A Guide to Schizophrenia
Schizophrenia is a common mental illness. Symptoms include delusions (false ideas), hallucinations (such as hearing voices), disordered thoughts, and problems with feelings, behaviour and motivation. The cause is not clear. In most cases the symptoms recur or persist long-term. Some people have just one episode of symptoms that lasts a few weeks. Treatment includes medication, talking treatments and social support.
What is schizophrenia and who gets it?

Schizophrenia is a serious mental illness that causes disordered ideas, beliefs and experiences. In a sense, people with schizophrenia lose touch with reality and do not know which thoughts and experiences are true and real, and which are not.

Some people have wrong ideas about schizophrenia. For instance, it has nothing to do with a ‘split personality’. Also, the vast majority of people with schizophrenia are not violent.

Schizophrenia develops in about 1 in 100 people. It can occur in men and women. The most common ages for it to first develop are 15-25 in men and 25-35 in women.

What are the symptoms of schizophrenia?

There are many possible symptoms. They are often classed into ‘positive’ and ‘negative’. ‘Positive’ symptoms are those that show abnormal mental functions. ‘Negative’ symptoms are those that show the absence of a mental function that should normally be present.

‘Positive’ symptoms include the following:

- **Delusions**
  These are false beliefs that a person has, and most people from the same culture would agree that they are wrong. Even when the ‘wrongness’ of the belief is explained, a person with schizophrenia is convinced that they are true. For example, a person with schizophrenia may believe that neighbours are spying on them with cameras in every room, or a famous person is in love with them, or that people are plotting to kill them, or there is a conspiracy about them. These are only a few examples and delusions can be about anything.
• **Hallucinations**
  This means hearing, seeing, feeling, smelling, or tasting things that are not real. Hearing voices is the most common. Some people with schizophrenia hear voices that provide a running commentary on their actions, argue with them, or repeat their thoughts. The ‘voices’ often say things that are rude, aggressive, unpleasant, or give orders that must be followed. Some people with schizophrenia appear to talk to themselves as they respond to the voices. People with schizophrenia believe that the hallucinations are real.

• **Disordered thoughts**
  Thoughts may become jumbled or blocked. Thought and speech may not follow a normal logical pattern. For example, some people with schizophrenia have one or more of the following:
  - Thought echo. This means the person hears his or her own thoughts as if they were being spoken aloud.
  - Knight’s-move thinking. This means the person moves from one train of thought to another that has no apparent connection to the first.
  - Some people with schizophrenia may invent new words (neologisms), repeat a single word or phrase out of context (verbal stereotypy), or use ordinary words that they attribute a different, ‘special’ meaning to (metonyms).
  
  Symptoms called ‘disorders of thought possession’ may also occur. These include:
  - Thought insertion. This is when someone believes that the thoughts in their mind are not their own, and that they are being put there by an outside agency.
  - Thought withdrawal. This is when someone believes that thoughts are being removed from their mind by an outside agency.
  - Thought broadcasting. This is when someone believes that their thoughts are being read or heard by others.
  - Thought blocking. This is when there is a sudden interruption of the train of thought before it is completed, leaving a blank. The person suddenly stops talking and cannot recall what he or she has been saying.
‘Negative’ symptoms include the following:

- **Lack of motivation**
  Everything seems an effort. For example, tasks may not be finished, concentration is poor, losing interest in social activities, and often wanting to be alone.

- **Spontaneous movements**
  Few spontaneous movements, and much time doing nothing.

- **Facial expressions and voice**
  Facial expressions do not change much and the voice may sound monotonous.

- **Changed feelings**
  Emotions may become ‘flat’. Sometimes the emotions may be odd such as laughing at something sad. Other strange behaviours sometimes occur.

Negative symptoms can make some people neglect themselves. They may not care to do anything and appear to be wrapped up in their own thoughts. Negative symptoms can also lead to difficulty with education, which can contribute to difficulties with employment. For families and carers, the negative symptoms are often the most difficult to deal with. Persistent negative symptoms tend to be the main cause of long-term disability.

Families may only realise with hindsight that the behaviour of a relative has been gradually changing. Recognising these changes can be particularly difficult if the illness develops during the teenage years when it is normal for some changes in behaviour to occur.

**Other symptoms**
Other symptoms that occur in some cases include: difficulty planning, memory problems and obsessive compulsive symptoms.

**How is the diagnosis made?**
Some of the symptoms that occur in schizophrenia also occur in other mental health conditions such as depression, mania, or after taking some ‘street’ drugs. Therefore, the diagnosis may not be clear at first. As a rule, the symptoms need to be present for several weeks before a doctor will make a firm diagnosis of schizophrenia.

Not all symptoms are present in all cases. Different forms of schizophrenia occur depending upon the main symptoms.
that develop. For example, people with ‘paranoid schizophrenia’ mainly have positive symptoms which include delusions that people are trying to harm them. In contrast, some people mainly have negative symptoms and this is classed as ‘simple schizophrenia’. In many cases there is a mix of positive and negative symptoms.

Sometimes symptoms develop quickly over a few weeks or so. Family and friends may recognise that the person has a mental health problem. Sometimes symptoms develop slowly over months and the person may gradually become withdrawn, lose friends, jobs, etc, before the condition is recognised.

What is the cause of schizophrenia?

The exact cause is not known. It is thought that the balance of certain brain chemicals (neurotransmitters) is altered. Neurotransmitters are needed to pass messages between brain cells. An altered balance of these may cause the symptoms. It is not clear why changes occur in the neurotransmitters.

Genetic (hereditary) factors are thought to be important. For example, a close family member (child, brother, sister, parent) of someone with schizophrenia has a 1 in 10 chance of also developing the condition. This is 10 times the normal chance. A child born to a mother and father who both have schizophrenia has a 1 in 2 chance of developing it too.

However, one or more factors appear to be needed to trigger the condition in people who are genetically prone to it. There are various theories as to what these might be. For example:

• Stress such as relationship problems, financial difficulties, social isolation, bereavement, etc.
• A viral infection during the mother’s pregnancy, or in early childhood.
• A lack of oxygen at the time of birth that may damage a part of the brain.
• Illegal or ‘street’ drugs may trigger the condition in some people. For example, heavy cannabis users are six times more likely to develop schizophrenia than non-users. Many other drugs of abuse such as amphetamines, cocaine, ketamine, and lysergic acid diethylamide (LSD) can trigger a schizophrenia-like illness.
What are the treatments for schizophrenia?

Treatment and care is usually based in the community rather than at hospitals. Most areas of the UK have a community mental health care team which includes psychiatrists, nurses, psychologists, social workers, etc. A ‘key worker’ such as a community psychiatric nurse or psychiatric social worker is usually allocated to co-ordinate the care for each person with schizophrenia.

However, some people need to be admitted to hospital for a short time. This is sometimes done when the condition is first diagnosed so that treatment can be started quickly. Hospital admission may also be needed for a while at other times if symptoms become severe. A small number of people have such a severe illness that they remain in hospital long-term.

People with schizophrenia often do not realise or accept that they are ill. Therefore, sometimes when persuasion fails, some people are admitted to hospital for treatment against their will by use of the Mental Health Act. This means that doctors and social workers can force a person to go to hospital. This is only done when the person is thought to be a danger to themselves or others.

Antipsychotic medication

The main drugs used to treat schizophrenia are called ‘antipsychotics’. They work by altering the balance of some neurotransmitters (brain chemicals). Antipsychotic medication is used to relieve the symptoms. Antipsychotic drugs tend to work best to ease positive symptoms, and tend not to work so well to ease negative symptoms. Antipsychotic drugs are also used to prevent recurring episodes of symptoms (relapses). Therefore, antipsychotic medication is usually taken on a long-term basis.

There are various different antipsychotic drugs, and different ones may be used in different circumstances. They are broadly divided into two categories:

- **Newer or ‘atypical’ antipsychotics**
  These are sometimes called ‘second generation’ antipsychotics and include: amisulpride, aripiprazole, clozapine, olanzapine, quetiapine, risperidone, sertindole, and zotepine. One of these drugs is commonly used ‘first line’ for new cases. This is because they seem to
have a good balance between chance of success and the risk of side-effects. However, if you are already taking a ‘typical’ drug and feel well on it, there is no need to change to a newer one.

• Older ‘typical’ well established antipsychotics
  These are sometimes called ‘first generation’ antipsychotics and include: chlorpromazine, trifluoperazine, haloperidol, flupentixol, zuclopenthixol, and sulpiride.

There are some differences between the various antipsychotic drugs. Therefore, one may be better for an individual than another. For example, some are more ‘sedating’ than others. A specialist in psychiatry usually advises on which to use in each case. Sometimes, if one does not work so well, a different one is tried and may work well.

A good response to antipsychotic medication occurs in about 7 in 10 cases. However, symptoms may take 2-4 weeks to ease after starting medication, and it can take several weeks for full improvement. Even when symptoms ease, antipsychotic medication is normally continued long-term. This aims to prevent relapses, or to limit the number and severity of relapses. However, if you only have one episode of symptoms that clears completely with treatment, one option is to try coming off medication after 1-2 years. Your doctor will advise.

‘Depot’ injections of an antipsychotic drug
In some cases, an injection of a long-acting antipsychotic drug is used once symptoms have eased. The drug from a depot injection is slowly released into the body and is given every 2-4 weeks. This aims to prevent relapses. The main advantage of depot injections is that you do not have to remember to take tablets every day.

What about side-effects from antipsychotic drugs?
Side-effects can sometimes be troublesome. There is often a ‘trade-off’ between easing symptoms and having to put up with some side-effects from treatment. The different antipsychotic drugs can have different types of side-effects. Also, sometimes one drug causes side-effects in some people and not in others. Therefore, it is not unusual to try two or more different drugs before one is found that is best suited to an individual.
The following are the main side-effects that sometimes occur. However, you should read the information leaflet that comes in each drug packet for a full list of possible side-effects.

- **Common side-effects include:** dry mouth, blurred vision, flushing and constipation. These may ease off when you get used to the drug.

- **Drowsiness (sedation) is also common** but may be an indication that the dose is too high. A reduced dose may be an option.

- **Some people develop weight gain.** Weight gain may increase the risk of developing diabetes and heart problems in the longer term. This appears to be a particular problem with the atypical antipsychotics, notably clozapine and olanzapine.

- **Movement disorders develop in some cases. These include:**
  - Parkinsonism - this can cause symptoms similar to those that occur in people with Parkinson’s disease. For example, tremor and muscle stiffness.
  - Akathisia - which is like a restlessness of the legs.
  - Dystonia - which means abnormal movements of the face and body.
  - Tardive dyskinesia (TD) - which is a movement disorder that can occur if you take antipsychotics for several years. It causes rhythmical, involuntary movements. This is usually lip-smacking and tongue-rotating movements, although it can affect the arms and legs too. About 1 in 5 people treated with typical antipsychotics eventually develop tardive dyskinesia.

Atypical antipsychotic drugs are thought to be less likely to cause movement disorder side-effects than typical antipsychotic drugs. This reduced incidence of movement disorder is the main reason why an atypical antipsychotic is often used first-line. Atypical drugs do, however, have their own risks. In particular, the risk of weight gain. If movement disorder side-effects occur, then other drugs may be used to try to counteract them.
Other drugs
In some cases, other types of drugs may be considered. For example:

- **Antidepressants.**
  Some research trials suggest that taking an antidepressant drug in addition to an antipsychotic drug may be better than an antipsychotic drug alone in treating negative symptoms of schizophrenia. An antidepressant drug may also be useful to treat depression which is common in people with schizophrenia.

- **Chinese herbal medicines.**
  Some studies suggest that certain Chinese herbal medicines taken in addition to an antipsychotic drug may be beneficial. It is thought that some Chinese herbs contain substances that have antipsychotic properties. However, further trials are needed to confirm the place of this treatment.

Research continues to find newer and better drug treatments.

**Psychological treatments such as cognitive behaviour therapy (CBT)**
Psychological treatments include a variety of ‘talking’ treatments, in particular a treatment called cognitive behaviour therapy (CBT). CBT is being increasingly used as a treatment for schizophrenia. CBT and other ‘talking treatments’ are not alternatives to drug treatment. They are used in some cases in addition to medication. CBT does not cure schizophrenia nor does it stop the main symptoms. However, it has been shown to help many people with schizophrenia, and their families, to understand and cope with the condition. There is some evidence that CBT may also help to reduce distress and help to prevent relapses.

**Social and community support**
This is very important. Often the ‘key-worker’ plays a vital role. However, families, friends and local support groups can also be major sources of help. Contact details of the head offices of the main support organisations are listed at the end of this leaflet. But these organisations also have many local groups throughout the UK.
Encouraging physical health

It is quite common for people with schizophrenia not to look after themselves so well. Such things as smoking, lack of exercise, obesity, and an unhealthy diet are more common than average in people with schizophrenia. Weight gain may be a side effect of antipsychotic drugs. All of these factors may lead to an increased chance of developing heart disease and diabetes in later life.

Therefore, as with everyone else in the population, people with schizophrenia are encouraged to adopt a healthy lifestyle - not to smoke, to take regular exercise, to eat healthily, etc.

What is the outlook (prognosis)?

- In most cases there are recurring episodes of symptoms (relapses). Most people in this group live relatively independently with varying amounts of support. The frequency and duration of each relapse can vary. Some people recover completely between relapses. Some people improve between relapses but never quite fully recover. Treatment often prevents relapses, or limits their number and severity.

- In some cases, there is only one episode of symptoms that lasts a few weeks or so. This is followed by a complete recovery, or substantial improvement without any further relapses. It is difficult to give an exact figure as to how often this occurs. Perhaps 2 in 10 cases or less.

- Up to 2 in 10 people with schizophrenia are not helped much by treatment and need long-term dependent care. For some, this is in secure accommodation.

- Depression is a common complication of schizophrenia.

- It is thought that up to a third of people with schizophrenia abuse alcohol and/or illegal drugs. Helping or treating such people can be difficult.
• About 1 in 10 people with schizophrenia commit suicide.

The outlook is thought to be better if:
• Treatment is started soon after symptoms begin.
• Symptoms develop quickly over several weeks rather than slowly over several months.
• The main symptoms are positive symptoms rather than negative symptoms.
• The condition develops in a relatively older person (over 25).
• Symptoms ease well with medication. Treatment is taken as advised (that is, ‘compliance’ with treatment is good).
• There is good family and social support which reduces anxiety and stress.
• Abuse of illegal drugs or alcohol does not occur.

Newer drugs and better psychological treatments give hope that the outlook is improving.

Further help and information

Rethink (formerly the National Schizophrenia Fellowship)
Telephone 0845 456 0455
www.rethink.org
A national organisation that helps people with schizophrenia, their families and carers.

Sane / Saneline
1st Floor, Cityside House
40 Adler Street, London E1 1EE
Saneline 0845 767 8000
www.sane.org.uk
For anyone coping with mental illness, be they sufferers, carers, relatives or friends.

Mind (National Association For Mental Health)
15-17 Broadway, London E15 4BQ
MindinfoLine 0845 7660 163
www.mind.org.uk
Works for a better life for people diagnosed, labelled or treated, as mentally ill.
References

Schizophrenia, NICE Clinical Guideline (March 2009); Core interventions in the treatment and management of schizophrenia in primary and secondary care.

Schizophrenia, Clinical Knowledge Summaries (2007)


