

Schizophrenia

Factsheet



Introduction

Schizophrenia is a long-term mental health condition that causes a range of different psychological symptoms, including:

- Hallucinations - hearing or seeing things that do not exist
- Delusions - unusual beliefs not based on reality which often contradict the evidence
- Muddled thoughts based on the hallucinations or delusions
- Changes in behaviour

Doctors often describe schizophrenia as a psychotic illness. This means sometimes a person may not be able to distinguish their own thoughts and ideas from reality.

Symptoms

The symptoms of schizophrenia are usually classified into one of two categories: positive or negative.

- Positive symptoms represent a change in behaviour or thoughts, such as hallucinations or delusions
- Negative symptoms represent a withdrawal or lack of function which you would usually expect to see in a healthy person. For example, people with schizophrenia often appear emotionless, flat and apathetic

Why does schizophrenia happen?

The exact cause of schizophrenia is unknown. However, most experts believe the condition is caused by a combination of genetic and environmental factors.

It is thought certain things make you more vulnerable to developing schizophrenia, and certain situations can trigger the condition.

Who is affected?

Schizophrenia is one of the most common serious mental health conditions. About 1 in 100 people will experience schizophrenia in their lifetime, with many continuing to lead normal lives.

Schizophrenia is most often diagnosed between the ages of 15 and 35, both men and women are affected.

There is no single test for schizophrenia. It is most often diagnosed after an assessment by a mental health care professional, such as a psychiatrist.

It is important that schizophrenia is diagnosed as early as possible, as the chances of recovery improve the earlier it is treated.

Misconceptions about schizophrenia

Split personality

It is commonly thought that people with schizophrenia have a split personality, acting perfectly normally one minute and irrationally or bizarrely the next - this is not true.



Violent behaviour

Some people mistakenly equate schizophrenia with violent behaviour, but people with the condition are rarely dangerous.

Any violent behaviour is usually sparked off by illegal drugs or alcohol, which is the same for people who don't have schizophrenia.

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How is schizophrenia treated?

Schizophrenia is usually treated with a combination of medication and therapy appropriate to each individual. In most cases, this will be antipsychotic medicines and cognitive behavioural therapy (CBT).

People with schizophrenia will usually receive help from a community mental health team (CMHT), which will offer day-to-day support and treatment.

Many people recover from schizophrenia, although they may have periods when symptoms return (relapses). Support and treatment can help reduce the impact of the condition on your life.

Good schizophrenia care

The National Institute for Health and Clinical Excellence (NICE) has produced guidelines for how people with schizophrenia should be cared for. NICE recommends anyone providing treatment and care for people with schizophrenia should:

- Develop a supportive relationship with patients and their carers
- Explain causes and treatment options to everyone, keep clinical language to a minimum, and provide written information at every stage of the process
- Enable easy access to assessment and treatment
- Work with patients, and their families and carers if they agree, to write advance statements (see below) about their mental and physical healthcare
- Take into account the needs of the patient's family or carers and offer a carers' assessment.
- Encourage patients and their families and carers to join self-help and support groups

Living with schizophrenia

If schizophrenia is well managed, it is possible to reduce the chances of severe relapses. This can include:

- Recognising signs of an acute episode
- Taking medication as prescribed
- Talking to others about the condition

There are many charities and support groups offering help and advice on living with schizophrenia. Most people find it comforting to talk to others with a similar condition.

Community Mental Health Teams

Most people with schizophrenia are treated by community mental health teams (CMHTs). The goal of the CMHT is to provide day-to-day support and treatment while ensuring you have as much independence as possible.



A CMHT can be made up of and provide access to:

- Social workers
- Community mental health nurses
- Pharmacists
- Counsellors and psychotherapists
- Psychologists and psychiatrists

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Paranoid Schizophrenia

Paranoid schizophrenia is a serious mental illness. It can cause delusions and hallucinations that may be disturbing or threatening. The symptoms can vary from person to person and range from mild to severe. Treatment options include antipsychotic medications and psychotherapy.

What Is Paranoid Schizophrenia?

Paranoid schizophrenia is a type of schizophrenia that is characterized by delusions and hallucinations. Delusions are fixed, false beliefs that are not based on reality. Hallucinations are perceptions that occur without any external stimulus.

People with paranoid schizophrenia may experience persecutory delusions, which involve the belief that they are being persecuted or spied on. They may also experience delusions of reference, which involve the belief that insignificant events or remarks have personal significance.

They may also experience auditory hallucinations, which are voices that they hear without any external stimuli. The voices may be critical, hostile, or insulting. Also, some people may also experience visual hallucinations, which are images that they see without any external stimuli. The images may be disturbing or threatening.

Common symptoms of paranoid schizophrenia include

- Delusions
- Hallucinations
- Disorganized speech or thinking
- Inappropriate or nonexistent emotional responses
- Behaviour that is not appropriate for the situation or environment

Types of Schizophrenia

Paranoid schizophrenia

This is the most common type of schizophrenia. It may develop later in life than other forms. Symptoms include hallucinations and/or delusions, but your speech and emotions may not be affected.

Paraphrenic Schizophrenia

People with this type of paranoid schizophrenia experience delusions and hallucinations, but they are not as severe.

Hebephrenic schizophrenia

Also known as 'disorganised schizophrenia', typically develops when you're 15-25 years old. Symptoms include disorganised behaviours and thoughts, alongside short-lasting delusions and hallucinations. You may have disorganised speech patterns and others may find it difficult to understand you.

Catatonic schizophrenia

The rarest schizophrenia diagnosis, characterised by unusual, limited and sudden movements. You may often switch between being very active or very still. You may not talk much, and you may mimic other's speech and movement.

Undifferentiated schizophrenia

Your diagnosis may have some signs of paranoid, hebephrenic or catatonic schizophrenia, but it doesn't obviously fit into one of these types alone.

Residual schizophrenia

You may be diagnosed with residual schizophrenia if you have a history of psychosis, but only experience the negative symptoms (such as slow movement, poor memory, poor concentration and hygiene)..

Cenesthopathic schizophrenia

People with cenesthopathic schizophrenia experience unusual bodily sensations.

Unspecified schizophrenia

Symptoms meet the general conditions for a diagnosis but do not fit into any of the above categories.