

Schizophrenia is a severe mental disorder associated with brain abnormalities and typically evidenced by disorganized speech and behavior, delusions, and hallucinations.

It most commonly strikes between the ages of 15 to 25 among men, and about 25 to 35 in women. In many cases the disorder develops so slowly that the sufferer does not know he/she has it for a long time. While, with other people it can strike suddenly and develop fast.

People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can terrify people with the illness and make them withdrawn or extremely agitated.

People with schizophrenia may not make sense when they talk. They may sit for hours without moving or talking. Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking.

Families and society are affected by schizophrenia too. Many people with schizophrenia have difficulty holding a job or caring for themselves, so they rely on others for help.

Causes

The causes of schizophrenia are not fully known. However, it appears that schizophrenia usually results from a complex interaction between genetic and environmental factors.

Genetic causes of schizophrenia:

Schizophrenia has a strong hereditary component. Individuals with a first-degree relative (parent or sibling) who has schizophrenia have a 10 percent chance of developing the disorder, as opposed to the 1 percent chance of the general population.

But schizophrenia is only influenced by genetics, not determined by it. While schizophrenia runs in families, about 60% of schizophrenics have no family members with the disorder. Furthermore, individuals who are genetically predisposed to schizophrenia don't always develop the disease, which shows that biology is not destiny.

Environmental causes of schizophrenia:

Twin and adoption studies suggest that inherited genes make a person vulnerable to schizophrenia and then environmental factors act on this vulnerability to trigger the disorder.

As for the environmental factors involved, more and more research is pointing to stress, either during pregnancy or at a later stage of development. High levels of stress are believed to trigger schizophrenia by increasing the body's production of the hormone cortisol.

Research points to several stress-inducing environmental factors that may be involved in schizophrenia, including:

Prenatal exposure to a viral infection

Low oxygen levels during birth (from prolonged labor or premature birth)

Exposure to a virus during infancy

Early parental loss or separation

Physical or sexual abuse in childhood

Abnormal brain structure:

In addition to abnormal brain chemistry, abnormalities in brain structure may also play a role in schizophrenia. Enlarged brain ventricles are seen in some schizophrenics, indicating a deficit in the volume of brain tissue. There is also evidence of abnormally low activity in the frontal lobe, the area of the brain responsible for planning, reasoning, and decision-making.

Some studies also suggest that abnormalities in the temporal lobes, hippocampus, and amygdala are connected to schizophrenia's positive symptoms. But despite the evidence of brain abnormalities, it is highly unlikely that schizophrenia is the result of any one problem in any one region of the brain.

Manifestations

Signs and symptoms of schizophrenia generally are divided into three categories — positive, negative and cognitive.

Positive symptoms

In schizophrenia, positive symptoms reflect an excess or distortion of normal functions. These active, abnormal symptoms may include:

- Delusions. These beliefs are not based in reality and usually involve misinterpretation of perception or experience. They are the most common of schizophrenic symptoms.
- Hallucinations. These usually involve seeing or hearing things that don't exist, although hallucinations can be in any of the senses. Hearing voices is the most common hallucination among people with schizophrenia.
- Thought disorder. Difficulty speaking and organizing thoughts may result in stopping speech midsentence or putting together meaningless words, sometimes known as word salad.
- Disorganized behavior. This may show in a number of ways, ranging from childlike silliness to unpredictable agitation.

Negative symptoms

Negative symptoms refer to a diminishment or absence of characteristics of normal function. They may appear with or without positive symptoms. They include:

- Loss of interest in everyday activities
- Appearing to lack emotion
- Reduced ability to plan or carry out activities
- Neglect of personal hygiene
- Social withdrawal
- Loss of motivation

Cognitive symptoms

Cognitive symptoms involve problems with thought processes. These symptoms may be the most disabling in schizophrenia because they interfere with the ability to perform routine daily tasks. A person with schizophrenia may be born with these symptoms. They include:

- Problems with making sense of information

- Difficulty paying attention
- Memory problems

Treatment

During an episode of schizophrenia, you may need to stay in the hospital for safety reasons.

MEDICATIONS

Antipsychotic medications are the most effective treatment for schizophrenia. They change the balance of chemicals in the brain and can help control symptoms.

These medications are usually helpful, but they can cause side effects. Many side effects can be managed, and they should not prevent you from seeking treatment for this serious condition.

Common side effects from antipsychotics may include:

Dizziness

Feelings of restlessness or "jitters"

Sleepiness (sedation)

Slowed movements

Tremor

Weight gain

Long-term use of antipsychotic medications may increase your risk for a movement disorder called tardive dyskinesia. This condition causes repeated movements that you cannot control, especially around the mouth. Call your health care provider right away if you think you may have this condition.

When schizophrenia does not improve with several antipsychotics, the medication clozapine can be helpful. Clozapine is the most effective medication for reducing schizophrenia symptoms, but it also tends to cause more side effects than other antipsychotics.

Schizophrenia is a life-long illness. Most people with this condition need to stay on antipsychotic medication for life.

SUPPORT PROGRAMS AND THERAPIES

Supportive therapy may be helpful for many people with schizophrenia. Behavioral techniques, such as social skills training, can be used to improve social and work functioning. Job training and relationship-building classes are important.

Family members of a person with schizophrenia should be educated about the disease and offered support. Programs that offer outreach and community support services can help people who lack family and social support.

Family members and caregivers are often encouraged to help people with schizophrenia stay with their treatment.

It is important that the person with schizophrenia learns how to:

Take medications correctly and manage side effects

Notice the early signs of a relapse and what to do if symptoms return

Cope with symptoms that occur even while taking medication (a therapist can help)

Manage money

Use public transportation

Sample Conversation

Therapist: "What happened, James?"

James: "I don't know."

Therapist: "Well, you're usually on time for our appointments, but today you're 35 minutes late. I'm just wondering what might have happened."

(James is quiet for several minutes. He finally lifts his eyes from the floor to gaze at the ceiling.)

James: "It was a bad day."

Therapist: "A bad day?"

James: "I was laughing—at work. I had to leave in the middle of the day. They would have thought I was crazy."

(James speaks in a flat, monotone voice. Even while talking to his therapist, he keeps his eyes averted.)

Therapist: "When did you leave work?"

James: "1:00."

Therapist: "And then what did you do?"

James: "I drove around. And I came here."

Therapist: "It's 6:30, James. Our appointment was at 6:00. You've been driving around since 1:00 this afternoon?"

James: "Yes." (After a pause James adds,) "They told me not to come. They said I should never have come here in the first place—to you or Dr. Johnson. They said it was bad—I was bad. I told you too much. I should never have come."

Therapist: James, can I ask you who you're referring to as "they"?

James: They have been talking to me and telling me things since I was in my 20's.

Throughout this conversation, James is unable to maintain eye contact. He sits slouched in the chair and barely moves until the session concludes. The "they" James refers to are voices that he began hearing in his head in his mid 20s. These voices influence and direct his daily activity. James believes these voices tell him important things that other people do not know. He feels he is special because of his contact with these voices. He thinks he is able to see into the future and have special and important knowledge. However, sometimes these voices terrify him. For example, a few years ago James found himself cutting his wrists in obedience to these voices. He said he did not want to hurt himself, but he felt unable to disobey the command.