



Schizophrenia

What is schizophrenia?

Schizophrenia is a brain disorder that impairs a person's ability to think clearly, manage his or her emotions, make decisions, and 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. People with schizophrenia are not dangerous, although their behavior can be quite unpredictable.

What are the symptoms?

The disease 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. No single symptom positively identifies schizophrenia; all of the signs of the disorder can also 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.

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. They may have difficulty distinguishing between themselves and others, or between themselves and objects around them. Commonly, schizophrenia produces hallucinations - hearing voices or seeing objects that don't exist; or delusions - holding ideas that are obviously false, such as the belief that one is God or that one can control other peoples' minds. Schizophrenia often is marked by fragmented and confused thinking, and speech that doesn't make sense.

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.

Schizophrenia can cause a person to move more slowly, repeat rhythmic gestures, or 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" for at least six months and show increasing difficulty in functioning normally.

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. Schizophrenia does run in families; however, the chances of becoming ill with the disease are very small for most people. Many researchers suspect that like

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heart disease, cancer, diabetes, and other chronic illnesses, some people inherit a genetic predisposition to develop schizophrenia under some conditions.

How is schizophrenia treated?

Schizophrenia is a treatable disease. Like diabetes, a cure has yet to be found, but the symptoms can be controlled with medication in most people. The drugs for schizophrenia, called anti-psychotics 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 are: chlorpromazine (Thozine); fluphenazine (Prolixin); haloperidol (Haldol); thiothixene (Navane). These medications, and other anti-psychotics, are equally effective in relieving symptoms, but they differ in potency and possible side effects.

As a group, anti-psychotic 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 drowsiness. Less common side effects include decreased sexual desire, menstrual changes, and stiff muscles. More serious side effects of anti-psychotic medications include restlessness, severe muscle stiffness, slurred speech, tremors of the hands or feet, or a deficiency of a type of white blood cell that requires monitoring. The most unpleasant and serious side effect is a condition called tardive dyskinesia, which consists of involuntary facial movements and sometimes includes jerking or twisting movements of other parts of the body. This condition develops in 15% to 20% of older patients that have taken anti-psychotic drugs for several years and can be corrected by lowering dosages or changing medication. Doctors can't predict which drug will be best for which person, so some patients try several different medications before they find the one that works best.

While psychotherapy, by itself, is not effective in treating the symptoms of schizophrenia, individual and group counseling can provide important support, skill-building, and friendship for those who suffer from the disorder and their family. Research has demonstrated that those who participate in structured psycho-social rehabilitation programs, in addition to their medical treatment, manage the illness best.

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. The vast majority of people with schizophrenia can improve with treatments now available, and prospects for the future are promising.

Medication appears to improve the long-term prognosis for many people with schizophrenia. Studies show that after 10 years of treatment, one-fourth of those with schizophrenia have recovered completely, one-fourth have improved considerably, and one-fourth have improved modestly. Fifteen percent have not improved, and 10 percent have died, usually by suicide or accident.

How can families help the sufferer and cope with the changes?

Above all, people suffering from schizophrenia need an 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 a higher level 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. If you suspect that someone you know and love has the disease, you need to help that person find effective medical treatment and encourage him or her to stay in it.

A diagnosis of schizophrenia can be very difficult, not only for the ill person, but also for his or her family. If someone in your family has schizophrenia, you need love and support from others. When you are confronted with the symptoms of schizophrenia, you can help most if you have learned everything you can about the disorder. 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. 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 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, the best approach you can take is to try to help the ill person live the best life he or she can and do the same for yourself.