

Schizophrenia is a serious medical illness that affects about 2 million Americans. Although widely feared and misunderstood, schizophrenia is actually a highly treatable disorder of the brain, and new discoveries are continually improving the prospects of those who suffer from it. With new treatments, people with schizophrenia are increasingly able to minimize their need for hospitalization and lead more independent and productive lives in their communities.

Left untreated, however, schizophrenia can devastate the lives of individuals, families, and communities. Because the disorder causes unusual, inappropriate, and sometimes dangerous behavior, people with schizophrenia are often shunned and unnecessarily stigmatized. They are particularly vulnerable to poverty, homelessness, and suicide when they fail to receive effective treatment.

As difficult as schizophrenia is, help is available. Doctors know more about the disorder today than ever before, and most persons with schizophrenia can recover either partially or completely.

What Is Schizophrenia?

Schizophrenia is a brain disorder that impairs a person's ability to think clearly, to manage his or her emotions, to make decisions, and to relate to others. Like cancer or diabetes, it is a complex, chronic medical illness affecting different people in different ways. It is not caused by bad parenting or personal weakness, but appears to be the result of problems with brain chemistry and structure, perhaps including brain abnormalities that are present very early in life. A person with schizophrenia does not have a "split personality," and the vast majority of those who suffer from schizophrenia are not dangerous, although their behavior can be quite unpredictable.

What Are the Symptoms?

No single symptom positively identifies schizophrenia; all of the signs of the disorder also can be found in other brain disorders. In addition, an individual's symptoms may change over time, and many symptoms tend to be less severe in women.

Altered senses. People with schizophrenia have trouble making sense of everyday sights, sounds, and feelings. They may perceive distracting or frightening distortions of the world around them and may become extra sensitive to colors, shapes, and background noises. They may have

difficulty distinguishing between themselves and others, or between themselves and objects around them.

Hallucinations, delusions, and confused thinking. Commonly, schizophrenia produces hallucinations (voices or objects that don't exist) or delusions (ideas that are obviously false, such as the belief that one is God or that one can control other people's minds). Schizophrenia often is marked by fragmented and confused thinking and speech that doesn't make sense.

Altered or blunted emotions. The disorder can cause a person to express inappropriate feelings, such as laughing at the death of a loved one or feeling disappointed when a favorite team wins a game. Sometimes people with schizophrenia express no feelings at all. Understandably, it's hard for people with such symptoms to relate normally to others, and those who suffer from schizophrenia generally experience intense periods of withdrawal and profound isolation.

Other behavioral changes. Schizophrenia can cause a person to move more slowly, to repeat rhythmic gestures or to adopt ritualistic movements such as walking in circles. Some people with schizophrenia experience a lack of motivation and have trouble following through on tasks. In severe cases, the illness can cause a person to stop speaking completely, or to stop moving and hold a fixed position for long periods of time.

To accurately diagnose schizophrenia, a medical doctor must eliminate the possibility of numerous other organic illnesses. To be diagnosed with schizophrenia, a patient must have psychotic, "loss-of-reality" symptoms for at least six months and show increasing difficulty in functioning normally.

Who Gets Schizophrenia?

Schizophrenia can affect anyone at any age, but three-quarters of those with the disorder develop it between the ages of 16 and 25, and it affects slightly more men than women. Children also can be affected by schizophrenia. Most cases develop before age 30, and new cases are quite rare after 40.

Although the disorder runs in families, the chances of becoming ill with schizophrenia are very small for most people. If no one in your family has ever had the disease, the chances are 99 out of 100 that you won't either. If one of your parents, a brother, or a sister has it, there's still about 90 percent chance that you will never develop schizophrenia. If both of your parents have it, there is more

than 60 percent chance that you will not; if you have an identical twin with schizophrenia, there is a 70 percent chance that you will not become ill.

What Causes Schizophrenia?

Scientists still don't know exactly what causes schizophrenia, but they do know that the brains of people with schizophrenia are different, as a group, from the brains of those who don't have the disorder. Recent research suggests that schizophrenia involves problems with brain chemistry and brain structure. It is as much an organic brain disease as is multiple sclerosis, Parkinson's disease, or Alzheimer's disease. Some scientists think that schizophrenia may be the result of a viral infection affecting the brain very early in life, or of mild brain damage from complications during birth.

While heredity is clearly a factor, it is not the dominating one. Many researchers suspect that—like heart disease, cancer, diabetes, and other chronic illnesses—some people inherit a genetic predisposition to develop schizophrenia under some conditions.

How Is Schizophrenia Treated?

Medication. Schizophrenia is a treatable disease. Like diabetes, a cure has not yet been found, but the symptoms can be controlled with medication in most people. The drugs for schizophrenia called antipsychotics or neuroleptics, help relieve the hallucinations, delusions, and thinking problems associated with the disorder. These drugs appear to work by correcting an imbalance in the chemicals that help brain cells communicate with each other.

Some of the most common drugs include: chlorpromazine (Thorazine), fluphenazine (Prolixin), haloperidol (Haldol) and thiothixene (Navane).

These medications, and other antipsychotics, such as trifluoperazine (Stelazine), perphenazine (Trilafon), and thioridazine (Mellaril), are equally effective in relieving symptoms, but they differ in potency and possible side effects. Doctors can't predict which drug will be best for which person, so some patients try several different medications before they find the one, or the combination of medications, that works best.

New antipsychotic drugs available in the United States offer the possibility of more effective treatments with fewer side effects in the future. Clozapine (Clozaril) holds new hope for some patients with schizophrenia, especially those who have not responded well to other medications; however, its use is somewhat limited by the need for fre-

quent monitoring of those who take it. Olanzapine (Zyprexa) and risperidone (Risperdal) are new "atypical" antipsychotic medications that are other weapons in the fight to control this disorder. Studies with investigational drugs promise more options for those with schizophrenia in the future.

Antipsychotic drugs are usually taken daily in tablet or liquid form, although fluphenazine and haloperidol can be injected in one-to four week intervals. These "depot neuroleptics" help to ensure that the patient stays on a regular course of treatment.

Psychosocial rehabilitation. While psychotherapy, by itself, is not effective in treating the symptoms of schizophrenia, individual and group counseling can provide important support, skills, and friendships for those who suffer from the disorder and their families. Research has demonstrated that those who participate in structured psychosocial rehabilitation programs, in addition to their medical treatment, manage the illness best.

Hospitalization. Most people who become acutely ill with schizophrenia need to be hospitalized for a period of time when the disorder begins. Once they are on an effective course of medication, most people with schizophrenia can receive the support and treatment they need in day programs, rehabilitation centers, and other outpatient services. When patients relapse and need to be re-hospitalized, it is often because they have stopped taking their medication.

What Are the Possible Side Effects of Drugs Used To Treat Schizophrenia?

As a group, antipsychotic drugs are quite safe, and serious side effects are relatively rare. Some people may experience side effects that are inconvenient or unpleasant, but not serious. The most common of these include: dry mouth, constipation, blurred vision, and/or drowsiness. Less common side effects include: decreased sexual desire, menstrual changes, and/or stiff muscles on one side of the neck and jaw (a symptom that is quickly reversed or prevented with medications called anticholinergic drugs, such as benztropine (Cogentin) or biperiden (Akineton)).

More serious side effects of antipsychotic medications include: restlessness, muscle stiffness, slurred speech, tremors of the hands or feet, and/or a deficiency of a type of white blood cell (when taking clozapine) that requires monitoring.

Probably the most unpleasant, serious side effect of antipsychotic drugs is a condition called tardive dyskinesia,

which consists of involuntary facial movements and sometimes included jerking or twisting movements of other parts of the body. This condition usually develops in older patients, affecting 15 or 20 percent of those who have taken antipsychotic drugs for several years. Alternatives in such cases may include lowering dosages or changing to drugs such as clozapine that may not cause dyskinesia.

What Type of Help Does a Person with Schizophrenia Need?

Above all, people suffering from schizophrenia need accurate diagnosis and early treatment of their illness—but they also need understanding, compassion, and respect. Like anyone else with a serious chronic illness, a person with schizophrenia needs help to overcome the fear and isolation caused by the disorder and the stigma surrounding it. Because the illness impairs so many levels of functioning, some who have it need help with their physical care—from maintaining personal hygiene and healthy diet to seeking and following medical treatment. Although effective treatment allows many people to return to higher levels of functioning, most people suffering from schizophrenia need help over the long term to provide for their basic needs, including income, housing, food, and clothing.

How Can Family and Friends Help?

Finding appropriate treatment and the means to pay for it. If you suspect that someone you know and love has schizophrenia, the most important thing you can do is to help that person find effective medical treatment and then encourage him or her to stay in it. To find a good doctor, you may want to ask your own physician for a referral, or contact the psychiatry department of a university medical school or the American Psychiatric Association. You can contact the National Alliance on Mental Illness to consult with others who have a family member with schizophrenia.

Paying for treatment is difficult for many people with schizophrenia and their families. Health insurance coverage for psychiatric illnesses, when available, usually includes high deductibles and co-payments, limited visits, or other restrictions that are not comparable to benefits for other medical disorders.

Public programs such as Medicaid and Medicare may be available to finance treatment. In addition, programs such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and General Assistance (GA) may be available to support income. Social workers or

case managers may be able to help you through the red tape, but you may have to contact your local Social Security or social services office directly to find out what benefits are available in your area and how to apply for them. Then you may need to help the ill person through the application process. Individuals who depend on SSI, SSDI, or GA as their sole source of income generally qualify for treatment on a reduced-fee basis through their local community mental health center.

Handling symptoms. When you are confronted with the symptoms of schizophrenia, you can help if you have learned everything you can about the disorder. Try your best to understand what the affected person is going through and why the illness causes upsetting or difficult behavior. For example, it's important to realize that when people are hallucinating or delusional, the voices they hear and the images they see are very real to them. You should not argue with them, make fun of them, or act alarmed. Rather, it's important to stay calm, acknowledge how the person is feeling, and do what you can to help him or her feel safe and more in control.

Managing crises. In some cases, behavior caused by schizophrenia can be bizarre and even dangerous. If you are confronted with bizarre behavior, do your best to stay calm and nonjudgmental and be concise and direct in whatever you say. Chances are the actions, while strange, are not threatening. If the behavior threatens to become violent or dangerous, you can help by staying calm and clear about the limits of acceptable behavior. If you cannot prevent the person from doing something dangerous, your last resort is to call the police. Your safety and the safety of the ill person should always come first.

Committing the ill person to the hospital. Because people with schizophrenia often don't realize they are ill, persuading them to accept treatment can be difficult. If you have been unable to get an ill person whose condition is deteriorating into psychiatric treatment, you may be able to commit the person to treatment without his or her consent. Because states establish the laws governing psychiatric commitment, those laws vary from state to state. Their main purpose is to protect those who are acutely ill from hurting themselves and others and to permit them to be treated. If someone in your family needs treatment and refuses to go to the hospital, you will need to learn the requirements for involuntary commitment in your state. You can do this by calling or visiting the admissions unit of the nearest state psychiatric hospital, where people are usually experts in this area. If you can't find answers there, consult your state Department of Mental Health, local psychiatrists, the local or state National Alliance on Mental Illness, or the police.

How Can Families Cope with Schizophrenia?

A diagnosis of schizophrenia can be very difficult, not only for the ill person, but also for his or her family. Because so many people are afraid and uninformed about the disorder, many families try to hide it from friends and deal with it on their own.

If someone in your family has schizophrenia, you need understanding, love, and support from others. You may need help realizing that no one causes schizophrenia, just as no one causes diabetes, cancer, or heart disease. You are not to blame—and you are not alone.

To survive schizophrenia, one of the most important steps you can take is to join a family support group. More than 1,200 such groups affiliated with the National Alliance on Mental Illness (NAMI) are now active in local communities in all 50 states. Members of these groups share information and strategies for everything from coping with symptoms to finding financial, medical, and other resources.

Families who deal most successfully with a relative who has schizophrenia are those that come to accept the illness and its difficult consequences, develop realistic expectations for the ill person and for themselves, and even keep a sense of humor. Developing such attitudes is a continuous process for most people, but it can be eased and hastened by the understanding support of others.

Schizophrenia poses undeniably great hardships, but it does not have to destroy you or your family. To deal with it in the best possible way, it's particularly important for you to take care of yourself and do things you enjoy and not to allow the illness to consume your life. Scientists believe that new discoveries and new treatments will bring hope to more people with schizophrenia someday. In the meantime, try to help the ill person live the best life he or she can today, and do the same for yourself.

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The National Alliance on Mental Illness of Southern Arizona

6122 E. 22nd St.
Tucson, AZ 85711
(520) 622-5582
(520) 623-2908 fax
NAMI Arizona: (800) 626-5022
E-mail: namisa@namisa.org
Website: www.namisa.org

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