

About schizophrenia

What is schizophrenia?

Schizophrenia is a complex illness in which a person has difficulties in their thought processes leading to hallucinations, delusions, disordered thinking and unusual speech or behaviour (known as 'psychotic symptoms'). These symptoms mean that people with schizophrenia can find it difficult to interact with others and may withdraw from everyday activities and the outside world.

While schizophrenia is typically a lifelong condition, it is important to remember that there are treatments available that allow people with schizophrenia to get better. Beyond simply controlling symptoms, effective treatment may allow people with the condition to enjoy a more fulfilling, well rounded life, which may include returning to work or study, independent living and social relationships. See the 'Managing schizophrenia' factsheet for more details.

Prevalence & causes

Schizophrenia is relatively common and affects people from all countries, socio-economic groups and cultures. Its prevalence is similar around the world – one person in every 100 will develop schizophrenia before they reach the age of 60, with men and women equally at risk.¹

There is no single cause of schizophrenia. Different factors acting together are thought to contribute to the development of the illness. Genetic and environmental factors or complications around the time of birth may be important.²

Symptoms & diagnosis

The symptoms of schizophrenia vary from one individual to another, but are generally categorised as follows:

Positive symptoms such as auditory and/or visual hallucinations and delusions. These symptoms are normally absent in healthy people and are considered to be 'added' as a result of schizophrenia.

Negative symptoms such as lack of emotional response, social withdrawal/depression, slowness of thought, apathy and a lack of drive or initiative. Negative symptoms are deficits of normal emotional responses or of other thought processes that are present in healthy people. They are considered to be 'missing' as a result of schizophrenia.

Affective symptoms such as depressed mood; loss of sleep, appetite, interest and concentration; feelings of worthlessness; thoughts of death or suicide; and feelings of guilt and anxiety. These mood-related symptoms can be highly debilitating for people with schizophrenia.

"During my first psychotic episode I had delusions. I saw signs in the road and I thought that they were particularly relevant to me. And voices told me to obey the road signs even when I was walking. I thought I was the centre of the universe.

Now I'm getting better. I enjoy taking my daughter to kindergarten, going to work, getting back home, seeing my family – just living normally.

With the right treatment package people with schizophrenia can live full and meaningful lives."

– Ronen, 42, mechanical engineer

Cognitive symptoms such as difficulties with concentration and memory, including lack of attention, facial recognition and verbal fluency.

Most people with schizophrenia experience several 'psychotic episodes' during their lifetime, a periodic worsening of a patient's psychological condition in combination with a breakthrough of psychotic symptoms. The severity and regularity of these episodes can vary from person to person. However, episodes should become less frequent with the right treatment.¹

There are no laboratory tests that can identify schizophrenia, but there are standardised diagnostic criteria. To make a diagnosis a doctor will use a combination of diagnostic techniques, such as interviewing the person with schizophrenia and their family to evaluate the individual's personal and medical history, personality assessments, physical examination and psycho-social evaluation.

For more information

www.schizophrenia24x7.com

www.gamian.eu

www.eufami.org

References

1. American Psychiatric Association (APA). Practice guideline for the treatment of patients with schizophrenia. 2nd ed. 2004;1–184.
2. Lang U, Puls I, Muller DJ, *et al.* Molecular mechanisms of schizophrenia. *Cell Physiol Biochem* 2007;20:687–702.