

WHAT IS THE COURSE OF THE DISEASE?

Studies have shown that some persons with schizophrenia recover completely, and many others improve to the point where they can live independently, often with the maintenance of drug therapy. Fortunately, this accounts for the majority of cases. However, approximately fifteen percent of people with schizophrenia respond only moderately to medication and require extensive support throughout their lives, while another fifteen percent simply do not respond to existing treatment. New therapies may offer hope for the treatment of these most seriously affected sufferers.

HOW IS IT TREATED?

Hospitalization is often necessary in cases of acute schizophrenia. This insures the safety of the affected person, while allowing for observation by trained mental health professionals to determine whether schizophrenia is the appropriate diagnosis. Hospitalization also allows for the initiation of medication under close supervision. Antipsychotic drugs (a.k.a. neuroleptics), available since the 1950's can dramatically improve the functioning of people with schizophrenia. Once the most troubling symptoms are controlled by medication, the person often does not require hospitalization. Depending upon the seriousness of the disease, the person may utilize day programs, rehabilitation facilities, and be treated in an outpatient setting. This allows the psychiatrist to adjust medication dosages as necessary over the course of the disease.

The person may also need assistance in readjusting to society once his or her symptoms are controlled. Supportive counseling or psychotherapy may be appropriate for these individuals as a source of friendship, encouragement, and practical advice during this process. Relatives and friends can also assist in rebuilding the persons social skills. Such support is very important.

WHAT CAN/SHOULD I DO IF A LOVED ONE IS SICK?

Because individuals with schizophrenia may not be aware that he or she is ill, it is often necessary for a friend or relative to make certain that proper treatment is sought. A good doctor is critical. The best way to treat a friend or relative with schizophrenia is with compassion, understanding, and support. Seek information from NAMI **Family-to-Family** classes. You will find that **Family-to-Family** will be invaluable to you and your family in gaining knowledge, getting support and in understanding what your family is going through. Do not let pride keep you from seeking help for yourself, your loved one and your family. Seeking and getting help is the first step toward recovery for the entire family.

Do it today!



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Information
About

Schizophrenia



You are not alone!

WHAT IS SCHIZOPHRENIA?

Schizophrenia is a serious and challenging medical illness, an illness that affects well over 2 million American adults, which is about 1 percent of the population age 18 and older. Although it is often feared and misunderstood, schizophrenia is a treatable medical condition. Schizophrenia often interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others. The first signs of schizophrenia typically emerge in the teenage years or early twenties, often later for females. Most people with schizophrenia contend with the illness chronically or episodically throughout their lives, and are often stigmatized by lack of public understanding about the disease. Schizophrenia is not caused by bad parenting or personal weakness. A person with schizophrenia does not have a "split personality," and almost all people with schizophrenia are not dangerous or violent towards others while they are receiving treatment. The World Health Organization has identified schizophrenia as one of the ten most debilitating diseases

WHAT ARE THE CAUSES?

Scientists still do not know the specific causes of schizophrenia, but research has shown that the brains of people with schizophrenia are different from the brains of people without the illness. Like many other medical illnesses such as cancer or diabetes, schizophrenia seems to be caused by a combination of problems including genetic vulnerability and environmental factors that occur during a person's development. Recent research has identified certain genes that appear to increase risk for schizophrenia. Like cancer and diabetes, the genes only increase the chances of becoming ill; they alone do not cause the illness.

WHAT ARE ITS SYMPTOMS?

Schizophrenia is characterized by a constellation of distinctive and predictable symptoms. The symptoms that are most commonly associated with the disease are called positive symptoms, that denote the presence of mental experiences that are added to the person by the illness. These include thought disorder, delusions and hallucinations.

Thought disorder is the diminished ability to think clearly and logically. Often it is manifested by disconnected and nonsensical language that renders the person with schizophrenia incapable of participating in conversation, contributing to his alienation from his family, friends, and society.

Delusions are common among individuals with schizophrenia. An affected person may believe that he is being conspired against (called "paranoid delusion"). "Broadcasting" describes a type of delusion in which the individual with this illness believes that his thoughts can be heard by others.

Hallucinations can be heard, seen or even felt; most often they take the form of voices heard only by the afflicted person. Such voices may describe the person's actions, warn him of danger or tell him what to do. At times the individual may hear several voices carrying on a conversation.

Less obvious than the "positive symptoms," but equally serious, are the deficit or negative symptoms that represent the absence of normal behavior. These include flat or blunted affect (i.e., lack of emotional expression) apathy, and social withdrawal.

WHO GETS IT?

While schizophrenia can affect anyone at any point in life, it is somewhat more common in those persons who are genetically predisposed to the dis-

ease. The first psychotic episode generally occurs in late adolescence or early adulthood.

GENETIC LINK

- The probability of developing schizophrenia as the offspring of two parents neither of whom has the disease, is one percent.
- The probability of developing schizophrenia as the offspring of one parent with the disease is approximately ten percent.
- The probability of developing schizophrenia as the offspring of both parents with the disease is twenty percent or more.

ONSET BY AGE

- Three-quarters of persons with schizophrenia develop the disease between 16 and 25 years of age.
- Children can also be diagnosed with schizophrenia however it is not common.
- Onset is also uncommon after age thirty and rare after age forty.

ONSET BY SEX

- In the 16-25 year old age group, schizophrenia affects more men than women
- In the 25-30 year old group, the incidence is higher in women than in men.