

Who gets schizophrenia?

Schizophrenia is a mental illness affecting approximately 300,000 Canadians. It is a disease that affects both men and women equally, but men are often affected at an earlier age. Schizophrenia generally develops during adolescence or early adulthood—usually between the ages of 15 and 25 in men and 25 and 35 in women.^{1,2} In fact, about 20-40% of people with schizophrenia experience their first psychotic symptoms before they are 20 years old. After the age of 45, the disease appears more often among women than men, and the symptoms tend to be more prominent.²

The life expectancy of people with schizophrenia is about 15 years less than in the general population, due to the multiple health risks associated with the illness, such as cardiovascular disease and obesity. Suicide is also a major cause of mortality.²

What is schizophrenia?

People with schizophrenia often experience symptoms that change the way they feel, perceive, think and behave. They have a hard time thinking clearly, differentiating between what is real and what is not, controlling their emotions, making appropriate decisions and relating to others.¹

People with schizophrenia may also:¹

- Hear or see things that are not there
- Feel as if they are being watched
- Pay less attention to their hygiene or appearance
- Feel angry or fearful towards loved ones
- Act in ways that are strange or out of place
- Become over-interested in certain things (i.e. religions or cults)

Schizophrenia is a progressive disease that cycles through five phases. These phases tend to occur in sequence.²

- **Prodromal phase:** people with schizophrenia begin to lose interest in their usual activities and withdraw from friends and family. They may become easily confused, have trouble concentrating and spend most of their time alone.
- **Acute phase:** they experience positive symptoms, such as delusions, hallucinations, marked distortions in thinking and disturbances in behaviour and feelings. This phase, which often warrants medication is often the most frightening for people with schizophrenia as well as for those around them.
- **Residual phase:** they have trouble concentrating and are withdrawn. The symptoms in this phase are similar to those of the prodromal phase.
- **Stabilization phase:** the illness stabilizes and the symptoms are well controlled. People with schizophrenia are able to return to an active life. Medication is still necessary, however, to maintain stability.
- **Relapse:** a return of acute symptoms. Stopping treatment is often the cause, but a destabilizing event such as increased stress can also trigger a relapse. The best way to help prevent this is by taking medication regularly.

What causes schizophrenia?

While the exact cause of schizophrenia is unknown, it is believed that a chemical imbalance in the brain is involved. That means that in people with the disease, some parts of their brains aren't functioning properly. It's important to keep in mind, though, that many parts of the brain are working as they should be and medication can help balance these chemicals.¹

Genetic factors play an important role in the development of schizophrenia. That means that the disease is more likely to develop in people with a family history of schizophrenia and other psychotic disorders.

Environmental factors such as substance use (alcohol and drugs), emotions, events of daily life, performance pressure and insufficient social support can also increase the risk of developing schizophrenia. In individuals who are stable, environmental stressors can also cause relapse.²

While certain people are more prone to developing schizophrenia, the disease remains largely a random event.¹

Are there any warning signs?

To date, no method for preventing the onset of schizophrenia has been found. Certain habits and predispositions, such as cannabis use, can trigger the onset of symptoms. So if an individual has a family history of schizophrenia, it would be especially important for him or her to avoid risk factors as much as possible and to watch out for warning signs.²

The main warning signs for schizophrenia include:²

- Sleep disturbances
- Social withdrawal; deterioration of social relationships
- Hyperactivity or inactivity
- Inability to concentrate, noticeable difficulty in making decisions
- Unusual interest in religions and cults
- Hostility, suspicion, fearfulness
- Over-sensitivity to family and peer disapproval
- Poor personal hygiene
- Risk taking
- Excessive writing without clear meaning
- Expressionless gaze; not blinking, or blinking incessantly
- Unusual sensitivity to stimuli (noise, light); smelling and tasting things differently
- Unusual use of words
- Bizarre behaviour: refusal to touch people, shaving head or body hair, cutting oneself, threats of self-mutilation

What are the symptoms of schizophrenia?

Schizophrenia is a chronic, severe and disabling mental disorder that presents in different ways and with a variety of symptoms, depending on the individual. The symptoms are usually divided into positive symptoms, negative symptoms, cognitive symptoms and emotional symptoms.

Positive symptoms refers to behaviours which are present that should be absent. They include:¹

- **Hallucinations** that may be seen, heard, felt, tasted or smelled. The most common hallucination in people with schizophrenia is hearing voices that other people do not.
- **Delusions** that can make someone believe things that are false, even when someone else explains the truth. Delusions can make people feel paranoid or like someone is watching or out to get them.
- **Disordered thinking** or the inability to think straight. Thoughts may come and go quickly. They may be unable to focus on one thought for very long.

Negative symptoms refers to feelings or actions that are lost by people with schizophrenia. They are often more

of a problem in people who have had schizophrenia for years. These symptoms include:¹

- **Flat emotions** that occur when a person stops showing the signs of normal emotions or speaks in a voice that sounds flat, with little or no expression.
- **Loss of ambition** or enthusiasm. The individual withdraws from friends, family and normal activities.

Cognitive symptoms are related to a diminished intellectual function. They include:²

- **Racing thoughts** that prevent them from paying attention to their surroundings.
- **Memory problems** that may prevent them from connecting thoughts in a logical sequence.
- **Illogical thoughts and speech** that make it difficult for them to communicate with others.

Cognitive symptoms are often the first to appear and, for this reason, are considered early warning signs of the onset of schizophrenia.²

Emotional or affective symptoms are mood-related. People with schizophrenia may feel depressed, hopeless or anxious over the course of their disease.²

Fortunately, with proper treatment, patients can gain control of or reduce their schizophrenia symptoms.

How is schizophrenia diagnosed?

At present, there are no laboratory tests that can diagnose schizophrenia – diagnosis is based solely on the physician's clinical observation. Schizophrenia sometimes develops so slowly that neither the person affected nor their family is aware of it for a long time. Conversely, it can have a very sudden onset that leads to a much faster diagnosis.²

To make the diagnosis, symptoms must be present most of the time for at least one month, with some signs of the disorder persisting for six months. Symptoms must be severe enough to cause marked social, educational or occupational dysfunction.²

Drug abuse as well as certain medical conditions such as brain tumours can induce similar symptoms observed in people with schizophrenia. Careful questioning, examination and medical testing can help rule out these possibilities.

How is schizophrenia treated?

Unfortunately, there is no cure yet for schizophrenia. But most people can be treated with medicine, therapy and counselling.³ People with schizophrenia and their doctors can decide which treatment is best for them.

Before the development of schizophrenia medications, most people with the disease were placed in chronic care psychiatric hospitals. With the development of the first-generation antipsychotic drugs, people with schizophrenia improved significantly and were able to leave hospitals and live within the community.^{4, 5}

First-generation antipsychotic drugs are widely available and are effective in the treatment of psychosis. They have demonstrated success in alleviating many symptoms of the disease⁵. Despite the proven benefits of first-generation antipsychotic drugs, they are increasingly being replaced by second-generation antipsychotic drugs.³ Second-generation antipsychotic drugs – also known as atypical agents or novel antipsychotic drugs – were developed in an effort to provide medications with a lower incidence of side effects.⁵ Indeed, atypical agents do induce fewer neurologic side effects, however there are still other side effects associated with the use of these drugs. Both first- and second-generation antipsychotic drugs have been shown to be effective in the treatment of

schizophrenia symptoms, allowing people with schizophrenia to live a fulfilled life.³

Most people with schizophrenia get better when they take medicines—and for most of them, these medicines need to be taken long-term.³ It is important to remember that people who are treated are sensitive to stress and can relapse.

People with schizophrenia need to be reminded that they're not alone, and that there are all kinds of services available to help improve their day-to-day lives. Psychosocial therapy and counselling may facilitate work rehabilitation, lodging, social and recreational activities, education and personal adjustment. This allows most people with schizophrenia to function independently within their community. For instance, work and social training programs provide them with the skills they'll need to lead a fuller life. These may include:³

- Work counselling
- Job training to help them gain the skills they need to work successfully
- Daily activity and life skill training focused on improving their day-to-day activities such as money management, domestic skills and self-care (grooming and hygiene)
- Social skills training to improve interpersonal skills—having conversations and making new friends

People with schizophrenia can also opt for psychotherapy sessions to help them cope with the disease. Therapy sessions with a trained mental health professional can be scheduled one-on-one or in a group setting.³

For additional information on schizophrenia support groups visit the Schizophrenia Society of Canada at <http://www.schizophrenia.ca>.

Living with schizophrenia

Taking medication is key to managing the disease. It is important that people with schizophrenia work closely with their doctor, family and caregivers to ensure that they take their medications as prescribed.

Antipsychotic medications can cause drowsiness and weight gain.^{3, 6} Therefore, it is important to:

- Eat healthy meals—people with schizophrenia are at increased risk of metabolic diseases such as diabetes^{3, 6}
- Avoid drinking too much coffee or tea
- Decrease intake of foods high in salt and sugar
- Exercise regularly
- Avoid smoking—80% of people with schizophrenia smoke³
- Avoid drinking alcohol or taking drugs

Poor lifestyle habits, such as smoking and eating unhealthy foods, make people with schizophrenia more vulnerable to cardiovascular disease and diabetes. Lack of physical activity in people with schizophrenia coupled with side effects from their medication makes obesity a major problem associated with this illness. The mental health of people with schizophrenia can be greatly improved by looking after their physical health. It is important that they eat healthy, get enough sleep and exercise regularly.⁷

What is the role of the doctor in schizophrenia?

People with schizophrenia should work closely with their doctor. They should talk openly about:²

- The symptoms they are experiencing
- The medication(s) they are taking
- Any medical problems they may have such as diabetes or heart disease
- Any major life changes
- Their treatment expectations
- Any concerns they may have

How can someone with schizophrenia be helped?

People with schizophrenia often have trouble looking after themselves and the support of someone close to them can make a huge difference. The care offered by family, friends or caregivers can be as simple as helping them with their personal hygiene and appearance.

Schizophrenia can interfere with work performance.³ Many people with schizophrenia benefit from regular employment in some sort of sheltered or supportive environment. The help of a social worker or community support group can be valuable in organizing such work and providing structured opportunities to interact with other people.³

For most people with schizophrenia, taking a prescribed medication regularly is crucial to their ongoing health. The reduced capacity for self-care that is characteristic of schizophrenia, unfortunately, makes this a real challenge. Support and encouragement from their family, friends, doctor or caregivers can make a difference.²

Helping people with schizophrenia to stay as healthy as possible is a team effort involving family, friends, healthcare professionals and support groups—all working together over the long term. The rewards associated with helping a person with schizophrenia remain stable and live and function in the community makes their effort worthwhile.

It is important that schizophrenia caregivers remember to:

- Provide love, support and encouragement
- Become knowledgeable about the disease and ways to manage it
- Encourage people with schizophrenia to develop the skills, abilities and coping mechanisms that work best for them

Where can people with schizophrenia turn for more help?

There is a wealth of information available to help people living with the disease learn more about schizophrenia and how to deal with it.

Visit the Schizophrenia Society of Canada at <http://www.schizophrenia.ca>.

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