

## Facts about Schizophrenia

Schizophrenia is a major psychiatric disorder that can affect all aspects of daily living including work, social relationships and self care skills (such as grooming and hygiene). People with the disorder can have a wide variety of symptoms including problems with their contact with reality (hallucinations and delusions), low motivation, inability to experience pleasure and poor attention. The serious nature of the symptoms of schizophrenia sometimes requires clients to be hospitalized at times for treatment. The experience of schizophrenia can be described as similar to "dreaming when you are wide awake"; that is, it can be hard for the person with the disorder to distinguish between reality and fantasy.

### How Common is Schizophrenia?

About one in every one hundred people (1 percent) develops schizophrenia at some time during his or her life. Schizophrenia is one of the most common serious psychiatric disorders. More hospital beds are occupied by persons with this diagnosis than any other psychiatric disorder.

### How is the Disorder Diagnosed?

Schizophrenia can only be diagnosed by a clinical interview. The purpose of the interview is to determine whether the client has experienced specific "symptoms" of the disorder, and whether these symptoms have been present long enough to merit the diagnosis. In addition to conducting the interview, the diagnostician must also check to make sure that the client is not experiencing any physical problems that could cause symptoms similar to schizophrenia, such as a brain tumor or alcohol or drug abuse.

Schizophrenia can not be diagnosed with a blood test, an X ray , a CAT scan, or any other laboratory test. An interview is necessary to establish the diagnosis.

### The Characteristic Symptoms of Schizophrenia

The diagnosis of schizophrenia requires that the client experience some decline in social functioning for at least a six-month period, such as problems with school or work, social relationships or self-care. In addition, some other symptoms are commonly present. The symptoms of schizophrenia can be divided into three broad classes: positive symptoms, negative symptoms and other symptoms. A person with schizophrenia has some (but not all) of the symptoms described below.

#### *Positive Symptoms*

Positive symptoms refer to thoughts, perceptions and behaviors that are ordinarily absent in people in the general population, but are present in person with schizophrenia. These symptoms often vary over time in their severity, and may be absent for long periods in some clients.

**Hallucinations.** Hallucinations are false perceptions; that is hearing, seeing, feeling or smelling things that are not actually there. The most common type of hallucinations are *auditory hallucinations*. Clients sometimes report hearing voices talking to them or about them, often saying insulting things, such as calling them names. These voices are usually heard through the ears and sound like other human voices.

**Delusions.** Delusions are false beliefs; that is, a belief that the client holds but that others clearly see is not true. Some clients have paranoid delusions, believing that others want to hurt them. *Delusions of reference* are common, in which the client believes that something in the environment is referring to him or her when it is not (such as the television talking to the client). *Delusions of control* are beliefs that others can control one's actions. Clients hold these beliefs strongly and cannot usually be "talked out" of them.

**Thinking Disturbances.** The client talks in a manner that is difficult to follow, an indication that he or she has a disturbance in thinking. For example, the client may jump from one topic to the next, stop in the middle of the sentence, make up new words, or simply be difficult to understand.

#### *Negative Symptoms*

Negative symptoms are the opposite of positive symptoms. They are the absence of thoughts, perceptions, or behaviors that are ordinarily present in people in the general population. These symptoms are often stable throughout much of the client's life.

**Blunted Affect.** The expressiveness of the client's face, voice tone, and gestures is diminished or restricted. However, this does not mean that the person is not reacting to his or her environment or having feelings.

**Apathy.** The client does not feel motivated to pursue goals and activities. The client may feel lethargic or sleepy and have trouble following through on even simple plans. Clients with apathy often have little sense of purpose in their lives and have few interests.

**Poverty of Speech or Content of Speech.** The client says very little, or when he or she talks, it does not amount to much. Sometimes conversing with the client can be unrewarding.

**Anhedonia.** The client experiences little or no pleasure from activities that he or she used to enjoy or that others enjoy. For example, the person may not enjoy watching a sunset, going to the movies, or a close relationship with another person.

**Inattention.** The client has difficulty attending and is easily distracted. This can interfere with activities such as work, interacting with others and personal-care skills.

#### *Other Symptoms*

Many other symptoms can also be present in schizophrenia, as described below.

**Depression and suicidal thoughts.** Depressed feelings are common for some clients, as are thoughts of suicide or even suicide attempts.

**Labile Mood.** The client's mood can shift from one extreme to another (such as from happiness to anger to depression) over short periods of time, for little or no understandable reason.

**Anger and Hostility.** The client is angry and unpleasant to others, often because of delusions, the person has (such as persecutory delusions).

**Alcohol and Drug Abuse.** Clients with schizophrenia are prone to abusing alcohol or drugs, either because of the disturbing symptoms, to experience pleasure, or when socializing with others.

## **How Is Schizophrenia Distinguished from Bipolar Disorder and Schizoaffective Disorder?**

Many persons with a diagnosis of schizophrenia also have had, at some point a diagnosis of bipolar disorder or schizoaffective disorder. Diagnostic uncertainty results because during a symptom flare-up, a psychotic symptom such as a delusional grandiosity (for example, a belief that a person is Jesus Christ) may reflect schizophrenia, schizoaffective disorder, or mania. However, over time, the symptoms of these three disorders tend to differ. Of particular importance, when the moods are stable persons with bipolar disorder do not usually experience symptoms, while persons with schizophrenia or schizoaffective disorder often do. Schizoaffective disorder differs from schizophrenia in that clients with the former disorder have very prominent symptoms of mood disturbance (either depression or mania) throughout much of the course of their disorder, whereas clients with the latter disorder do not.

## **What is the Course of Schizophrenia?**

The disorder usually begins in late adolescence or early adulthood often between the ages of sixteen and thirty. The disorder is a life long one, although symptoms gradually tend to improve over the person's life. The severity of symptoms usually varies overtime, at times requiring hospitalization for treatment. However, most clients have at least some symptoms throughout their lives.

## **What Causes Schizophrenia?**

The cause of schizophrenia is not known. Schizophrenia may actually be several disorders. Scientists believe that an imbalance in brain chemicals (specifically, dopamine) may be at the root of the disorder. Vulnerability to developing the disorder appears to be partly determined by genetic factors and partly by early environmental factors (such as subtle insults to the brain of a baby while still in the womb or during birth).

## **Are There Factors That Might Increase the Likelihood of Relapse?**

Factors that tend to increase the likelihood of a psychotic episode include a significant life change (good or bad), use of stimulant drugs such as amphetamines or cocaine, and stopping prescribed medications against the doctor's advice.

## **How is Schizophrenia Treated?**

Antipsychotic medications are an effective treatment for schizophrenia for most persons with the disorder. These drugs are not a "cure" for the disorder, but they can reduce symptoms and prevent relapses among the majority of persons with the diagnosis. Other important treatments included social-skills training, vocational rehabilitation and supported employment, and intensive case management.

Dealing with episodes of schizophrenia can be very disruptive and distressing. Many persons with the disorder can benefit from supportive counseling to learn how to manage the disorder, as well as deal with its impact on their lives. Some types of family therapy also can reduce stress and teach family members how to monitor the disorder.

Consult mental health professionals (such as a psychiatrist, psychologist, social worker or psychiatric nurse) about any questions you have concerning this handout.