

Schizophrenia

What is schizophrenia?

Schizophrenia is a serious and challenging medical illness, an illness that affects well over 2 million American adults, which is about 1 percent of the population age 18 and older. Although it is often feared and misunderstood, schizophrenia is a treatable medical condition.

Schizophrenia often interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others. The first signs of schizophrenia typically emerge in the teenage years or early twenties, often later for females. Most people with schizophrenia contend with the illness chronically or episodically throughout their lives, and are often stigmatized by lack of public understanding about the disease. Schizophrenia is not caused by bad parenting or personal weakness. A person with schizophrenia does not have a "split personality," and almost all people with schizophrenia are not dangerous or violent towards others while they are receiving treatment. The World Health Organization has identified schizophrenia as one of the ten most debilitating diseases affecting human beings.

What are the symptoms of schizophrenia?

No one symptom positively identifies schizophrenia. All of the symptoms of this illness can also be found in other mental illnesses. For example, psychotic symptoms may be caused by the use of illicit drugs, may be present in individuals with Alzheimer's disease, or may be characteristics of a manic episode in bipolar disorder. However, when a doctor observes the symptoms of schizophrenia and carefully assesses the history and the course of the illness over six months, he or she can almost always make a correct diagnosis.

As with any other psychiatric diagnosis, it is important to have a good medical work-up to be sure the diagnosis is correct. Drug use can mimic the symptoms of schizophrenia and may also trigger vulnerability in individuals at risk. Other medical concerns also need to be ruled out before a correct diagnosis can be made.

The symptoms of schizophrenia are generally divided into three categories -- Positive, Negative, and Cognitive:

- **Positive Symptoms**, or "psychotic" symptoms, include delusions and hallucinations because the patient has lost touch with reality in certain important ways. "Positive" refers to having overt symptoms that should not be there. Delusions cause individuals to believe that people are reading their thoughts or plotting against them, that others are secretly monitoring and threatening them, or that they can control other people's minds. Hallucinations cause people to hear or see things that are not present.
- **Negative Symptoms** include emotional flatness or lack of expression, an inability to start and follow through with activities, speech that is brief and devoid of content, and a lack of pleasure or interest in life. "Negative" does not refer to a person's attitude but to a lack of certain characteristics that should be there.
- **Cognitive Symptoms** pertain to thinking processes. For example, people may have difficulty with prioritizing tasks, certain kinds of memory functions, and organizing their thoughts. A common problem associated with schizophrenia is the lack of insight into the condition itself. This is not a willful denial but rather a part of the mental illness itself. Such a lack of understanding, of course, poses many challenges for loved ones seeking better care for the person with schizophrenia.

Schizophrenia also affects mood. While many individuals affected with schizophrenia become depressed, some also have apparent mood swings and even bipolar-like states. When mood instability is a major feature of the illness, it is called schizoaffective disorder, meaning that elements of schizophrenia and mood disorders are prominently displayed by the same individual. It is not clear whether schizoaffective disorder is a distinct condition or simply a subtype of schizophrenia.

What are the causes of schizophrenia?

Scientists still do not know the specific causes of schizophrenia, but research has shown that the brains of people with schizophrenia are different from the brains of people without the illness. Like many other medical illnesses such as cancer or diabetes, schizophrenia seems to be caused by a combination of problems including genetic vulnerability and environmental factors that occur during a person's development. Recent research has identified certain genes that appear to increase risk for schizophrenia. Like cancer and diabetes, the genes only increase the chances of becoming ill; they alone do not cause the illness.

How is schizophrenia treated?

While there is no cure for schizophrenia, it is a treatable and manageable illness. However, people sometimes stop treatment because of medication side effects, the lack of insight noted above, disorganized thinking, or because they feel the medication is no longer working. People with schizophrenia who stop taking prescribed medication are at risk of relapse into an acute psychotic episode. It's important to realize

that the needs of the person with schizophrenia may change over time. Here are a few examples of supports and interventions:

- **Recovery Supports/Relapse Prevention:** There is increasing recognition of the benefits of learning from "someone who has been there." NAMI's Peer to Peer program is designed to help individuals with mental illness learn from those who have become skilled at managing their illness. Peer support groups are also recognized as invaluable as individuals living with mental illness report better recovery outcomes as the shared experience is recognized as extremely beneficial. NAMI C.A.R.E. support groups are available in many communities and are expanding to better meet this need.
- **Family Support:** Caregivers benefit greatly from NAMI's Family-to-Family education program, taught by family members who have the knowledge and the skills needed to cope effectively with a loved one with a mental disorder. This program is available in all 50 states through many NAMI affiliates, and is offered in multiple languages in many communities.
- **Hospitalization:** Individuals who experience acute symptoms of schizophrenia may require intensive treatment, including hospitalization. Hospitalization is necessary to treat severe delusions or hallucinations, serious suicidal thoughts, an inability to care for oneself, or severe problems with drugs or alcohol. Hospitalization may be essential to protect people from hurting themselves or others.
- **Medication:** The primary medications for schizophrenia are called antipsychotics. Antipsychotics help relieve the positive symptoms of schizophrenia by helping to correct an imbalance in the chemicals that enable brain cells to communicate with each other. As with drug treatments for other physical illnesses, many patients with severe mental illnesses may need to try several different antipsychotic medications before they find the one, or the combination of medications, that works best for them.
 - Conventional Antipsychotics were introduced in the 1950s and all had similar ability to relieve the positive symptoms of schizophrenia. However, most of these older "conventional" antipsychotics differed in the side effects they produced. These conventional antipsychotics include chlorpromazine (Thorazine), fluphenazine (Prolixin), haloperidol (Haldol), thiothixene (Navane), trifluoperazine (Stelazine), perphenazine (Trilafon), and thioridazine (Mellaril). Some of the risks that may be incurred from taking these medicines include dry mouth, blurred vision, drowsiness, constipation, and movement disorders such as stiffness, a sense of restless motion, and tardive dyskinesia.
 - "Atypical" Antipsychotics were introduced in the 1990s. When compared to the older "conventional" antipsychotics, these medications appear to be equally effective for helping reduce the positive symptoms such as hallucinations and delusions, but may be better than the older medications at relieving the negative symptoms of the illness, e.g., withdrawal,

thinking problems, and lack of energy. The atypical antipsychotics include risperidone (Risperdal), clozapine (Clozaril), olanzapine (Zyprexa), quetiapine (Seroquel), and ziprasidone (Geodon). Clozapine (Clozaril) is an atypical antipsychotic medicine with special benefits and risks that are too numerous to cover in this brief fact sheet. All these antipsychotics have serious side effects such as weight gain and the risk of diabetes, but they all do not carry the same relative risk for these conditions.

All medications have side effects. Different medications produce different side effects, and people differ in the amount and severity of side effects they experience. Side effects can often be treated by changing the dose of the medication, switching to a different medication, or treating the side effect directly with an additional medication. NAMI's fact sheets on medications, developed by independent pharmacists, are a starting point to understand the risks and benefits of any individual medication. Individuals thinking of starting or changing their medication should always gather good information, consider the risks and benefits, consult with their doctor and loved ones and work together to develop the most safe and effective treatment plan possible.

- Psychosocial Rehabilitation: Research shows that people with schizophrenia who attend structured psychosocial rehabilitation programs and continue with their medical treatment manage their illness best. One example of an effective psychosocial approach for the most severely ill, or those with both mental illness and substance abuse, is the Program for Assertive Community Treatment (PACT), an intensive team effort in local communities to help people stay out of the hospital and live independently. Available 24-hours a day, seven-days a week, PACT professionals meet their clients where they live, providing at-home support at whatever level is needed. Professionals work with clients to address problems effectively, to make sure medications are being properly taken, and to meet the routine daily challenges of life, such as grocery shopping and managing money.
- Substance use counseling, housing, work and educational skill development are among other supports frequently required to maximize a person's prospects for a higher functional level. Additional information on these topics is available at www.nami.org.

Individuals with schizophrenia face enormous challenges, including society's stigmatization of people living with schizophrenia, and the discrimination that results from these prejudices. Consider getting involved in NAMI, *The National Alliance on Mental Illness*, in order to contribute to and benefit from NAMI's core activities that support the NAMI mission: support, advocacy, education and improved research for this important and challenging condition.

Reviewed by Ken Duckworth, M.D., February 2007