

Schizophrenia

Schizophrenia is a serious disorder which affects how a person thinks, feels and acts. Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary; may be unresponsive or withdrawn; and may have difficulty expressing normal emotions in social situations. Contrary to public perception, schizophrenia is not split personality or multiple personality. The vast majority of people with schizophrenia are not violent and do not pose a danger to others. Schizophrenia is not caused by childhood experiences, poor parenting or lack of willpower, nor are the symptoms identical for each person.

What causes schizophrenia?

The cause of schizophrenia is still unclear. Some theories about the cause of this disease include: genetics (heredity), biology (the imbalance in the brain's chemistry); and/or possible viral infections and immune disorders.

- **Genetics (Heredity).** Scientists recognize that the disorder tends to run in families and that a person inherits a tendency to develop the disease. Schizophrenia may also be triggered by environmental events, such as viral infections or highly stressful situations or a combination of both. Similar to some other genetically-related illnesses, schizophrenia appears when the body undergoes hormonal and physical changes, like those that occur during puberty in the teen and young adult years.
- **Chemistry.** Genetics help to determine how the brain uses certain chemicals. People with schizophrenia have a chemical imbalance of brain chemicals (serotonin and dopamine) which are neurotransmitters. These neurotransmitters allow nerve cells in the brain to send messages to each other. The imbalance of these chemicals affects the way a person's brain reacts to stimuli--which explains why a person with schizophrenia may be overwhelmed by sensory information (loud music or bright lights) which other people can easily handle. This problem in processing different sounds, sights, smells and tastes can also lead to hallucinations or delusions.

What are the early warning signs of schizophrenia?

The signs of schizophrenia are different for everyone. Symptoms may develop slowly over months or years, or may appear very abruptly. The disease may come and go in cycles of relapse and remission.

Behaviors that are early warning signs of schizophrenia include:

- Hearing or seeing something that isn't there
- A constant feeling of being watched
- Peculiar or nonsensical way of speaking or writing
- Strange body positioning
- Feeling indifferent to very important situations
- Deterioration of academic or work performance
- A change in personal hygiene and appearance
- A change in personality

- Increasing withdrawal from social situations
- Irrational, angry or fearful response to loved ones
- Inability to sleep or concentrate
- Inappropriate or bizarre behavior
- Extreme preoccupation with religion or the occult

Schizophrenia affects about 1% of the world population. In the United States one in a hundred people, about 2.5 million, have this disease. It knows no racial, cultural or economic boundaries. Symptoms usually appear between the ages of 13 and 25, but often appear earlier in males than females.

If you or a loved one experiences several of these symptoms for more than two weeks, seek help immediately.

What are the symptoms of schizophrenia?

A medical or mental health professional may use the following terms when discussing the symptoms of schizophrenia.

Positive symptoms are disturbances that are “added” to the person’s personality.

- **Delusions** -- false ideas--individuals may believe that someone is spying on him or her, or that they are someone famous.
- **Hallucinations** –seeing, feeling, tasting, hearing or smelling something that doesn’t really exist. The most common experience is hearing imaginary voices that give commands or comments to the individual.
- **Disordered thinking and speech** -- moving from one topic to another, in a nonsensical fashion. Individuals may make up their own words or sounds.

Negative symptoms are capabilities that are “lost” from the person’s personality.

- Social withdrawal
- Extreme apathy
- Lack of drive or initiative
- Emotional unresponsiveness

What are the different types of schizophrenia?

- **Paranoid schizophrenia** -- a person feels extremely suspicious, persecuted, or grandiose, or experiences a combination of these emotions.
- **Disorganized schizophrenia** -- a person is often incoherent in speech and thought, but may not have delusions.
- **Catatonic schizophrenia** -- a person is withdrawn, mute, negative and often assumes very unusual body positions.
- **Residual schizophrenia** -- a person is no longer experiencing delusions or hallucinations, but has no motivation or interest in life.
- **Schizoaffective disorder**--a person has symptoms of both schizophrenia and a major mood disorder such as depression.

No cure for schizophrenia has been discovered, but with proper treatment, many people with this illness can lead productive and fulfilling lives.

What treatments are available for schizophrenia?

If you suspect someone you know is experiencing symptoms of schizophrenia, encourage them to see a medical or mental health professional immediately. Early treatment--even as early as the first episode--can mean a better long-term outcome.

Recovery and Rehabilitation

While no cure for schizophrenia exists, many people with this illness can lead productive and fulfilling lives with the proper treatment. Recovery is possible through a variety of services, including medication and rehabilitation programs. Rehabilitation can help a person recover the confidence and skills needed to live a productive and independent life in the community. Types of services that help a person with schizophrenia include:

- **Case management** helps people access services, financial assistance, treatment and other resources. *Westmoreland Casemanagement and Supports, Inc. (WCSI) can be reached at 1-800-353-6467. It is important for individuals with serious mental illness to have a case manager in order to access other services.*
- **Psychosocial Rehabilitation Programs** are programs that help people regain skills such as: employment, cooking, cleaning, budgeting, shopping, socializing, problem solving, and stress management.
- **Self-help groups** provide on-going support and information to persons with serious mental illness by individuals who experience mental illness themselves.
- **Drop-in centers** are places where individuals with mental illness can socialize and/or receive informal support and services on an as-needed basis.
- **Housing programs** offer a range of support and supervision from 24 hour supervised living to drop-in support as needed.
- **Employment programs** assist individuals in finding employment and/or gaining the skills necessary to re-enter the workforce.
- **Therapy/Counseling** includes different forms of “talk” therapy, both individual and group, that can help both the patient and family members to better understand the illness and share their concerns.
- **Crisis Services** include 24 hour hotlines, after hours counseling, residential placement and in-patient hospitalization. *Westmoreland’s Crisis Hotline is 1-800-836-6010.*

Call MHA of Southwestern PA at 724-834-6351 or WCSI at 1-800-353-6467 for more information about self-help groups, drop-in centers, therapy/counseling, and other services available in the local area.

Antipsychotic Medication

The newer antipsychotic medications help people with schizophrenia to live fulfilling lives. They help to reduce the biochemical imbalances that cause schizophrenia and decrease the likelihood of relapse. Like all medications, however, anti-psychotic medications should be taken only under the supervision of a mental health professional.

There are two major types of antipsychotic medication:

- **Conventional antipsychotics** effectively control the “positive” symptoms such as hallucinations, delusions, and confusion of schizophrenia.
- **New Generation (also called atypical) antipsychotics** treat both the positive and negative symptoms of schizophrenia, often with fewer side effects.

Side effects are common with antipsychotic drugs. They range from mild side effects such as dry mouth, blurred vision, constipation, drowsiness and dizziness which usually disappear after a few weeks to more serious side effects such as trouble with muscle control, pacing, tremors and

facial tics. The newer generation drugs have fewer side effects. However, it is important to talk with your mental health professional before making any changes in medication since many side effects can be controlled.

Other Resources:

National Alliance for Research on Schizophrenia and Depression (NARSAD)

1-800-829-8289

www.narsad.org

National Institute of Mental Health

301-443-4513

www.nimh.nih.gov