

Facts

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality. Although schizophrenia is not as common as other mental disorders, the symptoms can be very disabling.

Schizophrenia can affect people throughout the lifespan although most commonly, the incidence (rate of diagnosis) of new cases of schizophrenia increases in the teen years, reaching a peak of vulnerability between the ages of 16 and 25 years. Men and women show different patterns of susceptibility for developing schizophrenic symptoms. Males reach a single peak of vulnerability for developing schizophrenia between the ages of 18 and 25 years. In contrast, female vulnerability peaks twice; first between 25 and 30 years, and then again around 40 years of age. About 1.2% of the population develops schizophrenia during their lifetime; more than 3.2 million Americans have the illness in a given year.

Signs & Symptoms

Schizophrenia typically starts with a gradual period where odd behaviors and experiences, such as anxiety, restlessness and hallucinations begin to occur, but not yet with their fullest force. There may be a gradual loss of reality. Many people describe the onset of odd feelings, thoughts and perceptions a few months before anyone else can see visible evidence of them. It can be quite difficult to recognize schizophrenia during this early stage. People experiencing these symptoms for the first time may be able to hide them for a while. It becomes more difficult as the psychotic process sets in and their outer actions begin to reflect their inner perceptual distortions.

The key to successful recovery is early diagnosis and treatment. In general, the earlier someone with schizophrenia is diagnosed and stabilized on an appropriate treatment regime, the better their chance of recovery. In light of this tendency, anyone who suspects that they (or someone they know) may have signs and symptoms consistent with schizophrenia should consult with a psychiatrist at their earliest possible convenience. With the proper medications and supportive counseling, the ability of persons with schizophrenia to live and function relatively well in society is excellent.

Schizophrenia often becomes a chronic condition that continues throughout the remainder of life with varying degrees of intensity. The “first break” may be

the last break if the case of schizophrenia is mild and if treatment is administered promptly and continued as directed by a psychiatrist. More typically, however, the first break leads to a pattern of varying periods of relative recovery and periods of new active-phase psychosis that continue throughout the person's life.

Symptoms include:

- **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 are bizarre, e.g., believing the government is controlling their behavior through radio or magnetic waves.

- **HALLUCINATIONS**

Hallucinations are disturbances of perception that can occur with any of the five senses. Auditory hallucinations, including 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.

- **DISORGANIZED THINKING (SPEECH)**

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

- **DISORGANIZED OR ABNORMAL MOTOR BEHAVIOR**

Disorganized or abnormal motor behaviors can range from childlike “silliness” to unpredictable agitation, to varying levels of catatonic behavior (including negativism, mutism and stupor). These problems can affect goal-directed behavior, leading to difficulties in performing activities of daily living.

- **NEGATIVE SYMPTOMS**

Two types of negative symptoms affecting people with schizophrenia are diminished emotional expression and lack of avolition (motivation) to engage in activity. In other words, people with schizophrenia may seem “flat,” or lack

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emotional expressiveness. They may speak in a monotonous voice, have little facial expression and appear apathetic. The person may sit for long periods of time and show little interest in participating in activities. 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.

Causes

According to the National Institute of Mental Health, there are several factors that contribute to the risk of developing schizophrenia.

■ **Genes and environment:** Scientists have long known that schizophrenia sometimes runs in families. However, there are many people who have schizophrenia who don't have a family member with the disorder and conversely, many people with one or more family members with the disorder who do not develop it themselves.

Scientists believe that many different genes may increase the risk of schizophrenia, but that no single gene causes the disorder by itself. It is not yet possible to use genetic information to predict who will develop schizophrenia.

Scientists also think that interactions between genes and aspects of the individual's environment may be necessary for schizophrenia to develop. Environmental factors may involve: exposure to viruses, malnutrition before birth, problems during birth, psychosocial factors.

■ **Different brain chemistry and structure:** Scientists think that an imbalance in the complex, interrelated chemical reactions of the brain involving the neurotransmitters (substances that brain cells use to communicate with each other) dopamine and glutamate, and possibly others, plays a role in schizophrenia.

Some experts also think problems during brain development before birth may lead to faulty connections. The brain also undergoes major changes during puberty, and these changes could trigger psychotic symptoms in people who are vulnerable due to genetics or brain differences.

Treatment

There is no known cure for schizophrenia. Fortunately, there are effective treatments that can reduce symptoms, decrease the likelihood that new episodes of psychosis will occur, shorten the duration of psychotic episodes, and, in general, offer the majority of people suffering from schizophrenia the possibility of living more productive and satisfying lives.

Also, research has 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. The outlook for these people is optimistic.

Helping Someone Else

Coping with the symptoms can be especially difficult for family members and friends who remember how the person was before he became ill. 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 and Statistical Manual, 5th Edition (DSM-5)
National Institute of Mental Health
Mental Health America
National Alliance on Mental Illness
Mental Health Net