SCHIZOPHRENIA CANNOT BE UNDERSTOOD WITHOUT UNDERSTANDING DESPAIR. - R D Laing

WORLD SCHIZOPHRENIA AWARENESS DAY

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Indian Psychiatric Society

Learn About Schizophrenia

Schizophrenia is a chronic, severe, and disabling brain disease. Approximately 1% of the population develops schizophrenia during their lifetime.

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

People with schizophrenia often suffer terrifying symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them. These symptoms may leave them fearful and withdrawn. Their speech and behavior can be so disorganized that they may be incomprehensible or frightening to others. The severity of the symptoms and long-lasting, chronic pattern of schizophrenia often cause a high degree of disability.

The first signs of schizophrenia often appear as confusing, or even shocking, changes in behavior. Coping with the symptoms of schizophrenia can be especially difficult for family members who remember how involved or vivacious a person was before they became ill. The sudden onset of severe psychotic symptoms is referred to as an “acute” phase of schizophrenia. “Psychosis,” a common condition in schizophrenia, is a state of mental impairment marked by hallucinations, which are disturbances of sensory perception, and/or delusions, which are false yet strongly held personal beliefs that result from an inability to separate real from unreal experiences. Less obvious symptoms, such as social isolation or withdrawal, or unusual speech, thinking, or behavior, may precede, be seen along with, or follow the psychotic symptoms.

Some people have only one such psychotic episode; others have many episodes during a lifetime, but lead relatively normal lives during the interim periods. However, the individual with “chronic” schizophrenia, or a continuous or recurring pattern of illness, often does not fully recover normal functioning and typically requires long-term treatment, generally including medication, to control the symptoms.

Medications and other treatments for schizophrenia, when used regularly and as prescribed, can help reduce and control the distressing symptoms of the illness.

Can Children Have Schizophrenia?

Children over the age of five can develop schizophrenia, but it is very rare before adolescence.

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How is the World of People with Schizophrenia?

• Distorted Perceptions of Reality

People with schizophrenia may have perceptions of reality that are strikingly different from the reality seen and shared by others around them. Living in a world distorted by hallucinations and delusions, individuals with schizophrenia may feel frightened, anxious, and confused. In part because of the unusual realities they experience, people with schizophrenia may behave very differently at various times. Sometimes they may seem distant, detached, or preoccupied and may even sit as rigidly as a stone, not moving for hours or uttering a sound. Other times they may move about constantly – always occupied, appearing wide-awake, vigilant, and alert.

• Hallucinations and Illusions

Hallucinations and illusions are disturbances of perception that are common in people suffering from schizophrenia. Hallucinations are perceptions that occur without connection to an appropriate source. Although hallucinations can occur in any sensory form – auditory (sound), visual (sight), tactile (touch), gustatory (taste), and olfactory (smell) – hearing voices that other people do not hear is the most common type of hallucination in schizophrenia. Voices may describe the patient's activities, carry on a conversation, warn of impending dangers, or even issue orders to the individual. Illusions, on the other hand, occur when a sensory stimulus is present but is incorrectly interpreted by the individual.

• Delusions

Delusions are false personal beliefs that are not subject to reason or contradictory evidence and are not explained by a person's usual cultural concepts. Delusions may take on different themes. For example, patients suffering from paranoid-type symptoms – roughly one-third of people with schizophrenia – often have delusions of persecution, or false and irrational beliefs that they are being cheated, harassed, poisoned, or conspired against. These patients may believe that they, or a member of the family or someone close to them, are the focus of this persecution. In addition, delusions of grandeur, in which a person may believe he or she is a famous or important figure, may occur in schizophrenia. Sometimes the delusions experienced by people with schizophrenia are quite bizarre; for instance, believing that a neighbor is controlling their behavior with magnetic waves; that people on television are directing special messages to them; or that their thoughts are being broadcast aloud to others.

• Disordered Thinking

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. People with schizophrenia may not be able to sort out what is relevant and what is not relevant to a situation. The person may be unable to connect thoughts into logical sequences, with thoughts becoming disorganized and fragmented. This lack of logical continuity of thought, termed "thought disorder," can make conversation 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.

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- **Emotional Expression**

People with schizophrenia often show “blunted” or “flat” affect. This refers to a severe reduction in emotional expressiveness. A person with schizophrenia may not show the signs of normal emotion, perhaps may speak in a monotonous voice, have diminished facial expressions, and appear extremely apathetic. The person may withdraw socially, avoiding contact with others; and when forced to interact, he or she may have nothing to say, reflecting “impoverished thought.” Motivation can be greatly decreased, as can interest in or enjoyment of life. In some severe cases, a person can spend entire days doing nothing at all, even neglecting basic hygiene. These problems with emotional expression and motivation, which may be extremely troubling to family members and friends, are symptoms of schizophrenia – not character flaws or personal weaknesses.

Normal Versus Abnormal

At times, normal individuals may feel, think, or act in ways that resemble schizophrenia. Normal people may sometimes be unable to “think straight.” They may become extremely anxious, for example, when speaking in front of groups and may feel confused, be unable to pull their thoughts together, and forget what they had intended to say. This is not schizophrenia. At the same time, people with schizophrenia do not always act abnormally. Indeed, some people with the illness can appear completely normal and be perfectly responsible, even while they experience hallucinations or delusions. An individual’s behavior may change over time, becoming bizarre if medication is stopped and returning closer to normal when receiving appropriate treatment.

Schizophrenia Is Not "Split Personality"

There is a common notion that schizophrenia is the same as "split personality”. This is not correct.

Are People With Schizophrenia Likely To Be Violent?

News and entertainment media tend to link mental illness and criminal violence; however, studies indicate that except for those persons with a record of criminal violence before becoming ill, and those with substance abuse or alcohol problems, people with schizophrenia are not especially prone to violence. Most individuals with schizophrenia are not violent; more typically, they are withdrawn and prefer to be left alone. Most violent crimes are not committed by persons with schizophrenia, and most persons with schizophrenia do not commit violent crimes. Substance abuse significantly raises the rate of violence in people with schizophrenia. When violence does occur, it is most frequently targeted at family members and friends, and more often takes place at home.

What is the risk of Schizophrenics attempting Suicide?

Suicide is a serious danger in people who have schizophrenia. If an individual tries to commit suicide or threatens to do so, professional help should be sought immediately. People with schizophrenia have a higher rate of suicide than the general population. Approximately 10 percent of people with schizophrenia (especially younger adult males) commit suicide. Unfortunately, the prediction of suicide in people with schizophrenia can be especially difficult.

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What causes Schizophrenia?

There is no known single cause of schizophrenia. Many diseases, such as heart disease, result from an interplay of genetic, behavioral, and other factors; and this may be the case for schizophrenia as well. Scientists do not yet understand all of the factors necessary to produce schizophrenia, but all the tools of modern biomedical research are being used to search for genes, critical moments in brain development, and other factors that may lead to the illness**.**

Is Schizophrenia Inherited?

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, a monozygotic (identical) twin of a person with schizophrenia has the highest risk – 40 to 50 percent – of developing the illness. A child whose parent has schizophrenia has about a 10 percent chance. By comparison, the risk of schizophrenia in the general population is about 1 percent. Scientists are studying genetic factors in schizophrenia. It appears likely that multiple genes are involved in creating a predisposition to develop the disorder. In addition, factors such as prenatal difficulties like intrauterine starvation or viral infections, perinatal complications, and various nonspecific stressors, seem to influence the development of schizophrenia.

How is Schizophrenia treated?

Since schizophrenia may not be a single condition and its causes are not yet known, current treatment methods are based on both clinical research and experience. These approaches are chosen on the basis of their ability to reduce the symptoms of schizophrenia and to lessen the chances that symptoms will return.

What About Medications?

Antipsychotic medications have been available since the mid-1950s. They have greatly improved the outlook for individual patients. These medications reduce the psychotic symptoms of schizophrenia and usually allow the patient to function more effectively and appropriately. Antipsychotic drugs are the best treatment now available, but they do not "cure" schizophrenia or ensure that there will be no further psychotic episodes. The choice and dosage of medication can be made only by a qualified physician who is well trained in the medical treatment of mental disorders. The dosage of medication is individualized for each patient, since people may vary a great deal in the amount of drug needed to reduce symptoms without producing troublesome side effects. The large majority of people with schizophrenia show substantial improvement when treated with antipsychotic drugs. Some patients, however, are not helped very much by the medications and a few do not seem to need them.

Patients and families sometimes become worried about the antipsychotic medications used to treat schizophrenia. In addition to concern about side effects, they may worry that such drugs could lead to addiction. However, antipsychotic medications do not produce a "high" (euphoria) or addictive behavior in people who take them. Another misconception about antipsychotic drugs is that they

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act as a kind of mind control, or a "chemical straitjacket." Antipsychotic drugs used at the appropriate dosage do not "knock out" people or take away their free will. While these medications can be sedating, and while this effect can be useful when treatment is initiated particularly if an individual is quite agitated, the utility of the drugs is not due to sedation but to their ability to diminish the hallucinations, agitation, confusion, and delusions of a psychotic episode. Thus, antipsychotic medications should eventually help an individual with schizophrenia to deal with the world more rationally.

How Long Should People With Schizophrenia Take Antipsychotic Drugs?

Antipsychotic medications reduce the risk of future psychotic episodes in patients who have recovered from an acute episode. Even with continued drug treatment, some people who have recovered will suffer relapses. Far higher relapse rates are seen when medication is discontinued. In most cases, it would not be accurate to say that continued drug treatment "prevents" relapses; rather, it reduces their intensity and frequency. The treatment of severe psychotic symptoms generally requires higher dosages than those used for maintenance treatment. If symptoms reappear on a lower dosage, a temporary increase in dosage may prevent a full-blown relapse. Because relapse of illness is more likely when antipsychotic medications are discontinued or taken irregularly, it is very important that people with schizophrenia work with their doctors and family members to adhere to their treatment plan. Adherence to treatment refers to the degree to which patients follow the treatment plans recommended by their doctors. Good adherence involves taking prescribed medication at the correct dose and proper times each day, attending clinic appointments, and/or carefully following other treatment procedures. Treatment adherence is often difficult for people with schizophrenia, but it can be made easier with the help of several strategies and can lead to improved quality of life.

Why do the patients discontinue medication?

There are a variety of reasons why people with schizophrenia may not adhere to treatment. Patients may not believe they are ill and may deny the need for medication, or they may have such disorganized thinking that they cannot remember to take their daily doses. Family members or friends may not understand schizophrenia and may inappropriately advise the person with schizophrenia to stop treatment when he or she is feeling better.

Some patients report that side effects of the medications seem worse than the illness itself. Further, substance abuse can interfere with the effectiveness of treatment, leading patients to discontinue medications. When a complicated treatment plan is added to any of these factors, good adherence may become even more challenging.

Fortunately, there are many strategies that patients, doctors, and families can use to improve adherence and prevent worsening of the illness. Some antipsychotic medications are available in long-acting injectable forms that eliminate the need to take pills every day. A major goal of current research on treatments for schizophrenia is to develop a wider variety of long-acting antipsychotics, especially the newer agents with milder side effects, which can be delivered through injection.

Medication calendars or pill boxes labeled with the days of the week can help patients and caregivers know when medications have or have not been taken. Using electronic timers that beep

when medications should be taken, or pairing medication taking with routine daily events like meals, can help patients remember and adhere to their dosing schedule.
Engaging family members in observing oral medication taking by patients can help ensure adherence. In addition, through a variety of other methods of adherence monitoring, doctors can identify when pill taking is a problem for their patients and can work with them to make adherence easier. It is important to help motivate patients to continue taking their medications properly.
In addition to any of these adherence strategies, patient and family education about schizophrenia, its symptoms, and the medications being prescribed to treat the disease is an important part of the treatment process and helps support the rationale for good adherence.

Electroconvulsive Therapy (ECT)

ECT is a type of brain stimulation therapy used to treat a variety of mental illnesses. ECT works by passing electrical currents through the brain. The electrical currents cause changes in brain chemistry that relieve symptoms of certain mental illnesses. People who undergo ECT do not feel pain or discomfort during the procedure. Research has shown that ECT can be one of the most effective treatments available. ECT is most commonly used to treat the following mental illnesses like Severe Depression, Schizophrenia when symptoms include psychosis, suicidal ideation, a desire to harm someone else or refusal to eat. Also when Schizophrenia and some other psychiatric disorders where catatonia is a symptom. Catatonia is characterized by lack of movement or strange movements and difficulty with speech.

Commonly Associated Myths with ECT

Myth 1: ECT does not work.

Fact: ECT is considered one of the safest and most effective medical treatments for several mental illnesses.

Myth 2: ECT is painful.

Fact: ECT is not painful because the person is given a general anesthetic and muscle relaxant before the treatment. If a person has a headache or any discomfort after the procedure, medication is prescribed.

Myth 3: ECT is dangerous.

Fact: ECT is no more dangerous than any other medical procedure that uses a general anesthetic, and ECT has a low risk of complications.

Myth 4: ECT erases a person's memory.

Fact: ECT can disrupt a person's short term memory. However, this is usually only temporary. Memory will return to normal approximately one to three months after treatment. Some people have even reported improved memory following ECT because it can relieve the amnesia sometimes

caused by severe depression. Although rare, some people (mostly people who have received bilateral ECT) have reported long term memory loss.

Myth 5: ECT can cause brain damage.

Fact: There is no evidence that ECT causes irreversible damage to the brain.

Rehabilitation

Broadly defined, rehabilitation includes a wide array of non-medical interventions for those with schizophrenia. Rehabilitation programs emphasize social and vocational training to help patients and former patients overcome difficulties in these areas. Programs may include vocational counseling, job training, problem-solving and money management skills, use of public transportation, and social skills training. These approaches are important for the success of the community-centered treatment of schizophrenia, because they provide discharged patients with the skills necessary to lead productive lives outside the sheltered confines of a mental hospital. Rehabilitation Broadly defined, rehabilitation includes a wide array of non-medical interventions for those with schizophrenia. Rehabilitation programs emphasize social and vocational training to help patients and former patients overcome difficulties in these areas. Programs may include vocational counseling, job training, problem-solving and money management skills, use of public transportation, and social skills training. These approaches are important for the success of the community-centered treatment of schizophrenia, because they provide discharged patients with the skills necessary to lead productive lives outside the sheltered confines of a mental hospital. Broadly defined, rehabilitation includes a wide array of non-medical interventions for those with schizophrenia. Rehabilitation programs emphasize social and vocational training to help patients and former patients overcome difficulties in these areas. Programs may include vocational counseling, job training, problem-solving and money management skills, use of public transportation, and social skills training. These approaches are important for the success of the community-centered treatment of schizophrenia, because they provide discharged patients with the skills necessary to lead productive lives outside the sheltered confines of a mental hospital.

Family Education

Very often, patients with schizophrenia are discharged from the hospital into the care of their family; so it is important that family members learn all they can about schizophrenia and understand the difficulties and problems associated with the illness. It is also helpful for family members to learn ways to minimize the patient's chance of relapse – for example, by using different treatment adherence strategies – and to be aware of the various kinds of outpatient and family services available in the period after hospitalization. Family "psychoeducation," which includes teaching various coping strategies and problem-solving skills, may help families deal more effectively with their ill relative and may contribute to an improved outcome for the patient.

How can other people help?

A patient's support system may come from several sources, including the family, a professional residential or day program provider, shelter operators, friends or roommates, professional case managers, churches and synagogues, and others. Because many patients live with their families, the

following discussion frequently uses the term "family." However, this should not be taken to imply that families ought to be the primary support system. There are numerous situations in which patients with schizophrenia may need help from people in their family or community. Often, a person with schizophrenia will resist treatment, believing that delusions or hallucinations are real and that psychiatric help is not required. At times, family or friends may need to take an active role in having them seen and evaluated by a professional. The issue of civil rights enters into any attempts to provide treatment. Laws protecting patients from involuntary commitment have become very strict, and families and community organizations may be frustrated in their efforts to see that a severely mentally ill individual gets needed help. These laws vary from State to State; but generally, when people are dangerous to themselves or others due to a mental disorder, the police can assist in getting them an emergency psychiatric evaluation and, if necessary, hospitalization. In some places, staff from a local community mental health center can evaluate an individual's illness at home if he or she will not voluntarily go in for treatment. 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. Since patients may not volunteer such information during an examination, family members or friends should ask to speak with the person evaluating the patient so that all relevant information can be taken into account. Ensuring that a person with schizophrenia continues to get treatment after hospitalization is also important. A patient may discontinue medications or stop going for follow-up treatment, often leading to a return of psychotic symptoms. Encouraging the patient to continue treatment and assisting him or her in the treatment process can positively influence recovery. Without treatment, some people with schizophrenia become so psychotic and disorganized that they cannot care for their basic needs, such as food, clothing, and shelter. All too often, people with severe mental illnesses such as schizophrenia end up on the streets or in jails, where they rarely receive the kinds of treatment they need. Those close to people with schizophrenia are often unsure of how to respond when patients make statements that seem strange or are clearly false. For the individual with schizophrenia, the bizarre beliefs or hallucinations seem quite real – they are not just "imaginary fantasies." Instead of “going along with” a person's delusions, family members or friends can tell the person that they do not see things the same way or do not agree with his or her conclusions, while acknowledging that things may appear otherwise to the patient. It may also be useful for those who know the person with schizophrenia well 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. Families may even be able to identify some "early warning signs" of potential relapses, such as increased withdrawal or changes in sleep patterns, even better and earlier than the patients themselves. Thus, return of psychosis may be detected early and treatment may prevent a full-blown relapse. Also, by knowing which medications have helped and which have caused troublesome side effects in the past, the family can help those treating the patient to find the best treatment more quickly. In addition to involvement in seeking help, family, friends, and peer groups can provide support and encourage the person with schizophrenia to regain his or her abilities. It is important that goals be attainable, since a patient who feels pressured and/or repeatedly criticized by others will probably experience stress that may lead to a worsening of symptoms. Like anyone else, people with schizophrenia need to know when they are doing things right. A positive approach

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may be helpful and perhaps more effective in the long run than criticism. This advice applies to everyone who interacts with the person.

References

- NIH Publication No. 02-3517 Printed 1999, Reprinted 2002.

All material provided is circulated for the purpose of creating awareness about schizophrenia.

Resources Information, support, and advocacy organizations:

- National Alliance for the Mentally Ill (NAMI) Colonial Place Three 2107 Wilson Blvd., Suite 300 Arlington, VA 22201-3042 Phone: 1-800-950-NAMI (6264) or (703) 524-7600 Internet: http://www.nami.org
- National Mental Health Association (NMHA) 2001 N. Beauregard Street, 12th Floor Alexandria, VA 22311 Phone: 1-800-969-6942 or (703) 684-7722 TTY-800-443-5959 Internet: http://www.nmha.org
- National Mental Health Consumers' Self-Help Clearinghouse 1211 Chestnut Street, Suite 1000 Philadelphia, PA 19107 Phone: 1-800-553-4key (4539) or (215) 751-1810 Internet: http://www.mhselfhelp.org/index2.html
- National Alliance for Research on Schizophrenia and Depression (NARSAD) 60 Cutter Mill Road, Suite 404 Great Neck, NY 11021 Phone: (516) 829-0091 Infoline 1-800-829-8289 Internet: http://www.narsad.org

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