

Mental Health

Fact Sheet

Rimrock
Foundation

Mental Health Services

Schizophrenia

This brain disorder is complex and results from the interplay of genetic, behavioral, developmental and other factors.

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What Is It?

People with schizophrenia often suffer terrifying symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them. These symptoms may leave them fearful and withdrawn. Their speech and behavior can be so disorganized that they may be incomprehensible or frightening to others.

While treatments can often relieve many symptoms, most people with schizophrenia continue to suffer some symptoms throughout their lives; it has been estimated that no more than one in five individuals recovers completely. Although schizophrenia affects men and women with equal frequency, the disorder often appears earlier in men, usually in the late teens or early twenties, than in women, who are generally affected in the twenties to early thirties. In many ways this is a time of hope for people with schizophrenia and their families. New research is gradually leading to new and safer medications and unraveling the complex causes of this illness.

Schizophrenia As An Illness

The severity of the symptoms and long-lasting, chronic pattern of schizophrenia often cause a high degree of disability. Medications and other treatments for schizophrenia, when used regularly and as prescribed, often can help reduce and control the distressing symptoms of this illness. However, some people are not greatly helped by available treatments or may prematurely discontinue treatment because of unpleasant side effects or for other reasons. Even when treatment is effective, persisting consequences of the illness, such as lost opportunities, stigma, residual symptoms, and medication side effects, may be very troubling.

- **What causes schizophrenia?**

There is no known single cause of schizophrenia. Many diseases, such as heart disease, result from an interplay of genetic, behavioral, and other factors; this may be the case for schizophrenia as well. Scientists do not yet understand all of the factors necessary to produce schizophrenia, but all the tools of modern biomedical research are being used to search for genes, critical moments in brain development, and other factors that may lead to the illness.

It has long been known that schizophrenia runs in families. People who have a close relative with schizophrenia are more likely to develop the disorder than are people who have no relatives with the illness.

- **Making a diagnosis**

It is important to rule out other illnesses because at times people suffer severe mental symptoms or even psychosis due to undetected underlying medical conditions. For this reason, a medical history should be taken and a physical examination and laboratory tests should be done to rule out other possible causes of the symptoms before concluding a person has schizophrenia. Since commonly abused drugs may cause symptoms resembling schizophrenia, blood or urine samples from the person can be tested at a hospital or physician's office for the presence of these drugs.



At times, it is difficult to tell one mental disorder from another. For instance, some people with symptoms of schizophrenia may exhibit prolonged extremes of elated or depressed mood, and it is important to determine whether such a patient has schizophrenia or actually has a bipolar disorder or major depressive disorder.

Symptoms Of Schizophrenia

The first signs of schizophrenia often appear as confusing, or even shocking, changes in behavior. Coping with the symptoms of schizophrenia can be especially difficult for family members who remember how involved or vivacious a person was before they became ill. The sudden onset of severe psychotic symptoms is referred to as an acute phase of schizophrenia.

Psychosis, a common condition in schizophrenia, is a state of mental impairment marked by hallucinations, which are disturbances of sensory perception, and/or delusions, which are false yet strongly held personal beliefs that result from an inability to separate real from unreal experiences. Less obvious symptoms, such as social isolation or withdrawal, or unusual speech, thinking, or behavior, may precede, be seen along with, or follow the psychotic symptoms.

Some people have only one psychotic episode; others have many episodes during a lifetime, but lead relatively normal lives during the interim periods. Individuals with chronic schizophrenia, or a continuous or recurring pattern of illness, often do not fully recover normal functioning and typically require long-term treatment, including medications, to control the symptoms.

- **Distorted Perceptions of Reality**

People with schizophrenia may have perceptions of reality that are strikingly different from the reality seen and shared by others around them. Living in a world distorted by hallucinations and delusions, individuals with schizophrenia often feel frightened, anxious, and confused.

In part because of the unusual realities they experience, people with schizophrenia may behave very differently at various times. Sometimes they may seem distant, detached, or preoccupied and may even sit as rigidly as a stone, not moving for hours or uttering a sound. Other times they may move about constantly — always occupied, appearing wide-awake, vigilant, and alert.



- **Hallucinations**

Hallucinations are disturbances of perception that are common in people suffering from schizophrenia that occur without connection to an appropriate source. Although hallucinations can occur in any sensory form — auditory (sound), visual (sight), tactile (touch), gustatory (taste), and olfactory (smell) — hearing voices that other people do not hear is the most common type of hallucination in schizophrenia.

- **Delusions**

Delusions are false personal beliefs that are not subject to reason or contradictory evidence and are not explained by a person's usual cultural concepts. Delusions may take on different themes. For example, patients suffering from paranoid-type symptoms — roughly one-third of people with schizophrenia — often have delusions of persecution, or false and irrational beliefs that they are being cheated, harassed, poisoned, or conspired against.

Sometimes the delusions experienced by people with schizophrenia are quite bizarre, for instance, believing that a neighbor is controlling their behavior with magnetic waves or that people on television are directing special messages to them.

- **Substance Abuse**

Substance abuse is a common concern of the family and friends of people with schizophrenia. Since some people who abuse drugs may show symptoms similar to those of schizophrenia, people with schizophrenia may be mistaken for people “high on drugs.” People who have schizophrenia often abuse alcohol or other drugs and may have particularly bad reactions to certain drugs.

Schizophrenia And Violence

Most individuals with schizophrenia are not violent; more typically, they are withdrawn and prefer to be left alone. **Most violent crimes are not committed by persons with schizophrenia, and**

most persons with schizophrenia do not commit violent crimes. Substance abuse significantly raises the rate of violence in people with schizophrenia but also in people who do not have any mental illness. People with paranoid and psychotic symptoms, which can become worse if medications are discontinued, can be at higher risk for violent behavior. When violence does occur, it is most frequently targeted at family members and friends and often takes place at home.

Treatment Options

Since schizophrenia may not be a single condition and its causes are not yet known, current treatment methods are based on both clinical research and experience. These approaches are chosen on the basis of their ability to reduce the symptoms of schizophrenia and to lessen the chances that symptoms will return.



It is important to understand schizophrenia is a long-term illness that currently has no cure. **Continuing a treatment regimen, even during well times, can help keep the disease under control and reduce the chance of having recurrent, worsening episodes.**

Anyone with schizophrenia should be under the care of a psychiatrist skilled in the diagnosis and treatment of this illness. Other mental health professionals, such as psychologists and psychiatric social workers, can assist in providing the person and family with additional approaches to treatment.

- **Medications**

Antipsychotic drugs are the best treatment option now available, but they do not cure schizophrenia or ensure that there will be no further psychotic episodes. The choice and dosage of medication can be made only by a qualified psychiatrist who is well trained in the medical treatment of mental disorders.

The large majority of people with schizophrenia show substantial improvement when treated with antipsychotic drugs. Some patients, however, are not helped very much by the medications and a few do not seem to need them. It is difficult to predict which patients will fall into these two groups and to distinguish them from the large majority of patients who do benefit from treatment with antipsychotic drugs.

- **Side Effects**

Antipsychotic drugs are often very effective in treating certain symptoms of schizophrenia, particularly hallucinations and delusions; unfortunately, the drugs may not be as helpful with other symptoms, such as reduced motivation and emotional expressiveness. In addition, if given at too high of a dose, the newer medications may lead to problems such as social withdrawal and symptoms resembling Parkinson's disease. Sometimes when people with schizophrenia become depressed, other symptoms can appear to worsen. The symptoms may improve with the addition of an antidepressant medication.

- **Psychosocial Treatments**

Because patients with schizophrenia frequently become ill during the critical career-forming years of life (e.g., ages 18 to 35), they are less likely to complete the training required for skilled work. As a result, many with schizophrenia not only suffer thinking and emotional difficulties, they lack social and work skills and experience as well.

It is with these psychological, social, and occupational problems that psychosocial treatments may help most. While psychosocial approaches have limited value for acutely psychotic patients (those who are out of touch with reality or have prominent hallucinations or delusions), they may be useful for patients with less severe symptoms or for patients whose psychotic symptoms are under control.

- **Rehabilitation**

Rehabilitation programs emphasize social and vocational training to help patients and former patients overcome difficulties in these areas. Programs may include vocational counseling, job training, problem-solving and money management skills, use of public transportation, and social skills training.

- **Family Education**

Very often, patients with schizophrenia are discharged from the hospital into the care of their family. It is important that family members learn all they can about schizophrenia and understand the difficulties and problems associated with the illness. Family psychoeducation, which includes teaching various coping strategies and problem-solving skills, may help families deal more effectively with their ill relative and may contribute to an improved outcome for the patient.



Ensuring that a person with schizophrenia continues to get treatment after hospitalization is very important. A patient may discontinue medications or stop going for follow-up treatment, often leading to a return of psychotic symptoms. Encouraging the patient to continue treatment and assisting them in the treatment process can positively influence recovery.

The outlook for people with schizophrenia has improved over the last 25 years. Although no totally effective therapy has yet been devised, it is important to remember that many people with the illness can improve enough to lead independent, satisfying lives. As we learn more about the causes and treatments of schizophrenia, we should be able to help more patients achieve successful outcomes.

For further information on Rimrock Foundation's treatment of Schizophrenia, call Jen Porter, Admissions Supervisor, at 1-800-227-3953 or 1-406-248-3175, visit our website at www.rimrock.org, or contact the Rimrock Foundation Library at the above numbers.

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