

What is schizophrenia?

Schizophrenia is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. Research has linked schizophrenia to changes in brain chemistry and structure. Like diabetes, schizophrenia is a complex, long-term medical illness that affects everybody differently. The course of the illness is unique for each person.

How is schizophrenia diagnosed?

There is no single laboratory or brain imaging test for schizophrenia. Treatment professionals must rule out multiple factors such as brain tumors, possible medical conditions and other psychiatric diagnoses, such as bipolar disorder.

Individuals with schizophrenia have two or more of the following symptoms occurring persistently. However, delusions or hallucinations alone can often be enough to lead to a diagnosis of schizophrenia.

Positive symptoms are also known as “psychotic” symptoms because the person has lost touch with reality in certain ways.

- Delusions or the belief in things not real or true.
- Hallucinations are hearing or seeing things that are not real.
- Disorganized speech expressed as an inability to generate a logical sequence of ideas.

Negative symptoms refer to a reduction of a capacity, such as motivation.

- Emotional flatness or lack of expressiveness.
- Inability to start and follow through with activities.
- Lack of pleasure or interest in life.

Cognitive symptoms pertain to thinking processes.

- Trouble with prioritizing tasks, memory and organizing thoughts.
- Anosognosia or “lack of insight” being unaware of having an illness.

What causes schizophrenia?

Research strongly suggests that schizophrenia involves problems with brain chemistry and structure and is thought to be caused by a combination of genetic and environmental factors, as are many other medical illnesses.

One percent of the world's population or one in every 100 people will develop the disorder in their lifetime. The most common onset is in the teens and 20s. It is uncommon for schizophrenia to be diagnosed before 12 years of age or after the age of 40.

What treatments are available?

The treatment of schizophrenia requires an all-encompassing approach that includes medication, therapy and psychosocial rehabilitation. Medication is an important aspect of symptom management. Antipsychotic medication often helps to relieve the hallucinations, delusions and, to a lesser extent, the thinking problems people can experience.

Therapy has been shown to be an effective part of a treatment plan. Cognitive behavioral therapy (CBT), which engages the person living with schizophrenia in developing proactive coping strategies for persistent symptoms, is particularly effective. Cognitive enhancement therapy works with improving cognition.

Psychosocial rehabilitation helps with the achievement of life goals often involving relationships, work and living. Most often delivered through community mental health services, it employs strategies that help people successfully live in independent housing, pursue education, find jobs and improve social interaction.

Will people with schizophrenia get better?

Long-term research demonstrates that, over time, individuals living with schizophrenia often do better in terms of coping with their symptoms, maximizing their functioning while minimizing their relapses. Recovery is possible for most people, though it is important to remember that some people have more trouble managing their symptoms.

Families who are educated about schizophrenia can offer strong support to their loved one and help reduce the likelihood of relapse. Caring for a loved one with schizophrenia can be challenging and families benefit from education and supportive programs. NAMI's Family-to-Family education program is taught by families who have first-hand experience and provides education and support nationwide through NAMI State Organizations and Affiliates.

Reviewed by Ken Duckworth, M.D., April 2013