

FACTS ABOUT SCHIZOPHRENIA

What Is Schizophrenia?

Schizophrenia is a major mental illness that can affect many aspects of daily living, including work, social relationships, and self-care skills (such as grooming and hygiene). People with the illness can have a wide variety of different symptoms, including unusual perceptual experiences (like hearing voices no one else hears), having unusual beliefs not shared by others (e.g. feeling unsafe in the world or that you are being followed), having difficulty communicating, low motivation, difficulty experiencing pleasure, and poor attention. Sometimes, symptoms are so severe that individuals must be hospitalized briefly for treatment and to keep them safe. Having schizophrenia has been described as similar to "dreaming when you are wide awake." In other words, it can be hard for the person with the illness to tell the difference between what is happening and what is imagined.

How Common Is Schizophrenia?

About one in every one hundred people (1%) develops schizophrenia at some time during their lives. Schizophrenia is one of the most common mental illnesses. More hospital beds are occupied by persons with this diagnosis than any other psychiatric disorder. The illness is found all over the world.

How Is the Disorder Diagnosed?

Schizophrenia can only be diagnosed by an interview with a mental health professional. The purpose of the interview is to determine whether the person has experienced specific "symptoms" of the disorder, and how long these symptoms have been present. In addition to conducting the interview, the clinician must also check to make sure that the person is not experiencing any physical problems that could cause symptoms similar to schizophrenia, such as a brain tumor or alcohol/drug abuse.

Schizophrenia cannot be diagnosed with a blood test, X-ray, CAT-scan, or any other laboratory test. An interview is necessary to make the diagnosis.

The Typical Symptoms of Schizophrenia

The diagnosis of schizophrenia requires that the individual's social functioning decline over at least six months. The person may have 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 groups: positive symptoms, negative symptoms, and other symptoms. A person with schizophrenia will usually have 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 individuals with schizophrenia. These symptoms often vary over time in their severity, and may be absent for long periods in some individuals.

Hallucinations. Hallucinations are "false perceptions"; that is, hearing, seeing, feeling, or smelling things that others do not experience. The most common type is auditory hallucinations. Individuals sometimes report hearing voices talking to them or about them. The voices often say insulting things, such as calling the person names. These voices are different than the experience of having your own thoughts.

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

Thinking disturbances. The person talks in a manner that is difficult to follow. For example, the person 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 without schizophrenia. These symptoms are often stable throughout much of the person's life.

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

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

Anhedonia. The individual 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.

Poverty of speech or content of speech. The person says very little, or when he or she talks, it can be hard for others to understand what is meant. Sometimes conversing with the individual can be challenging.

Inattention. The person has difficulty paying attention 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:

Substance abuse. Persons with these disorders often use alcohol and drugs to try to control their symptoms. Other reasons for their use might include trying to fit in with friends or to feel more pleasure.

Depression and suicidal thoughts. Depressed or sad feelings are common for some individuals with schizophrenia, as are thoughts of suicide, or even suicide attempts.

Labile mood. The person's mood can change very quickly from one

extreme to another (such as happiness to anger to depression). This may occur for little or no understandable reason.

Anger and hostility. The person may be angry and unpleasant to others, often this is because of delusions that person has (such as others wish to harm him or her).

What Is the Typical Course of Schizophrenia?

Overall, newer treatments and perspectives make us much more hopeful about the lives of people diagnosed with schizophrenia. The illness usually begins in late adolescence or early adulthood, often between the ages of sixteen and thirty. On average, it seems to be diagnosed a few years later in females than males. Schizophrenia is sometimes a life-long illness, although the symptoms tend to gradually improve over the person's life. Often, by middle age, a person diagnosed with schizophrenia will be experiencing relatively few symptoms and can have a satisfying life. The severity of symptoms usually varies over time, at times requiring hospitalization for treatment.

What Causes Schizophrenia?

We do not know what causes schizophrenia. It may actually be several illnesses. Scientists believe that an imbalance in brain chemicals (specifically, dopamine) may be at the root of the illness. The chance of developing the illness appears to be partly determined by genetic factors and partly by biological risks the baby is exposed to while it is still inside the mother or during birth. For example, a virus the mother has during pregnancy or minor difficulties during the mother's labor may result in subtle brain damage that only becomes apparent later in the child's life.

How Is Schizophrenia Treated?

Schizophrenia is often a persistent but episodic illness, like diabetes or multiple sclerosis. Antipsychotic medications can be helpful for many individuals with schizophrenia. These drugs are not a "cure" for the illness, but they can reduce symptoms and prevent relapses. Other important treatments include social skills training, vocational rehabilitation and supported employment, psychotherapy, and intensive case management. Peer support from others living with these illnesses can also be important. Family therapy often helps reduce stress in the family and teaches family members how to

monitor the disorder. In addition, individual supportive counseling can help the person with the disorder learn to manage it more successfully and obtain emotional support in coping with the distress resulting from the disorder. Research has shown that individuals who participate meaningfully in the recovery process may be able to more effectively manage their symptoms, improve the course of the disorder, and lead productive and full lives. Family support and involvement in mental health recovery can be crucial in the individual's engagement and success in the recovery journey.

Summary

1. Schizophrenia is a biological disorder which likely results from an imbalance in brain chemicals.
2. Schizophrenia develops in about 1 in 100 people.
3. Common symptoms of Schizophrenia include positive symptoms (hearing voices, unusual beliefs), negative symptoms (apathy, little emotion, poor attention and concentration) and other symptoms.
4. Medications often reduce symptoms of Schizophrenia.
5. There is hope for individuals with Schizophrenia. Symptoms tend to improve through the lifetime.
6. Effective treatments are available that may reduce symptoms. Individuals and their loved ones who work actively toward mental health recovery can positively improve the course of the illness and the quality of the individual's life.

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