

Facts

Schizophrenia is one of the most chronic and disabling of the major mental illnesses. Schizophrenia may be one disorder, or it may be many disorders, with different causes. Because of its complexity, few generalizations can be applied to all people with schizophrenia.

The disorder affects men and women equally, often appearing in men in the late teens or early twenties, and in women in the twenties to early thirties. About 1% of the population develops schizophrenia during their lifetime; more than 2 million Americans suffer from the illness in a given year.

The first signs of schizophrenia often appear as confusing or shocking changes in behavior, and can include distorted perceptions of reality, delusions, hallucinations, disorganized speech, and other symptoms. Coping with the symptoms can be especially difficult for family members and friends who remember how the person was before he became ill. Available treatments can relieve many symptoms, but most people with schizophrenia suffer some symptoms throughout their lives. It has been estimated that less than one in five people recover completely.

Signs & Symptoms

• DISTORTED PERCEPTIONS OF REALITY

A person with schizophrenia sees the world very differently than other people. Living in a world distorted by hallucinations and delusions, people with schizophrenia may feel frightened, anxious and confused. They may act differently at different times: sometimes they may seem distant, detached or preoccupied, or sit rigidly unmoving and silent. Other times they may move constantly, appearing busy, wide awake and alert.

• HALLUCINATIONS

Although hallucinations are disturbances of perception that can occur with any of the five senses, hearing voices that other people do not hear is the most common type of hallucination in schizophrenia. Voices may describe what the person is doing, carry on a conversation, warn of danger, or even issue orders to the person.

• DELUSIONS

Delusions are false personal beliefs that cannot be changed by reason or evidence. For example, about a third of people with schizophrenia have paranoid-type

symptoms — delusions of persecution, or irrational beliefs that they are being cheated, harassed, poisoned or conspired against. Delusions of grandeur, perhaps believing that they are a famous or important person, may also occur in schizophrenia. Sometimes the delusions can be very bizarre, e.g., believing the government is controlling their behavior through radio or magnetic waves.

• DISORDERED THINKING

The person with schizophrenia may be unable to connect thoughts properly, with their speech becoming disorganized and fragmented, frequently derailed or incoherent. This can make conversation very difficult and may contribute to social isolation.

• EMOTIONAL EXPRESSION

People with schizophrenia may seem “flat,” or lack emotional expressiveness. They may speak in a monotonous voice, have little facial expression and appear apathetic. Motivation can be greatly decreased as can interest in and enjoyment of life. These problems with emotional expression and motivation are symptoms of the disorder, not character flaws or personal weaknesses.

The sudden onset of severe psychotic symptoms is referred to as an “acute” phase of schizophrenia. “Psychosis” means out of touch with reality, or unable to separate real from unreal experiences. Some people have only one such psychotic episode in their lifetimes; others may have many episodes, but lead relatively normal lives during the interim periods. However, the person with “chronic” schizophrenia, or a continuous or recurring pattern of illness, often does not fully recover normal functioning and typically requires long-term treatment, generally including medication, to control the symptoms.

Causes

There is no single cause known for schizophrenia. Schizophrenia runs in families, but genetics is not the only factor: an identical twin of a person with schizophrenia has a 40-50% risk of developing the disorder; a child whose parent has schizophrenia has about a 10% chance. It appears likely that multiple genes are involved in creating a predisposition to developing the disorder.

It is likely, but not certain, that the disorder is associated with some imbalance of the complex, interrelated chemical systems of the brain, perhaps involving the neurotransmitters dopamine and glutamate.

In addition, many studies of people with

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schizophrenia have found subtle abnormalities in brain structure (for example, decrease in size of certain brain regions) or brain function (for example, decreased metabolic activity in certain brain regions). However, it should be noted that these abnormalities are not found in *all* people with schizophrenia, nor do they occur *only* in individuals with this illness. It appears that many (but probably not all) of these changes are present before a person becomes ill, and schizophrenia may in part be a developmental disorder of the brain.

Treatment

As schizophrenia is not always a single condition and its causes are still not known, there is no one “cure.” Research shows that treatment for schizophrenia (and many other severe forms of mental illness) has varying degrees of success, ranging from complete recovery, to patterns of waxing and waning, to nearly complete disability.

Current treatment methods are based on both clinical research and experience. The approaches are chosen by their ability to reduce the symptoms and to lessen the chances that symptoms will return.

The large majority of people with schizophrenia show marked improvement when treated with antipsychotic drugs. Some people, however, are not helped very much by the medications and a few do not seem to need them. It is difficult to predict which individuals will fall into these two groups and to distinguish them from the large majority of patients who benefit from drug therapy.

Although proven important in relieving the psychotic symptoms of schizophrenia — hallucinations, delusions and incoherence — antipsychotic drugs are not consistent in relieving the behavioral symptoms of the disorder. Many people with schizophrenia still have difficulty with communication, motivation, self-care, and establishing and maintaining relationships with others. In addition, because the onset of the illness often occurs during the critical career-forming years (ages 18 to 35), people with schizophrenia are less likely to complete adequate career training.

After a person’s acute psychotic symptoms are under control, these additional problems may be most helped with psychosocial treatments which focus on improving the person’s social functioning. These treatments may include rehabilitation training (vocational counseling, job and social skills training), reality-oriented psychotherapy (which helps the person sort out the real from the unreal and distorted), family education (to help family members learn ways to minimize the person’s chance of relapse), and self-help groups (which can help in a variety of ways, especially by providing mutual support and comfort).

World Health Organization studies have indicated that people with schizophrenia fare far better in developing countries than they do in North America and Europe. Anthropological and cross-cultural studies show that cultural beliefs about the nature of mental illness influence the disorder’s course and treatment, and, in turn, may affect the actual duration of the illness. For example,

Mexican Americans in the Los Angeles area tend to view people with symptoms of schizophrenia as vulnerable and ill; they believe these symptoms result from “nerves” and being “sensitive” and assume that recovery is possible. In contrast, Anglo Americans in the same area are more likely to categorize the same people as “crazy,” with little or no hope for recovery. Research has also shown a link between the availability of social support and how well individuals with schizophrenia function in the community. More social support usually means fewer relapses, less frequent hospitalizations, and the success and maintenance of treatment gains.

Helping Someone Else

There are many times when people with schizophrenia may need help from friends, family, or community members. Sometimes only the family or others close to the person with schizophrenia will be aware of strange behavior or ideas that the person has expressed. Often, a person with schizophrenia will resist treatment, and family or friends may need to take an active role in having him seen and evaluated by a professional. Ensuring that the person with schizophrenia continues to get treatment after hospitalization is also important. A person may stop taking medications or going for follow-up treatment, often leading to a return of psychotic symptoms. Encouraging the person to continue treatment and assisting him or her in the process can positively influence recovery. Without treatment, some people with schizophrenia become so psychotic and disorganized they cannot care for their basic needs. All too often, people with severe mental illnesses, such as schizophrenia, end up on the streets or in jails where they rarely receive the treatment they need.

Friends and family are often unsure how to respond when the person makes bizarre statements. Instead of going along with the person’s delusions, family members can tell the person that they don’t see things the same way or do not agree with his or her conclusions, while acknowledging that things may appear otherwise to the individual.

It may also be helpful to keep a record of what types of symptoms have appeared, what medications (including dosage) have been taken and what effects various treatments have had. By knowing what symptoms have been present before, family members may know better what to look for in the future. They may be able to detect some “early warning signs” and perhaps prevent a full-blown relapse.

In addition to becoming involved in seeking help, family and friends can provide support and encouragement to the person with schizophrenia.

Sources:

Diagnostic Statistic Manual, 4th Edition (DSM-IV)
National Institute of Mental Health
Mental Health America
National Alliance on Mental Illness
Mental Health Net