

MONICA SMITH:

Schizophrenia is a chronic, severe and disabling brain disease. Approximately 1 percent of the population develops schizophrenia during their lifetime. More than 2 million Americans suffer from the illness in a given year.

DAVID EDWARDS:

But this is a time of hope for people with schizophrenia and their families. Research is gradually leading to unraveling the complex causes of the disease. New medications appear to be more effective and have less unpleasant side effects. Joining us today to talk about schizophrenia is Dr. Alan Bellack, Director of the Mental Illness Research, Education and Clinical Center. Dr. Bellack, thank you for joining us today.

DR. BELLACK:

My pleasure.

DAVID EDWARDS:

Why don't we start with having you tell us, what exactly is schizophrenia?

DR. BELLACK:

Schizophrenia is the most severe of all mental illnesses. It produces frightening symptoms for patients and their families, it makes it difficult for patients to get along with other people and to live a fulfilling life using their capacities.

MONICA SMITH:

Well, I wonder now what are the major symptoms of schizophrenia?

DR. BELLACK:

There are several groups of symptoms. The one that is most apparent to people are psychotic symptoms – things like delusions, false beliefs, hallucinations, sensory impressions or voices that are not really there. There are negative symptoms, which rob people of motivation and the ability to enjoy things. Disorganization, the ability to plan, to speak clearly and effectively, and finally severe cognitive disorganization – problems in memory, attention, reasoning and problem-solving.

DAVID EDWARDS:

Do we know yet what cause schizophrenia?

DR. BELLACK:

We don't know exactly what causes it, but we're narrowing it down. We're pretty sure that there's a major genetic component to the illness and almost undoubtedly, it involves some kind of environment stressor – often times, during pregnancy or childbirth or shortly thereafter.

MONICA SMITH:

Dr. Bellack, we talked about how many Americans suffer from schizophrenia in our intro, but how common, really, is this illness?

DR. BELLACK:

Well, if you think about 1 percent of the population, there almost aren't any of us that don't know someone that has the illness or know somebody whose child or relative has the illness. So, it's very common and it costs upward of 30 billion dollars in health care in the United States, and so it's been estimated that 25 percent of all hospital beds are used by people with schizophrenia. So, it really has a major impact.

DAVID EDWARDS:

And who, exactly, is affected by this disabling disease?

DR. BELLACK:

It's something that's color-blind. It's – around the world, the population is pretty much the same at 1 percent. It doesn't respect socio-economic backgrounds or family or parenting skill. It's simply something that's part of the human heritage.

MONICA SMITH:

Well, Dr. Bellack, most of the time when you think about an illness, you think about heredity. Is this an illness that is inherited?

DR. BELLACK:

Well, when you say "inherited," it's not inherited like eye color or hair color. That's a simple genetic link. For example, we know that identical twins only have a concordance

or agreement of 50 percent. So, if it was totally genetic, then you would think that 100 percent of all twin pairs would have it, but in fact only 50 percent do. If you have a parent with the illness, you only have a 10 percent chance of getting it. So, clearly there's a genetic link, but genetics alone doesn't explain the illness or how it's transmitted.

DAVID EDWARDS:

What are the consequences of schizophrenia and what are some of the impacts that it has on our society?

DR. BELLACK:

Well, it's an illness that strikes in late adolescence or early adulthood, which is a critical time for adult development. Young people are learning how to become separated from their parents, to work, to school, to marry. And, so the illness really robs them of the capacity to do that. Only a small percentage of people with this illness are ever able to work effectively. Many of them are unable to marry or to do childrearing if they are able to get married. Many of them depend on family members or the social service system for support for much of their lives, so it really is a tragedy.

MONICA SMITH:

Now, I wonder, Dr. Bellack, because often in entertainment and video, you hear the term Dr. Jekyll and Mr. Hyde, and sometimes there's a stigma that's attached to schizophrenia,

whereas violence is detached and there's sometimes a link between the two. Are people who have schizophrenia violent by nature?

DR. BELLACK:

No, and that really is very unfortunate. Most people with schizophrenia are victims of violence, not perpetrators of violence. Every once in awhile, in fact, there is a tragic case of somebody committing random violence in the community that gets blown up in the media or picked up in movies or television shows. For example, we know that about 60 percent of women with this illness are victims of sexual abuse and many people are victims of criminal abuse. They're easy targets, unfortunately, for people in our society.

DAVID EDWARDS:

Do we ever see occurrences of schizophrenia in children? Is that something that does happen?

DR. BELLACK:

There is an illness we call childhood schizophrenia, but we're pretty sure it's a different illness. There are some parallels, but we're fairly confident that the symptoms and the genetic causes are different.

DAVID EDWARDS:

We're going to go to break right now, but we'll be back with more about schizophrenia, so please come back to us.

(BREAK)

MONICA SMITH:

Welcome back to Veterans Healthwatch. We're talking today about schizophrenia with Dr. Alan Bellack, and now joining us is Dr. Lisa Dixon, Associate Director of Research for the Mental Illness, Research and Education Clinical Center, and Professor of Psychiatry at the University of Maryland School of Medicine. Welcome, Dr. Dixon.

DR. DIXON:

Thank you.

MONICA SMITH:

Dr. Dixon, how is schizophrenia diagnosed?

DR. DIXON:

Schizophrenia is difficult to diagnose. It's something that's very frustrating for family members and for people who suffer from the disorder. The first thing to know is that there's not one single test for schizophrenia. You can't go to the doctor and stick out your arm and get a blood test and get the results back and be told you have schizophrenia. It doesn't work that way. As you've heard, schizophrenia is a disease that has a number of symptoms and behaviors that are associated with it – delusions, hallucinations, and behaviors that are poor motivation. So, how does this manifest itself? What happens is

that a person, a young man or a young woman will start to behave oddly and strangely and people in their environment will be confused. And when they finally get to the doctor, what will happen is the doctor will take the history and ask the parents, siblings – perhaps teachers – what’s been going on? Have there been behavioral changes? What have you noticed? And so the history is very important. In addition, the doctor will do some blood tests to rule out other potential causes of a change in behavior. There’s some neurological problems that can cause changes in behavior – seizure disorders – there’s some very, very rare diseases that can mask or appear to be like schizophrenia. And a final very, very important condition to rule out before making a diagnosis of schizophrenia is substance abuse. Drugs like cocaine, alcohol, marijuana can produce symptoms and behaviors that look like schizophrenia but are not schizophrenia. So, the doctor has to take a careful history and do some tests to make sure that schizophrenia is the correct diagnosis.

DAVID EDWARDS:

Dr. Dixon, we’ve talked about diagnoses and symptoms, but how do you treat schizophrenia?

DR. DIXON:

The treatment of schizophrenia has three components. The first component is medication. There are many different kinds of medication, but the most, the cornerstone of the treatment of schizophrenia in terms of medication includes anti-psychotic drugs or psychotropic drugs, neuroleptic drugs. These are all different words for the same thing.

These are medicines that really are very effective in eliminating or at least reducing the delusions, the odd ideas, the hallucinations, and some of the disorganization that goes along with schizophrenia. There are also medications that help with the irritability, the anger, the unpredictability that consist with that. There are some medicines that calm people down. There are medicines that reduce some of the depression that sometimes goes along with schizophrenia. So, medications are a very important part of the treatment of schizophrenia.

The second component of treatment for schizophrenia is rehabilitation. As you've heard, people with schizophrenia often don't work, or more often than not are unable to work. They have trouble with their roles in the family, and so part of what we do in the care of people with schizophrenia is try to help them achieve their optimal functioning, and I think it is true that often, or really all the time with schizophrenia, people don't achieve what they might have achieved had they not gotten the illness, but they can often accomplish a fair amount in their lives. And I think one of the important messages we want to communicate is hope and some of the treatments – the rehabilitation treatments – do help people function in their communities and in their lives and in their families.

The third leg of treatment has to do with economic and social supports. If you don't work, how do you have money to live, for food, for housing? And so there are a number of services and types of assistance that help people really compensate for some of the losses they've had in terms of the things that we need to live.



MONICA SMITH:

Dr. Dixon, I want to get back to the medications for a moment. Are they effective and does it work for everyone?

DR. DIXON:

Okay. In the treatment for schizophrenia, none of the medications or rehabilitation strategies is a cure. We do not have a cure for this disease. I'm hoping, you know, in the next decade, 20 years, 30 years, that we have a cure, but the medications do not cure the disease. They help people manage the symptoms and they markedly reduce the symptoms. So, you could have someone who's hearing voices all the time. They might go from hearing voices all the time to hearing voices maybe once or twice a week, three times a week, or not hearing voices at all. But that same person may have continued problems with disorganization, with motivation. So, what you see is that the medications help with some of the symptoms, but not all.

And it's also important to note that there are an unfortunate minority of people with this disease – maybe about 1/3, 20 percent – who really are not helped by the medication.

And, so we need to do more work to try to help those people who really, for whatever reason, the medication just doesn't work.

DAVID EDWARDS:

Dr. Bellack, what rehabilitation, specifically, is available for individuals with schizophrenia?

DR. BELLACK:

Well, there's two kinds of areas that we're primarily focused on. Do you remember I said earlier that this is an illness that strikes late adolescence/young adulthood, and so people are not really achieving social milestones and developing skills that their healthy peers master in order to live independently. So, one of the focal areas is to try and help compensate or make up for the learning deficits and the failure to experience critical incidents. A lot of what we do involves skill development. We teach patients social skills, how to get along as an adult, how to relate to other people in a work environment, how to date, how to solve every day problems in a social environment. And in a lot of different arenas, where we can help teach skills that other people have acquired naturally, but that people with this illness were unable to because they were suffering from the early stages of the disease.

The other thing that we try to do is help people cope more effectively with the illness and its symptoms. Dr. Dixon just pointed out that many people continue to have symptoms even when they're on medication, and these symptoms can be very distressing. They can be very frightening. So, what we try to do is help people cope more effectively. One important thing to keep in mind about schizophrenia that we haven't touched on – approximately 10 percent of people with this illness commit suicide, primarily people in the early stages of the illness. And one of the major reasons why this happens is that they're recognizing the disability. They're feeling more and more distance from their peers and family members, and often times are afraid that they will never be able to

accomplish what they wanted to in life. So, it's very important to provide social supports, to provide a base of encouragement for people at this critical stage, and to try and make sure that we can protect them as much as possible when they are feeling most down and a danger of harming themselves.

MONICA SMITH:

Dr. Dixon, we've been talking a lot about social support, and with an illness as severe as this, you do need a great deal of social support, but could you give us an idea of what specific type of social help a person with schizophrenia may need?

DR. DIXON:

Okay. Well, we can start with income. So, if someone develops this disease and is unable to work or is disabled, there are benefits, government benefits, social security, that people are entitled to, if in fact, disability can be established. So, that's one thing that needs to at least be addressed or inquired about.

Other kinds of social supports would be housing. When someone's an adult, it's not really socially appropriate anymore to live with your parents, although some people do make that choice. Often times, people want to be living on their own and that is kind of more normal in our culture, so there are programs that are available that help adult people with this disorder live more independently, and perhaps as a 40 or 50 year old man with this disease, he might need a little bit more assistance in maintaining an independent housing situation. Maybe, perhaps, help with shopping or cooking or may need to live

with some assistance in a household. There are housing programs and care types of facilities where people can live.

So, those would be two examples – income, housing. And then even help with getting a job. Dr. Bellack talked about help in problem solving and social skills, but then there are programs that actually help people get jobs – perhaps not full time jobs, but part time jobs – and help people to keep those jobs.

DAVID EDWARDS:

This is really wonderful information. I didn't realize all the details and the symptoms that went along with schizophrenia. We thank you for that. We're going to go to a break right now.

(BREAK)

DAVID EDWARDS:

Welcome back to Veterans Healthwatch. Today we're talking about schizophrenia and its treatment. Dr. Bellack, what role can the family play in treating a loved one with schizophrenia and assisting them?

DR. BELLACK:

Family often plays a critical role. Dr. Dixon was talking before the break about the fact that people with this illness can't fulfill social roles and they need a lot of support from

the public service system, but that never substitutes for family. And even adults who should otherwise be living independently, wind up having lots of contact from family. They go to family when they're having emergencies, family is often called on to provide financial support, and it's sort of difficult for any of us these days to negotiate the health care system, and families often play a critical role in helping the person with this illness deal with health providers, deal with medical providers, deal with social service providers.

MONICA SMITH:

Well, Dr. Dixon, we're talking a lot about family and social support, but I'm curious to know what is the actual role of the family? What are their needs?

DR. DIXON:

There are five things that families need. This is what we actually learned from research. First, families need education, knowledge. When this illness hits, you don't know what's going on, so you need to know what the symptoms are and information.

The second thing that families need is support. Mental illness is one of the most isolating experiences. No one wants to talk about it, it's embarrassing and when you have mental illness in your family, you don't want to tell anybody. You need support from other people who are going through something similar. It's wonderful; it's helpful, it's hopeful.

The third thing that families need really are skills, problem solving skills. When someone is hallucinating, what do you do? What do you say? Do you challenge them? Do you ignore it? These are not easy questions. You need help knowing what to do and how to react.

The fourth thing that families need are help with crises. You need to know what to do if something *really* goes wrong. You know, who do you call? Do you call the police? Do you call the doctor? Do you call your sister? And so families need help what to do when a crisis occurs. And it does occur, because lots of medical diseases occur with this one.

The last thing that families need, and people who are suffering from this disease need is hope – hope that things will get better and can get better, and I think that one of the things that we've learned, and we'll talk a little bit more about with research, is that again, perhaps things won't be as we dreamed – they never really are in life – they can, we can meet some goals, people can meet some goals and families can function.

DR. BELLACK:

There's an important point that Lisa was alluding to in the context of education that has to do with guilt. And many families blame themselves. Society often blames the family. There's something that you did wrong. You were a bad parent. And in fact, we know from considerable research that that's simply not the case. We were talking earlier in the show about the important role of genetic factors and early life events, you know, again, in pregnancy or in birth – birth complications that add to the genetic vulnerability, but it's

not an illness that results from bad parenting, and families need to be educated and they need support from professionals and from their peers to understand that it's not their fault.

DAVID EDWARDS:

Dr. Dixon, what are some of the community resources that are available to assist individuals with schizophrenia as well as their family members?

DR. DIXON:

There is health care, let's start with that. The VA provides a whole range of services that are available. If that isn't convenient or doesn't work out right away, there are community programs in every county of the state. Out patient clinics, hospitals, emergency rooms, there's a variety of resources. That's in the health care system.

Outside of the health care system there are also a lot of resources. A very important organization that was started by parents of people with severe mental illness is called the National Alliance for the Mentally Ill and this is a very large organization that has affiliates at the state level and at the county level that is there for people, families, individuals who suffer from mental illness, provides that experience, that outreach, that support and information. So, that is a very important resource – The Alliance for the Mentally Ill.

MONICA SMITH:

Well, it seems like we have one thing that we know for sure, that there is hope for a person suffering from schizophrenia, and the outlook looks good for research. But, I wonder, Dr. Bellack, if you could give us more information on what you actually do at your Mental Illness Research, Education and Clinical Center?

DR. BELLACK:

Well, schizophrenia is a brain disease, and we have learned over the last 10 or 15 years, so much more about how the brain operates – about neurochemistry of the brain, about function and structure of the brain that really is opening the road for us to develop new and more effective treatments. The VA has funded eight large regional centers to focus on severe mental illness. Ours is one of two that focuses on schizophrenia, and so we have an extensive program of research on this illness. The other thing that's really special about VA is that ultimately, it's commitment is to veterans, and so part of what our charge is, is to do research, to lead in the scientific developments, but then to make sure that we translate the results of our scientific research into the care for veterans.

So, we do education for VA staff, so they can do cutting edge, effective treatments, and we do clinical demonstration programs, to try to introduce new and more effective treatments into VA.

DAVID EDWARDS:

Dr. Dixon, we only have a few seconds left, but can you tell us exactly who is eligible for your research program, very briefly before we end the program?



DR. DIXON:

Our programs are generally open to people who have schizophrenia and related disorders.

Medication studies, rehabilitation studies and treatment studies.

DAVID EDWARDS:

Thank you both for being here today. That wraps things up for us today. Thank you for joining us for this edition of Veterans Healthwatch.