What is Schizophrenia?

Schizophrenia is a chronic and disabling brain disease. About one per cent of the population develops schizophrenia during their lifetime, and more than two million North Americans suffer from it. Schizophrenia usually appears earlier in men —in the late teens or early 20s—while women are generally affected in their 20s to early 30s.



What are the symptoms of Schizophrenia?

There are many signs and symptoms of schizophrenia, and they vary from one individual to another. This means diagnosis and treatment must be tailored to the individual's unique experience of the disease.

Active symptoms

These are also referred to as psychotic or positive symptoms, and can include:

Delusions. Delusions are false personal beliefs that—in spite of what others believe or proof to the contrary —are held with great conviction. Sufferers may believe they are being spied on, tormented, followed or tricked. These are sometimes called persecutory delusions. Or, sufferers may believe that gestures, comments, book passages, television and other cues are directed specifically at them. These are called referential delusions.

Delusions may be bizarre (e.g., believing your thoughts have been removed by an outside force) or realistic (e.g., thinking you are being followed by the police). Delusions occur in 90 per cent of people who experience schizophrenia.

Hallucinations. Hallucinations can happen in any of the five senses but are most commonly auditory. These usually emerge as voices, which seem separate from the person's own thoughts. A person may hear voices repeating or mimicking their thoughts, arguing or commenting on their actions, or telling them what to do. Auditory hallucinations occur in about 50 per cent of people with schizophrenia, while visual hallucinations appear in 15 per cent.

Disorganized thinking. This usually comes out as abnormal spoken language. For example, as the person's conversation jumps erratically from one topic to another, a new "language" may be created. The grammatical structure of language breaks down, and speech may greatly speed up or slow down.

Disorganized behaviour. This symptom can show itself in a variety of ways. A person with schizophrenia may aimlessly wander, display child-like silliness or become unpredictably agitated. They may behave inappropriately—wearing many layers of clothing on a hot day or muttering, shouting or swearing in public. Disorganized behaviour can lead to problems with daily tasks, such as organizing meals and maintaining hygiene.

Catatonic behaviour. Though very rare, people showing signs of catatonic behaviour may seem rigid and immobile, or as if they are in a state of wild excitement. The person may hold fixed or bizarre body postures for long periods of time, and resist moving or being moved.

Deficit symptoms

These are also referred to as negative symptoms, and can include:

Loss of feeling or inability to experience pleasure. Also called anhedonia, this symptom causes the sufferer to show no interest in social or recreational activities, and an inability to develop close relationships.

Poverty of speech. The amount of speech is sometimes greatly reduced and is usually vague or repetitious, manifesting in a symptom also called alogia. Sufferers may be slow in responding to questions or not respond at all.

Flat presentation or affective flattening. Unchanging facial expressions, poor or no eye contact, reduced body language and decreased spontaneous movements are all signs of affective flattening. People experiencing this may also stare vacantly into space and speak in a flat, monotone voice. Flat affect refers to the outward expression of emotion and not the inner experience.

Early warning signs

Usually before people develop psychosis or schizophrenia, there is a period where "something is not quite right," called the prodrome or prodromal phase. During this time, the sufferer may withdraw from family and friends, have changes in appetite and sleep patterns, find it difficult to concentrate, and have trouble at school or work.

This period can be very disturbing, even frightening, to those experiencing it, and they may not want to talk about what is happening to them.

The prodromal phase for schizophrenia can last from more than a month to several years. New research suggests that if interventions are begun during this early period, the prospect for recovery or a milder course of the illness increases. Early signs include:

- **Changes in thinking.** Difficulty concentrating, poor memory, preoccupation with odd ideas or increased suspiciousness.
- **Changes in mood.** Lack of emotional response, rapid mood changes or inappropriate moods.
- **Changes in behaviour.** Odd or unusual conduct.
- **Physical changes.** Sleep disturbance or excessive sleep and loss of energy.
- **Social changes.** Withdrawal and isolation from family and friends.
- **Changes in functioning.** Decline in school or work performance.

None of these symptoms alone indicates schizophrenia, but if they are severe, persistent or recurrent, seek professional help as soon as possible.

Schizophrenia: myths and facts

There are a number of myths that are persistent about people with schizophrenia and the nature of the disease. Helping to debunk these myths is key in making way for people with schizophrenia to take their rightful place in society.

Myth	**Fact**
People with schizophrenia have a split personality.	People with schizophrenia have only one personality. People with the disease experience a split from reality, not a split in personality.
People who have schizophrenia are violent.	People who have schizophrenia are no more likely to be violent than any other group in the community. There is, however, an increased risk of self-harm among people with schizophrenia. Violence is often self-directed because of fear, delusional thinking or because the person decides he or she can "no longer cope" with the illness.
People with schizophrenia are developmentally delayed	As with all people, there is a variation, but low intelligence is not characteristic of the illness.

or have a lower-than-average intelligence	

Treating Schizophrenia

Medical intervention is crucial in the management and treatment of schizophrenia, as are psychological and social therapies. All can have a profoundly positive effect on the course and outcome of schizophrenia.

Psychological and social therapies can take many forms, including family interventions, psychoanalytic therapy, social skills training, behavioural therapy and cognitive-behavioural therapy.

If you, a friend or family member experience feelings of withdrawal from your social circle; have changes in appetite and sleep patterns; and find it difficult to concentrate on school, work, or other areas of life, see your physician. A consultation with your doctor is the only way to get your symptoms properly assessed, diagnosed and treated.