

What is Schizophrenia?

Schizophrenia is a serious mental illness and patients experience progressive personality changes and a breakdown in their relationships with the outside world. They have disorganized and abnormal thinking, behaviour and language and become emotionally unresponsive or withdrawn.

People who suffer from schizophrenia may have a very broad range of symptoms which can cause great distress to themselves and their families. These symptoms can take many forms including:

- a) 'Positive symptoms' (abnormal experiences), such as hallucinations (seeing, hearing, feeling something that isn't actually there), delusions (false and usually strange beliefs) and paranoia (unrealistic fear)
- b) 'Negative symptoms' (absence of normal behaviour), such as emotional withdrawal, and lack of motivation and enjoyment;
- c) Cognitive dysfunction (problems with concentration, learning abilities and memory)

Schizophrenia is now recognised as a severe brain disease that is found all over the world. About 1% of any population will develop schizophrenia during their lifetime. Although schizophrenia affects men and women with equal frequency, the disorder often appears earlier in men, usually in the late teens or early twenties, than in women, who are generally affected in the twenties to early thirties.

Symptoms

The first signs of schizophrenia often appear as confusing, or even shocking, changes in behaviour. People with schizophrenia often go on to suffer terrifying symptoms such as hearing voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or trying to harm them.

Their speech and behaviour can be so disorganised that they may be incomprehensible or frightening to others.

Coping with the symptoms of schizophrenia can be especially difficult for family members. "Psychosis", a common condition in schizophrenia, is a

state of mental impairment marked by hallucinations, which are disturbances of sensory perception such as hearing voices and seeing things that others can't, and delusions, which are strongly held personal beliefs that result from an inability to separate real from unreal experiences.

Living in a world distorted by hallucinations and delusions, individuals with schizophrenia may feel frightened, anxious, and confused. Less obvious symptoms, such as social isolation or withdrawal, or unusual speech, thinking, or behaviour, may precede, be seen along with, or appear later in the course of the illness.

Schizophrenia often affects a person's ability to "think straight". Thoughts may come and go rapidly; the person may not be able to concentrate on one thought for very long and may be easily distracted, unable to focus attention. The person may be unable to connect thoughts into logical sequences, with thoughts becoming disorganised and fragmented.

This lack of logical continuity of thought, termed "thought disorder", can make conversations very difficult and may contribute to social isolation. If people cannot make sense of what an individual is saying, they are likely to become uncomfortable and tend to leave that person alone.

Some people have only one such psychotic episode; others have many episodes during a lifetime, but lead relatively normal lives in between. Yet another group may have a continuous or recurring pattern of illness, and often does not fully recover and typically requires long-term treatment.

Suicide is a serious danger in people who have schizophrenia as approximately 10% to 15% of them (especially younger adult males) commit suicide. If an individual tries to commit suicide or threatens to do so, professional help should be sought immediately.

Due to the frequent, bizarre nature of symptoms, psychosis has frequently been attributed to the supernatural, such as being possessed or charmed, leading family members to seek alternative forms of treatment rather than medical treatment. The delay in medical treatment plays a significant role in the long-term outcome of these patients. The longer the duration of untreated illness, the more difficult it is to treat the patient and results in

more permanent disabilities.

Causes of Schizophrenia

In reality, there is no known single cause of schizophrenia. The old theories that schizophrenia is caused by poor parenting and abnormal interaction within the family have largely been disproved. Many other factors probably interplay with each other to cause the illness.

It has long been known that schizophrenia runs in families. People who have a close relative with schizophrenia are more likely to develop the disorder than are people who have no relatives with the illness. For example, an identical twin of a person with schizophrenia has an almost one in two chance of developing the illness. A child whose parent has schizophrenia has about a one in 10 chance.

By comparison, the risk of schizophrenia in the general population is about one in a 100. It is also likely that the disorder is associated with some imbalance of the complex chemical systems of the brain and abnormalities in brain structure.

The outlook for people with schizophrenia has improved over the last 25 years. The last decade or so has been a time of hope for people with schizophrenia and their families. Research is gradually leading to new and safer medications and unravelling the mysteries behind the causes of the disease.

How serious is Schizophrenia?

Schizophrenia is a serious mental illness but it is not true that people who have schizophrenia are very dangerous - this is rarely the case.

How long does Schizophrenia last?

Although schizophrenia is treatable, relapses are common and the illness may never fully resolve.

How is Schizophrenia treated?

Antipsychotic medications have been available since the 1950s and have greatly improved the outlook for patients. These earlier antipsychotic drugs are often very effective in treating certain symptoms of schizophrenia, particularly hallucinations and delusions. Unfortunately, these drugs may not be as helpful with other symptoms, such as reduced motivation and emotional expressiveness. At the same time, these older antipsychotics frequently produce disabling side-effects, which adds to the stigma associated with schizophrenia.

Since 1990, a number of new antipsychotic drugs (the so-called "atypical antipsychotics") have been introduced and these have revolutionised the treatment of schizophrenia.

These newer medications treat all the symptoms of schizophrenia equally well and at the same time possess a lower propensity to cause the disabling side effects that are associated with the older drugs, allowing patients to stay well, functioning more effectively and appropriately.

The outlook for sufferers has improved greatly in the last few decades and many people can be treated outside hospital and live within the community for most of their lives.

When someone is first diagnosed as suffering from schizophrenia, they are usually treated in hospital, but many people can then have treatment at home, particularly if they have a supportive family.

Treatment includes counselling, social support and rehabilitation.

In addition anti-psychotic medicines are available to treat the worst symptoms of the illness, such as hallucinations, but there is no "cure" at present.

In addition to medical treatment, support from family, friends and healthcare services is also a vital part of therapy.

It is crucial to remember that psychosocial treatment is just as important as

medication in treating someone with schizophrenia. Even when patients with schizophrenia are free of psychotic symptoms, many still have difficulty with communication, motivation, self-care, and relationships with others.

Moreover, because patients with schizophrenia frequently become ill during the critical career-forming years of life (for example, ages 18 to 35), they are less likely to complete the training required for skilled work. As a result, many with schizophrenia not only suffer thinking and emotional difficulties, but lack social and work skills and experience as well.

It is with these psychological, social, and occupational problems that psychosocial treatments can help the most. Numerous forms of psychosocial therapy are available, and most focus on improving the patient's social functioning, whether in the hospital or community, at home, or on the job.