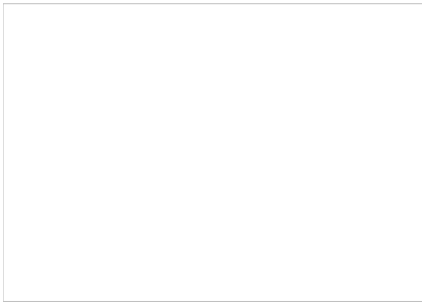


What is schizophrenia? Onset and symptoms



Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality, which can be distressing for them and for their family and friends. The symptoms of schizophrenia can make it difficult to participate in usual, everyday activities, but effective treatments are available. Many people who receive treatment can engage in school or work, achieve independence, and enjoy personal relationships. However, to make this come true, we first need to learn about the disease and how to recognise and manage it.

What is Schizophrenia?

Schizophrenia is a chronic brain disorder that affects less than one percent of the U.S. population. When schizophrenia is active, symptoms can include delusions, hallucinations, disorganized speech, trouble with thinking and lack of motivation. However, with treatment, most symptoms of schizophrenia will greatly improve and the likelihood of a recurrence can be diminished.

While there is no cure for schizophrenia, research is leading to innovative and safer treatments. Experts also are unraveling the causes of the disease by studying genetics, conducting behavioral research, and using advanced imaging to look at the brain's structure and function. These approaches hold the promise of new, and more effective therapies.

The complexity of schizophrenia may help explain why there are misconceptions about the disease. Schizophrenia does not mean split personality or multiple-personality. Most people with schizophrenia are not any more dangerous or violent than people in the general population. While limited mental health resources in the community may lead to homelessness and frequent hospitalizations, it is a misconception that people with schizophrenia end up homeless or living in hospitals. Most people with schizophrenia live with their family, in group homes or on their own.

Research has shown that schizophrenia affects men and women fairly equally but may have an earlier onset in males. Rates are similar around the world. People with schizophrenia are more likely to die younger than the general population, largely because of high rates of co-occurring medical conditions, such as heart disease and diabetes.

Onset and Symptoms

It's important to recognize the symptoms of schizophrenia and seek help as early as possible. People with schizophrenia are usually diagnosed between the ages of 16 and 30, after the first episode of psychosis. Starting treatment as soon as possible following the first episode of psychosis is an important step toward recovery. However, research shows that gradual changes in thinking, mood, and social functioning often appear before the first episode of psychosis. Schizophrenia is rare in younger children.

Schizophrenia symptoms can differ from person to person, but they generally fall into three main categories: psychotic, negative, and cognitive.

Psychotic symptoms include changes in the way a person thinks, acts, and experiences the world. People with psychotic symptoms may lose a shared sense of reality with others and experience the world in a distorted way. For some people, these symptoms come and go. For others, the symptoms become stable

over time. Psychotic symptoms include:

- **Hallucinations:** When a person sees, hears, smells, tastes, or feels things that are not actually there. Hearing voices is common for people with schizophrenia. People who hear voices may hear them for a long time before family or friends notice a problem.
- **Delusions:** When a person has strong beliefs that are not true and may seem irrational to others. For example, individuals experiencing delusions may believe that people on the radio and television are sending special messages that require a certain response, or they may believe that they are in danger or that others are trying to hurt them.
- **Thought disorder:** When a person has ways of thinking that are unusual or illogical. People with thought disorder may have trouble organizing their thoughts and speech. Sometimes a person will stop talking in the middle of a thought, jump from topic to topic, or make up words that have no meaning.
- **Movement disorder:** When a person exhibits abnormal body movements. People with movement disorder may repeat certain motions over and over.

Negative symptoms include loss of motivation, loss of interest or enjoyment in daily activities, withdrawal from social life, difficulty showing emotions, and difficulty functioning normally. Negative symptoms include:

- Having trouble planning and sticking with activities, such as grocery shopping
- Having trouble anticipating and feeling pleasure in everyday life
- Talking in a dull voice and showing limited facial expression
- Avoiding social interaction or interacting in socially awkward ways
- Having very low energy and spending a lot of time in passive activities. In extreme cases, a person might stop moving or talking for a while, which is a rare condition called *catatonia*.

These symptoms are sometimes mistaken for symptoms of depression or other mental illnesses.

Cognitive symptoms include problems in attention, concentration, and memory. These symptoms can make it hard to follow a conversation, learn new things, or remember appointments. A person's level of cognitive functioning is one of the best predictors of their day-to-day functioning. Cognitive functioning is evaluated using specific tests. Cognitive symptoms include:

- Having trouble processing information to make decisions
- Having trouble using information immediately after learning it
- Having trouble focusing or paying attention

Risk of Violence

Most people with schizophrenia are not violent. Overall, people with schizophrenia are more likely than those without the illness to be harmed by others. For people with schizophrenia, the risk of self-harm and of violence to others is greatest when the illness is untreated. It is important to help people who are showing symptoms to get treatment as quickly as possible.

Schizophrenia vs. Dissociative Identity Disorder

Although some of the signs may seem similar on the surface, schizophrenia is not dissociative identity disorder (which used to be called multiple personality disorder or split personality). People with dissociative identity disorder have two or more *distinct identities* that are present and that alternately take control of them.

Risk Factors

Several factors may contribute to a person's risk of developing schizophrenia, including:

Genetics: Schizophrenia sometimes runs in families. However, just because one family member has

schizophrenia, it does not mean that other members of the family also will have it. Studies suggest that many different genes may increase a person's chances of developing schizophrenia, but that no single gene causes the disorder by itself.

Environment: Research suggests that a combination of genetic factors and aspects of a person's environment and life experiences may play a role in the development of schizophrenia. These environmental factors that may include living in poverty, stressful or dangerous surroundings, and exposure to viruses or nutritional problems before birth.

Brain structure and function: Research shows that people with schizophrenia may be more likely to have differences in the size of certain brain areas and in connections between brain areas. Some of these brain differences may develop before birth. Researchers are working to better understand how brain structure and function may relate to schizophrenia.

Treatments and Therapies

Current treatments for schizophrenia focus on helping individuals manage their symptoms, improve day-to-day functioning, and achieve personal life goals, such as completing education, pursuing a career, and having fulfilling relationships.

Antipsychotic Medications

Antipsychotic medications can help make psychotic symptoms less intense and less frequent. These medications are usually taken every day in a pill or liquid forms. Some antipsychotic medications are given as injections once or twice a month.

If a person's symptoms do not improve with usual antipsychotic medications, they may be prescribed clozapine. People who take clozapine must have regular blood tests to check for a potentially dangerous side effect that occurs in 1-2% of patients.

People respond to antipsychotic medications in different ways. It is important to report any side effects to a health care provider. Many people taking antipsychotic medications experience side effects such as weight gain, dry mouth, restlessness, and drowsiness when they start taking these medications. Some of these side effects may go away over time, while others may last.

Shared decision making between doctors and patients is the recommended strategy for determining the best type of medication or medication combination and the right dose. You can find the latest information on warnings, patient medication guides, or newly approved medications on the U.S. Food and Drug Administration (FDA) website.

Psychosocial Treatments

Psychosocial treatments help people find solutions to everyday challenges and manage symptoms while attending school, working, and forming relationships. These treatments are often used together with antipsychotic medication. People who participate in regular psychosocial treatment are less likely to have symptoms reoccur or to be hospitalized.

Examples of this kind of treatment include cognitive behavioral therapy, behavioral skills training, supported employment, and cognitive remediation interventions.

You can find information about psychosocial treatments on the National Institute of Mental Health (NIMH) psychotherapies webpage.

Family Education and Support

Educational programs can help family and friends learn about symptoms of schizophrenia, treatment options, and strategies for helping loved ones with the illness. These programs can help friends and family manage their distress, boost their own coping skills, and strengthen their ability to provide support. For more information about family-based services in your area, you can visit the family education and support groups

page on the National Alliance on Mental Illness website.

Coordinated Specialty Care

Coordinated specialty care (CSC) programs are recovery-focused programs for people with first episode psychosis, an early stage of schizophrenia. Health professionals and specialists work together as a team to provide CSC, which includes psychotherapy, medication, case management, employment and education support, and family education and support. The treatment team works collaboratively with the individual to make treatment decisions, involving family members as much as possible.

Compared with typical care, CSC is more effective at reducing symptoms, improving quality of life, and increasing involvement in work or school.

Assertive Community Treatment

Assertive Community Treatment (ACT) is designed especially for individuals with schizophrenia who are likely to experience multiple hospitalizations or homelessness. ACT is usually delivered by a team of health professionals who work together to provide care to patients in the community.

Treatment for Drug and Alcohol Misuse

It is common for people with schizophrenia to have problems with drugs and alcohol. A treatment program that includes treatment for both schizophrenia and substance use is important for recovery because substance use can interfere with treatment for schizophrenia.

How can I help a friend or relative with schizophrenia?

It can be difficult to know how to help someone who is experiencing psychosis. Here are some things you can do:

Help them get treatment and encourage them to stay in treatment. Remember that their beliefs or hallucinations seem very real to them. Be respectful, supportive, and kind without tolerating dangerous or inappropriate behavior. Look for support groups and family education programs, such as those offered by the National Alliance on Mental Illness.

Finding Help

If you're not sure where to get help, your health care provider is a good place to start. Your health care provider can refer you to a qualified mental health professional, such as a psychiatrist or psychologist who has experience treating schizophrenia. You can learn more about getting help on NIMH's Help for Mental Illness webpage.

Sources:

<https://www.nimh.nih.gov/health/topics/schizophrenia>

<https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia>

Prepared by Viktorija Stučytė based on online sources

#schizophrenia #treatment #psychotic #medication #brain #disorder