

Health Awareness



How Much Do You Really Know About Schizophrenia?



(NAPSA)—Schizophrenia is a chronic, debilitating mental illness affecting approximately 1.1 percent of American adults and more than 21 million people worldwide.^{1,2} One of the most significant aspects of the disease is that it is not easily or efficiently diagnosed, and the illness may go undiagnosed—and therefore untreated—after the onset of the first symptoms.³ There is a palpable, sometimes debilitating prejudice associated with schizophrenia, which sometimes interferes with people's willingness to talk about and get treatment for the disorder.⁴ Having a better understanding of the disease—both what it is and what it isn't—could help to address misconceptions.

How much do you really know about schizophrenia? Read further to find out.

True or false? Doctors, patients and families historically viewed schizophrenia, one of the most devastating mental illnesses, as the result of bad parenting.

TRUE. Believe it or not, historically, this was the thinking.⁵ Today, we know that this is not the case, and we know that there are many factors involved with a person's risk for developing schizophrenia. Although there is still much to learn, researchers have identified a number of genes that may contribute an increased risk of schizophrenia and are closer than ever to understanding how they may impact brain development and function in the disease.^{5,6} Additionally, there are a number of environmental factors that can be involved, including the interaction between genes and aspects of an individual's environment, exposure to viruses or malnutrition before birth and other, not yet known, psychosocial factors.⁶

True or false? Men and women tend to develop schizophrenia at the same age.

FALSE. In most cases, the first psychotic episode tends to occur

between the late teens and the mid-30s. However, men tend to develop schizophrenia slightly earlier, in their early- to mid-20s, while most females develop symptoms in their late 20s.⁷

True or false? The signs and symptoms of schizophrenia vary from person to person.

TRUE. Although symptoms differ in type and severity among individuals, schizophrenia typically interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others.⁸

Initial signs may include isolating oneself, sleep problems and irritability.⁹ Some individuals with schizophrenia experience hallucinations, the most common of which are "voices" that may influence their actions or seeing people or objects that are not there. However, a person with schizophrenia can experience a combination of symptoms—sometimes severe, other times hardly noticeable—that typically fall into three broad categories: positive symptoms (psychotic symptoms such as hallucinations and delusions), negative symptoms (disruptions in normal emotions and lack of motivation) and cognitive symptoms (changes in memory or other aspects of thinking).⁷

True or false? People with schizophrenia always exhibit violent behavior.

FALSE. Most individuals with schizophrenia are not violent. The sad reality is that people with schizophrenia are much more likely to harm themselves than others, as suicidal thoughts and behaviors are very common among people with schizophrenia. Comorbidities, such as substance abuse, may also increase the chance a person will become violent. Both risk of violence to others and to the individuals with schizophrenia is greatest when the condition goes untreated and has been seen to decrease when treatment is in place.⁴

True or false? Because the causes of schizophrenia are still unknown, treatments focus on improving the symptoms of the disease.

TRUE. There is no cure for schizophrenia, but it can be managed in several ways, including antipsychotic medications, which are available in pill or liquid form taken daily or as an injection that provides patients with medication that remains in the body for an extended period of time. Additional forms of treatment include psychotherapy, such as cognitive behavioral therapy and supportive therapy, as well as self-management strategies and education.¹⁰

True or false? Many people with schizophrenia experience improved symptoms with a combination of medication and psychosocial support.

TRUE. Through a combination of the effective treatment options currently available, continued research and understanding in genetics, neuroscience and behavioral sciences, the outlook for individuals with schizophrenia continues to improve. For example, initiatives such as the NIMH Recovery After an Initial Schizophrenia Episode (RAISE) research project, which seeks to fundamentally change the prognosis of schizophrenia through coordinated treatment in the earliest stages of the disorder, also promise to further improve the prognosis for people diagnosed with the disease.⁴

Although navigating the course of diagnosis and treatment for schizophrenia can be challenging, knowing the early warning signs increases the chances of diagnosis and coordinated specialty care treatment in the earliest stages of the condition. Individuals with schizophrenia can lead productive, independent lives. For more information regarding schizophrenia and the treatment options available, visit www.mentalhealthamerica.net/medication.

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4 National Institute of Mental Health. Schizophrenia. Retrieved November 4, 2016 from <https://www.nimh.nih.gov/health/publications/schizophrenia-booklet-12-2015/index.shtml>

5 National Institutes of Health. Schizophrenia. Retrieved November 4, 2016 from <https://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=67>

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7 Ochoa, S., et al. (2012). Gender Differences in Schizophrenia and First-Episode Psychosis: A Comprehensive Literature Review. *Schizophrenia Research and Treatment*, 2012, 2.

8 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*.

9 Birchwood, M., et al. (2000). Schizophrenia: early warning signs. *Advances in Psychiatric Treatment*, 6, 93–101.

10 American Psychiatric Association. (2004). *Practice Guideline For The Treatment of Patients With Schizophrenia (2nd ed.)*.