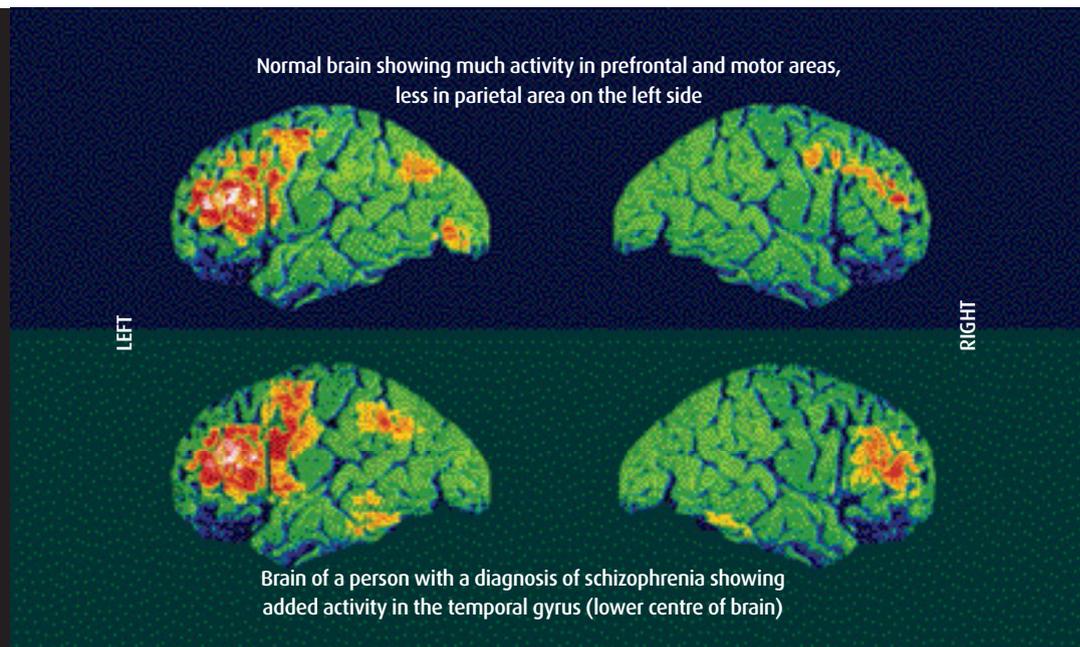


What you need to know about... **SCHIZOPHRENIA**

Coloured positron emission tomography (PET) brain scans of a patient with a diagnosis of schizophrenia speaking (bottom) and a patient without schizophrenia speaking (top). Red/yellow areas indicate activity as patients generate words



DEFINITION

- Schizophrenia is a severe disturbance in the brain's functioning affecting around one in 100 people.
- Men usually notice the first signs in their late teens/early 20s; women in their mid-20s/early 30s.
- It affects the way people think, how they feel and behave, what they believe and how they relate to others.
- One in four will get better within five years of their first episode. Two out of three will get better, but will still experience symptoms.
- The longer schizophrenia is left untreated, the greater its impact and the longer the recovery period.

AETIOLOGY

- Exact cause(s) are unknown but several factors, including genetics and changes in brain chemistry or structure, may be involved.
- The stress-vulnerability model offers a plausible explanation. This suggests that people have varying degrees of biological vulnerability to schizophrenia, a significant proportion of which is genetic in origin.
- People may have such a high level of vulnerability that the onset of this illness can be prompted by stressful life events. Relapses and worsening

of symptoms may also be prompted.

- Relationship/work problems can play some part in the development of schizophrenia. Similarly, illicit substances do not cause schizophrenia but in people with vulnerability they can bring on the illness earlier or precipitate relapse.

POSITIVE SYMPTOMS

Positive symptoms (where something is added to the person's usual behaviour) include:

- Hallucinations – when any of the five senses are affected and people hear, smell, feel, see or taste something which is not there;
- Delusions – unusual beliefs that people hold and cannot be appealed to through reason;
- Thought disorder – this refers to the flow or form of thoughts rather than to their delusional content. Thinking can become disorganised and muddled;
- Unusual behaviour – for example laughing at inappropriate times;
- Positive symptoms occur during an acute episode of illness and often respond to medication, particularly the newer antipsychotics such as clozapine, olanzapine and risperidone.

NEGATIVE SYMPTOMS

Negative symptoms (where something is lost from the person's behaviour) include:

- Apathy and social withdrawal; emotional changes – feeling flat, lacking in emotion; poor self-care and speech difficulties – being unable to relate to and converse with others;
- These tend to be more difficult to treat, more damaging and do not respond well to medication. They can be mistaken for behavioural problems leading to frustration and breakdown in relationships.

TREATMENT

- Antipsychotic medication. Newer 'atypical' antipsychotic drugs (see positive symptoms) are reported to have fewer extrapyramidal side-effects. Evidence indicates 'atypicals' are more effective than the older medications such as haloperidol.
- Cognitive behavioural therapy.
- Psychoeducation can help people learn more about the illness and make informed treatment choices.
- Family work can help people to continue living together and understand the difficulties associated with the illness.
- Involvement in structured occupational activity, employment and social interaction.

- Annual physical health checks are very important.

WEBSITES

See me I'm a person not a label: Scotland's national anti-stigma campaign: www.seemescotland.org

Rethink severe mental illness: www.rethink.org

FURTHER READING

- Birchwood, M. et al (2000) *Early Intervention in Psychosis; A Guide to Concepts, Evidence and Interventions*. West Sussex: John Wiley and Sons.
- Chadwick, P., Birchwood, M. (1994) The omnipotence of voices; a cognitive approach to auditory hallucinations. *British Journal of Psychiatry*; 164: 190-201.
- Gamble, C., Midence, K. (1994) Schizophrenia family work: mental health nurses delivering an innovative service. *Journal of Psychosocial Nursing*; 32: 13-14.
- Martindale, B. et al (eds) (2000) *Psychosis Psychological Approaches and their Effectiveness*. London: Gaskell.