

Schizophrenia Fact Sheet



What is Schizophrenia?

Schizophrenia is a serious brain disorder that has been described as “one of the most debilitating and baffling mental illnesses known.” Schizophrenia is characterized by a dysfunction of the thought process affecting a person’s ability to think clearly, to distinguish between what is real and what is imaginary, manage emotions, make decisions, relate to others, and to express normal emotions in social situations. Hallucinations, delusions and withdrawal from the outside world may also occur. Schizophrenia affects almost 2.6 million American adults or approximately 1 out of 100 individuals.

The first signs of schizophrenia typically surface in the teenage years or early twenties and continue chronically or episodically throughout life. People with schizophrenia continue to suffer from stigmas associated with the illness such as split personality, a tendency toward violence, or personal weakness. These and other stigmas, such as blaming the disorder on bad parenting, are false. Contrary to public perception, schizophrenia is not split personality and the vast majority of people suffering from the illness do not pose a danger to others – more often – they are victims of violence.

What Causes Schizophrenia?

While scientists still do not know the specific causes of schizophrenia, some theories about the cause of this disease include: a chemical imbalance in the brain, genetic vulnerability and possible environmental events that occur during a person’s development. Recent research has shown that using marijuana may increase the risk for developing schizophrenia. This statistical link is similar to the one between smoking tobacco and lung cancer.

Research has shown that the brains of people with schizophrenia are different, as a group, from the brains of people without the illness. The latest advances in brain imaging have confirmed imbalances of two brain chemicals – dopamine and serotonin – in those who suffer from schizophrenia. Dopamine is responsible for emotions and motivation; serotonin acts as a messenger and stimulates muscle movement, switching nerves on and off. The brains of people with schizophrenia have elevated dopamine and serotonin activity.

Scientists recognize that schizophrenia has a tendency to run in families and that a person inherits a tendency to develop the disease. Recent research has identified some genes that appear to increase risk for schizophrenia. Like cancer and diabetes, the genes only increase the chances of becoming ill, and do not cause the illness all by themselves. Schizophrenia may also be prompted by environmental events such as viral infections or highly stressful situations or a combination of the two. The illness appears when the body undergoes hormonal and physical changes, like those that occur during puberty in the teen and young adult years.

What are the Symptoms of Schizophrenia?

The symptoms of schizophrenia are commonly divided into three categories:

“Positive” or Psychotic Symptoms

- 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.

“Disorganized” Symptoms

- 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

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

(continued)

There is no single symptom that positively identifies schizophrenia. All of the symptoms of schizophrenia can also be found in other illnesses. Schizophrenia may also be associated with changes in cognition and can affect mood.

Types of Schizophrenia

There are four types of schizophrenia that are commonly recognized. These types are based on the type of symptoms exhibited. Schizoaffective disorder is not one of these types but is instead a different diagnosis (see the separate fact sheet):

- **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, and negative and often assumes very unusual body positions; and,
- **Residual Schizophrenia** – A person is no longer experiencing delusions or hallucinations, but has no motivation or interest in life.

Treatment of Schizophrenia

While there is no cure for schizophrenia, it is a highly treatable and manageable illness. If you suspect someone you know is experiencing symptoms of schizophrenia, encourage them to see a psychiatrist. Psychiatrists are medical doctors who specialize in the treatment of mental illnesses. They can diagnose schizophrenia and have the authority to prescribe medications. The psychiatrist will thoroughly interview the person to identify the signs and symptoms of schizophrenia. At present there is no diagnostic or chemical test for schizophrenia, but there is ongoing research, which may develop such tests in the near future.

Anosognosia is a medical term for people who do not realize that they have a mental illness. It is estimated that as many as 40% to 50% of people with schizophrenia do not realize that they have a mental illness. Medication is highly effective in treating schizophrenia, however, it is difficult to keep individuals with schizophrenia on medication. There are a variety of reasons why people stop treatment, including medication side effects, disorganized thinking (or the belief that they are not ill), and a belief that the medication is no longer working.

- **Medication** – The primary medications for schizophrenia are called anti-psychotics. Anti-psychotics help relieve the positive symptoms of schizophrenia by helping to correct a chemical imbalance in the chemicals that brain cells use to communicate with each other. These medications are the only treatment scientifically proven to help manage the symptoms of schizophrenia better than a placebo. It is important to realize that these medications are trial and error and that it is usually necessary to try several different ones before finding a medication or combination of medications that can control the symptoms and minimize the side effects of these medications. For details on anti-psychotic medications, see the fact sheet in this series titled: **"About Antipsychotic Medications."**
- **Hospitalization** – People who experience acute symptoms of schizophrenia may require intensive treatment including hospitalization. Hospitalization is necessary to treat severe delusions or hallucinations, serious suicidal thoughts, an inability to care for oneself, or severe problems with drugs or alcohol. Concurrent drug and alcohol abuse is often referred to as being a dual diagnosis and is a common and serious problem with schizophrenia.
- **Psychosocial Rehabilitation** – Research shows that people with schizophrenia who attend structured psychosocial rehabilitation programs and continue with their medical treatment manage their illness best. People with schizophrenia often have a difficult time performing ordinary life skills such as cooking and personal grooming as well as communicating with others in the family and at work. Rehabilitation can help a person regain the confidence to take care of themselves and live a fuller life. Different forms of "talk" therapy, both individual and group, can help both the patient and family members to better understand the illness and share their coping problems. 4/2007

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