

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, trouble with thinking and concentration, and lack of motivation. However, with treatment, most symptoms of schizophrenia will greatly improve.

While there is no cure for schizophrenia, research is leading to new, 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, 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 dangerous or violent. They also are not homeless nor do they live in hospitals. Most people with schizophrenia live with family, in group homes or on their own.

Research has shown that schizophrenia affects men and women about 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, in part because of high rates of co-occurring medical conditions, such as heart disease and diabetes.

Symptoms

When the disease is active, it can be characterized by episodes in which the patient is unable to distinguish between real and unreal experiences. As with any illness, the severity, duration and frequency of symptoms can vary; however, in persons with schizophrenia, the incidence of severe psychotic symptoms often decreases during a patient's lifetime. Not taking medications as prescribed, use of alcohol or illicit drugs, and stressful situations tend to increase symptoms. Symptoms fall into several categories:

Positive psychotic symptoms: Hallucinations, such as hearing voices, paranoid delusions and exaggerated or distorted perceptions, beliefs and behaviors.

Negative symptoms: A loss or a decrease in the ability to initiate plans, speak, express emotion or find pleasure.

Disorganization symptoms: Confused and disordered thinking and speech, trouble with logical thinking and sometimes bizarre behavior or abnormal movements.

Impaired cognition: Problems with attention, concentration, memory and declining educational performance.

Symptoms usually first appear in early adulthood. Men often experience symptoms in their late teens or early 20s and women often first show signs in their 20s and early 30s. More subtle signs may be present earlier, including troubled relationships, poor school performance and reduced motivation.

Before a diagnosis can be made, however, a psychiatrist should conduct a thorough medical examination to rule out substance misuse or other neurological or medical illnesses whose symptoms mimic schizophrenia.

Risk Factors

Researchers believe that a number of genetic and environmental factors contribute to causation, and life stressors may play a role in the disorder's onset and course. Since multiple factors may contribute, scientists cannot yet be specific about the exact cause in individual cases. Since the term schizophrenia embraces several different disorders, variation in cause between cases is expected.

Treatment

Though there is no cure for schizophrenia, many patients do well with minimal symptoms. Medication can reduce symptoms and greatly reduce future worsening of symptoms. Psychological treatments such as cognitive behavioral therapy or supportive psychotherapy may reduce symptoms and enhance function, and other treatments are aimed at reducing stress, supporting employment or improving social skills.

A variety of antipsychotic medications are effective in reducing the psychotic symptoms present in the acute phase of the illness, and they also help reduce the potential for future acute episodes.

Diagnosis and treatment can be complicated by substance misuse. People with schizophrenia are at greater risk of misusing drugs than the general population. If a person shows signs of addiction, treatment for the addiction should occur along with treatment for schizophrenia.

Rehabilitation and Living With Schizophrenia

Treatment can help many people with schizophrenia lead highly productive and rewarding lives. As with other chronic illnesses, some patients do extremely well while others continue to be symptomatic and need support and assistance.

After the symptoms of schizophrenia are controlled, various types of therapy can continue to help people manage the illness and improve their lives. Therapy and supports can help people learn social skills, cope with stress, identify early warning signs of relapse and prolong periods of remission. Because schizophrenia typically strikes in early adulthood, individuals with the disorder often benefit from rehabilitation to help develop life-management skills, complete vocational or educational training, and hold a job. For example, supported-employment programs have been found to help persons with schizophrenia obtain self-sufficiency. These programs provide people with severe mental illness with competitive jobs in the community.

For many people living with schizophrenia family support is very important to their health and well-being and its important for families to be informed and supported themselves. Organizations such as the Schizophrenia and Related Disorders Alliance of American and Mental Health America offer resources and support to individual and families (see Additional Resources).

Optimism is important and patients, family members and mental health professionals need to be mindful that many patients have a favorable course of illness, that challenges can often be addressed, and that patients have many personal strengths that can be recognized and supported