodes [13].
- *Symptom evaluation:* Examining the person's historical and present symptoms, with a focus on negative symptoms (such as social disengagement or a lack of desire) and the presence of hallucinations, delusions, and disordered thinking [14].
- *Psychological assessment:* Performing an in-depth psychiatric interview to learn more about the person's beliefs, emotions, and actions as well as any alterations to their functioning and interpersonal interactions [15].
- *Discard any more conditions:* excluding other medical and psychological disorders such as substance-induced psychosis, bipolar disease, or schizoaffective disorder that could present with the same symptoms [16].
- *Diagnostic standards:* Using certain standards described in diagnostic guides such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to evaluate the patient. The DSM-5 criteria include the elimination of other medical illnesses, decreased social or occupational functioning, and the presence of distinctive symptoms for a sufficient amount of time [17].
- *Supplementary research:* To assist in ruling out other potential causes or offer more information, other tests may occasionally be carried out, including laboratory tests, brain imaging (such as an MRI or CT scan), or psychological evaluations [18-20].

It is crucial to remember that diagnosing schizophrenia can be challenging and may call for several evaluations conducted over time to fully comprehend the patient's symptoms and functioning. It is imperative that people who worry about their mental health or believe they may have schizophrenia seek professional advice and examination from a licensed healthcare provider. Improving long-term results and controlling schizophrenia require early diagnosis and suitable treatment.

## 3. PERSONALISED RECOMMENDATIONS FOR EACH PATIENT

Taking care of yourself is crucial to maintaining your mental wellness [21]. The promotion of general wellbeing can be aided by regular exercise, a nutritious diet, sound sleep hygiene, and stress-reduction methods like mindfulness or

meditation. To receive the best care possible, you and your healthcare practitioner must communicate openly. Make sure you include specifics about your symptoms, how you take your medications, and any developments or difficulties you have while receiving therapy. Psychotherapy can help people manage their symptoms, lessen psychological suffering, and enhance their quality of life [22]. It is an effective treatment for a variety of mental health conditions. It is essential to strictly adhere to a drug schedule for treating mental health issues such as bipolar disorder, anxiety, and depression. Consult your doctor on a regular basis to make sure the dosage is right and to track any side effects. Better mental health results can be attributed to having a robust social support network. By joining support groups, confiding in dependable friends and family, or getting advice from mental health specialists, you may expand your network of support [23].

#### **4. MONITOR SYMPTOMS OF THE DISEASE**

Effective management of schizophrenia requires close observation of its symptoms. Note down your symptoms, including how often or how severe they are. Jot down any bad symptoms you have, such as hallucinations, delusions, or disorganised thinking. By keeping track of your symptoms over time, you and your healthcare practitioner can see trends and decide on the best course of action for your care. Request assistance from friends, relatives, or carers in keeping an eye on your symptoms [24]. If they see any changes in your behaviour, thought process, or emotional state, they can offer insightful commentary. Their observations can support yours and help you assess how well your treatment plan is working. Follow the dosage and schedule for your prescription medications. Maintain a journal of the medications you take, noting any side effects or alterations in your symptoms. Notify your healthcare practitioner right away if you have any worries or encounter any negative effects. Participate fully in the psychotherapy process and report any changes in your symptoms or difficulties you may be having whether you are receiving cognitive-behavioral therapy (CBT) or family therapy [25]. You can develop coping skills and symptom management techniques from regular treatment sessions. Make routine follow-up appointments with your mental health provider, such as a psychiatrist. These consultations enable continued symptom monitoring, evaluation of the effectiveness of the treatment, and, if necessary, drug alterations. Share honestly with others any changes or worries you may have about your symptoms. Acquire the ability to identify the early indicators of a potential relapse or escalating symptoms. Each person may experience different symptoms, but some common ones include difficulties concentrating, mood swings, increased worry, and disturbed sleep [26]. Determine any stresses or triggers, such as substance abuse, high levels of stress, or insufficient sleep, that can make your symptoms worse.

#### **5. DEVELOPING TREATMENTS FOR SCHIZOPHRENIA**

Using chatbots or virtual therapists to create therapies for schizophrenia is one possible use of AI (see Figure 2) [27]. These AI programs can help patients manage their symptoms and enhance their general well-being by offering them tools, support, and direction [28]. Additionally, they can evaluate user data and offer tailored treatment plan recommendations that can help in the early diagnosis and prognosis of schizophrenia [29]. Large volumes of data, including genetic and environmental variables, can be analyzed using machine learning algorithms to find trends and risk factors for the development of schizophrenia. Early interventions and more potent treatments may result from this. Furthermore, by evaluating sizable datasets and determining the best prescriptions, doses, and combos for certain patients, AI can be utilized to optimize already available treatments. More specialized and effective therapies may result from this individualized approach. It's important to stress, though, that although AI has the potential to support the development of schizophrenia treatments, it should always be used in conjunction with human healthcare practitioners. Artificial intelligence technologies should be utilized to help clinical decision-making, not to take the place of the knowledge and specialized treatment offered by doctors and therapists [30].

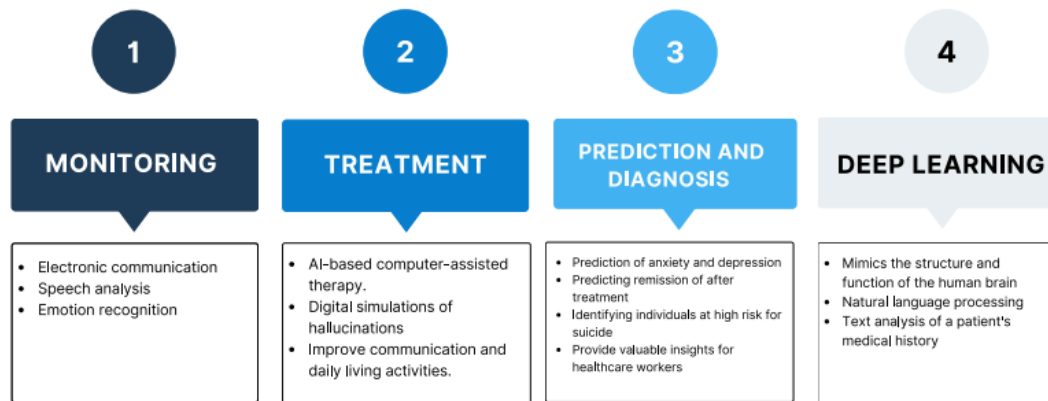


Fig. 2. Applications of AI in psychiatry [31].

## References

- [1] K. Volkan, "Schizophrenia: Epidemiology, Causes, Neurobiology, Pathophysiology, and Treatment," *Journal of Health and Medical Sciences*, vol.3, no.4, pp.487-521, November 2020. <https://doi.org/10.31014/aior.1994.03.04.143>
- [2] M. Solmi, G. Seitidis, D. Mavridis, C. U. Correll, E. Dragioti, et al., "Incidence, prevalence, and global burden of schizophrenia - data, with critical appraisal, from the Global Burden of Disease (GBD) 2019," *Molecular Psychiatry*, pp.1-9, July 2023. <https://doi.org/10.1038/s41380-023-02138-4>
- [3] J. M. Kane, O. Agid, M. L. Baldwin, O. Howes, J. Lindenmayer, et al., "Clinical Guidance on the Identification and Management of Treatment-Resistant Schizophrenia," *Journal of Clinical Psychiatry*, vol.80, no.2, pp.e1-e9, March 2019. <https://doi.org/10.4088/JCP.18com12123>
- [4] D. Sheth, P. Patel, and Y. Pathak, "Ethical Issues and Artificial Intelligence Technologies in Bioinformatics Concerning Behavioural and Mental Health Care," In *Ethical Issues in AI for Bioinformatics and Chemoinformatics*, pp.72-86, 2023.
- [5] E. E. Lee, J. Torous, M. D. Choudhury, C. A. Depp, S. A. Graham, et al., "Artificial Intelligence for Mental Health Care: Clinical Applications, Barriers, Facilitators, and Artificial Wisdom," *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, vol.6, no.9, pp.856-864, September 2021. <https://doi.org/10.1016/j.bpsc.2021.02.001>
- [6] J. A. Cortes-Briones, N. I. Tapia-Rivas, D. C. D'Souza, and P. A. Estevez, "Going deep into schizophrenia with artificial intelligence, Schizophrenia Research," *Schizophrenia Research*, vol.245, pp.122-140, July 2022. <https://doi.org/10.1016/j.schres.2021.05.018>
- [7] D. Sadeghi, A. Shoeibi, N. Ghassemi, P. Moridian, A. Khadem, et al., "An overview of artificial intelligence techniques for diagnosis of Schizophrenia based on magnetic resonance imaging modalities: Methods, challenges, and future works," *Computers in Biology and Medicine*, vol.146, pp.105554, July 2022. <https://doi.org/10.1016/j.combiomed.2022.105554>
- [8] Schizophrenia: Meaning, Symptoms, Types and Treatment. <https://www.practo.com/health-wiki/schizophrenia-symptoms-complications-diagnosis-and-treatment/9/article>
- [9] C. Wu, C. Kuo, C. Su, S. Wang, and H. Dai, "Using text mining to extract depressive symptoms and to validate the diagnosis of major depressive disorder from electronic health records," *Journal of Affective Disorders*, vol.260, pp.617-623, January 2020. <https://doi.org/10.1016/j.jad.2019.09.044>
- [10] D. Organisciak, H. P. H. Shum, E. Nwoye, and W. L. Woo, "RobIn: A robust interpretable deep network for schizophrenia diagnosis," *Expert Systems with Applications*, vol.201, pp.117158, September 2022. <https://doi.org/10.1016/j.eswa.2022.117158>
- [11] M. M. Mijwil, A. H. Al-Mistarehi, M. Abotaleb, E. M. El-kenawy, A. Ibrahim, A. A. Abdelhamid, M. E. Eid, "From Pixels to Diagnoses: Deep Learning's Impact on Medical Image Processing-A Survey," *Wasit Journal of Computer and Mathematics Science*, vol.2, no.2, pp.8-14, September 2023. <https://doi.org/10.31185/wjcms.178>
- [12] A. M. D. Chaudhary, N. B. Musavi, S. Saboor, S. Javed, S. Khan, and S. Naveed, "Psychosis during the COVID-19 pandemic: A systematic review of case reports and case series," *Journal of Psychiatric Research*, vol.153, pp.37-55, September 2022. <https://doi.org/10.1016/j.jpsychires.2022.06.041>
- [13] E. Lu, N. Pyatka, C. J. Burant, and M. Sajatovic, "Systematic Literature Review of Psychiatric Comorbidities in Adults with Epilepsy," *Journal of clinical neurology*, vol.17, no.2, pp.176-186, March 2021. <https://doi.org/10.3988/jcn.2021.17.2.176>
- [14] M. Zein, "Case Study of Schizophrenia in A Young Adult Male," *American Journal of Applied Psychology*, vol.10, no.1, pp.20-30, 2022. <https://doi.org/10.12691/ajap-10-1-4>
- [15] H. Lee, "Changes in workplace practices during the COVID-19 pandemic: the roles of emotion, psychological safety and organisation support," *Journal of Organizational Effectiveness: People and Performance*, Vol. 8 No. 1, pp. 97-128, February 2021. <https://doi.org/10.1108/JOEPP-06-2020-0104>



- [16] C. Hjorthøj, B. Arnfred, S. Behrendt, S. B. Møller, and M. Nordentoft, "Substance-induced psychosis as a risk factor for unipolar depression or anxiety disorders—A nationwide register-based prospective cohort study," *Journal of Affective Disorders*, vol.295, pp.960-966, December 2021. <https://doi.org/10.1016/j.jad.2021.09.004>
- [17] M. B. First, W. Gaebel, M. Maj, D. J. Stein, C. S. Kogan, et al., "An organization- and category-level comparison of diagnostic requirements for mental disorders in ICD-11 and DSM-5," *World Psychiatry*, vol.20, no.1, pp.34-51, February 2021. <https://doi.org/10.1002/wps.20825>
- [18] S. Boopathi, A. B. Poma, and P. Kolandaivel, "Novel 2019 coronavirus structure, mechanism of action, antiviral drug promises and rule out against its treatment," *Journal of Biomolecular Structure and Dynamics*, vol.39, no.9, pp.3409-3418, April 2020. <https://doi.org/10.1080/07391102.2020.1758788>
- [19] M. M. Mijwil and M. Aljanabi, "From Analog to Digitization: Rethinking Management and Operations through eHealth Integration in Industry 4.0," *Mesopotamian Journal of Artificial Intelligence in Healthcare*, vol.2023, pp.27-30, May 2023. <https://doi.org/10.58496/MJAIH/2023/005>
- [20] K. Posluns and T. L. Gall, "Dear Mental Health Practitioners, Take Care of Yourselves: a Literature Review on Self-Care," *International Journal for the Advancement of Counselling*, vol.42, pp.1-20, May 2019. <https://doi.org/10.1007/s10447-019-09382-w>
- [21] H. G. Sotoudeh, S. S. Alavi, Z. Akbari, F. Jannatifard, and V. Artounian, "The Effect of Brief Crisis Intervention Package on Improving Quality of Life and Mental Health in Patients with COVID-19," *Iranian Journal of Psychiatry*, vol.15, no.3, 205-212, July 2020. <https://doi.org/10.18502/ijps.v15i3.3812>
- [22] L. Lynch, A. Moorhead, M. Long, and I. Hawthorne-Steele, "The Role of Informal Sources of Help In Young People's Access To, Engagement With, And Maintenance In Professional Mental Health Care—A Scoping Review," *Journal of Child and Family Studies*, pp.1-16, December 2022. <https://doi.org/10.1007/s10826-022-02498-5>
- [23] R. Pethybridge, L. Teleni, and R. J. Chan, "How do family-caregivers of patients with advanced cancer provide symptom self-management support? A qualitative study," *European Journal of Oncology Nursing*, vol.48, pp.101795, October 2020. <https://doi.org/10.1016/j.ejon.2020.101795>
- [24] A. Orzechowska, P. Maruszewska, and P. Gałeczki, "Cognitive Behavioral Therapy of Patients with Somatic Symptoms—Diagnostic and Therapeutic Difficulties," *Journal of Clinical Medicine*, vol.10, no.14, pp.1-11, July 2021. <https://doi.org/10.3390/jcm10143159>
- [25] A. A. Adwas, J. M. Jbireal, and A. E. Azab, "Anxiety: Insights into Signs, Symptoms, Etiology, Pathophysiology, and Treatment," *East African Scholars Journal of Medical Sciences*, vol.2, no.10, pp.580-591, October 2019.
- [26] K. T. Pham, A. Nabizadeh, and S. Selek, "Artificial Intelligence and Chatbots in Psychiatry," *Psychiatric Quarterly*, vol.93, pp.249-253, February 2022. <https://doi.org/10.1007/s11126-022-09973-8>
- [27] L. Xu, L. Sanders, K. Li, and J. C. L. Chow, "Chatbot for Health Care and Oncology Applications Using Artificial Intelligence and Machine Learning: Systematic Review," *JMIR Cancer*, vol.7, no.4, pp.:e27850, 2021. <https://doi.org/10.2196/27850>
- [28] R. B. Rutledge, A. M. Chekroud, and Q. J. Huys, "Machine learning and big data in psychiatry: toward clinical applications," *Current Opinion in Neurobiology*, vol.55, pp.152-159, April 2019. <https://doi.org/10.1016/j.conb.2019.02.006>
- [29] V. Harish, F. Morgado, A. D. Stern, and S. Das, "Artificial Intelligence and Clinical Decision Making: The New Nature of Medical Uncertainty," *Academic Medicine*, vol.96, no.1, pp.31-36, January 2021. <https://doi.org/10.1097/ACM.00000000000003707>
- [30] M. M. Mijwil, A. K. Faieq, and AH. Al-Mistarehi, "The Significance of Digitalisation and Artificial Intelligence in The Healthcare Sector: A Review," *Asian Journal of Pharmacy, Nursing and Medical Sciences*, vol.10, no. 3, pp.25-32, November 2022. <https://doi.org/10.24203/ajpnms.v10i3.7065>
- [31] M. Terra, M. Baklola, S. Ali, and K. El-Bastawisy, "Opportunities, applications, challenges and ethical implications of artificial intelligence in psychiatry: a narrative review," *The Egyptian Journal of Neurology, Psychiatry and Neurosurgery*, vol.59, no.80, pp.1-10, June 2023. <https://doi.org/10.1186/s41983-023-00681-z>