



# Patient Information

## The Reality of Schizophrenia

**T**he brain disease, *schizophrenia* (skit-suh-**free**-nee-uh), can be severe and disabling. People with schizophrenia often hear voices that are not there and have trouble thinking, as their thoughts come and go quickly. It may be hard for them to tell the difference between what is real and unreal or to make sense of what happens to them in everyday life.

Reacting to voices or thoughts, people with schizophrenia may sound to others as if they are talking nonsense. Although their behavior may be confusing or even frightening to others, most people with schizophrenia are not violent. In fact, they may feel confused and frightened much of the time.

The disease usually begins in late adolescence or early adulthood—though it can appear in childhood or midlife. Research into what causes the disease is ongoing, but scientists believe it to be related to abnormalities within the brain cells that send and receive messages and within certain brain structures. These irregularities may begin even before birth. For example, there may be *genetic* (juh-**net**-ik), or inherited, factors that, combined with certain life events occurring at critical moments in brain development, may lead to the disease.

In the United States, about 1% of people over age 18 (more than two million people) are diagnosed with schizophrenia yearly. As knowledge about the disease continues to grow, more and more of them are able to lead independent, fulfilling lives.

### Who's at risk?

Since the causes of schizophrenia are not yet fully understood, it is difficult to pinpoint a person's risk. In general, the risk of developing schizophrenia is about one in 100. It is known, however, that those who have a family member with schizophrenia are more likely to develop the disease. For example, if you have a parent who has schizophrenia, you have a one in 10 chance of developing it too.

### What are the warning signs?

Schizophrenia often develops slowly over a period of months or years. The early warning signs—withdrawal from family members and friends, excessive sleepiness or inability to sleep, lack of concentration, drug or alcohol abuse, or ignoring personal cleanliness—may go unnoticed at first.

But, eventually, more obvious symptoms develop. The person may have *hallucinations* (huh-loos-ehn-**ay**-shuns), which involve hearing, seeing, or feeling things that aren't there, and *delusions* (dih-**loo**-zhuns), which are false beliefs that feel very real and are strongly held. He or she may lose the ability to connect thoughts logically, have sudden mood changes without reason, or stop expressing any emotion at all. People with these symptoms are often unable to hold down a job or take care of day-to-day responsibilities. When this occurs, it is referred to as a *psychotic* (sy-**kaht**-ik) episode.

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People with schizophrenia may experience many psychotic episodes throughout their lives, or they may have one and go years before experiencing another. These episodes require medical treatment. People with schizophrenia, however, may not know or believe that they are ill. That's why it's important for their loved ones to recognize the signs of schizophrenia and get them the help they need when they need it.

### What tests are needed?

In order to rule out other illnesses, a doctor may ask about the patient's medical history and perform a physical exam. A sample of blood or urine may be tested to make sure symptoms aren't related to drug or alcohol abuse. A computed tomography, or CAT, scan—which takes pictures of the brain to check for abnormalities—may be required.

The doctor may refer the patient to a *psychiatrist* (suh-**kye**-uh-trust), who will interview the patient and his or her loved ones. Before diagnosing schizophrenia, the psychiatrist will likely ask about the patient's genetic history, his or her level of functioning before becoming ill, and how long symptoms have been present.

### How can problems be avoided?

No one knows how to avoid schizophrenia altogether. But once a person is diagnosed with the disease, he or she can reduce the occurrence of psychotic episodes by sticking to the prescribed treatment schedule.

### How is it treated?

During psychotic episodes, patients may be hospitalized to prevent them from harming themselves or others. Usually, they are

given medications, called antipsychotics, which can reduce the hallucinations and delusions and improve patients' ability to interact with others. Once the psychotic symptoms are brought under control, the patient's condition is considered stabilized. As the patient's condition continues to improve, he or she moves into the maintenance phase, though medication usually is required for life. The medication may not prevent future psychotic episodes, but it reduces their intensity and frequency.

Antipsychotic medications may not treat all of a patient's symptoms, depending on the type of schizophrenia the person has. These medications also have unwanted effects, often causing weight gain and movement disorders. They are, however, the best treatment for schizophrenia now available. The doctor will work with the patient to determine the lowest amount of the drug needed to control symptoms. He or she may prescribe additional medications to help ease the unwanted effects of the antipsychotic drugs and any schizophrenic symptoms that persist.

Valuable additions to antipsychotic treatment include talk therapy, in which patients discuss their thoughts with a professional therapist; rehabilitation programs that focus on learning social skills, problem solving, or job training; and family education that teaches the patient's loved ones about schizophrenia and ways that they can help the patient cope. To find these types of services, ask your family doctor or visit the Mental Health Services Locator page of the Substance Abuse and Mental Health Services Administration web site ([www.mentalhealth.samhsa.gov/databases](http://www.mentalhealth.samhsa.gov/databases)). ●

