



Schizophrenia Fact Sheet

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Schizophrenia is a brain disorder that affects approximately two million Americans today between one and two percent of the population. Schizophrenia can affect anyone at any age but most cases develop between adolescence and age 30. Children can be affected by schizophrenia, but this is uncommon. Schizophrenia impairs a person's ability to think clearly, manage his or her emotions, make decisions, and relate to others.

Symptoms of Schizophrenia:

The symptoms of schizophrenia are generally divided into three categories, including positive, disorganized and negative symptoms.

- *Positive Symptoms, or "psychotic" symptoms*, include delusions and hallucinations because the patient has lost touch with reality in certain important ways. "Positive" used here does not mean "good." Rather, it refers to having overt symptoms that should not be there. Delusions cause the patient to believe that people are reading their thoughts or plotting against them, that others are secretly monitoring and threatening them, or that they can control other people's minds. Hallucinations cause people to hear or see things that are not there.
- *Disorganized Symptoms* include confused thinking and speech, and behavior that does not make sense. For example, people with schizophrenia sometimes have trouble communicating in coherent sentences or carrying on conversations with others; move more slowly, repeat rhythmic gestures or make movements such as walking in circles, pacing; and have difficulty making sense of everyday sights, sounds and feelings.
- *Negative Symptoms* include emotional flatness or lack of expression, an inability to start and follow through with activities, speech that is brief and lacks content, and a lack of pleasure or interest in life. "Negative" does not, therefore, refer to a person's attitude but to a lack of certain characteristics that should be there.

Diagnosing Schizophrenia:

- To be diagnosed with schizophrenia, a patient must have psychotic, "loss-of-reality" symptoms for at least six months and show increasing difficulty in functioning normally.
- Before diagnosing schizophrenia, it is important for the doctor to rule out other problems that may resemble it, including psychotic symptoms caused by the use of drugs or other medical illnesses; major depressive episode or manic episode with psychotic features; schizoaffective disorder (has features of both mood disorder and schizophrenia); delusional disorder (no hallucinations, disorganized speech or thought or "flattened emotions) and autistic disorder or personality disorders (especially schizotypal, schizoid or paranoid personality disorders).

- Although the cause of schizophrenia has not yet been identified, recent research suggests that schizophrenia involves problems with brain chemistry and brain structure. Scientists are currently investigating viral infections that occur early in life, mild brain damage from complications during birth, and genetic predisposition as possible factors. Brain imaging technology has demonstrated that schizophrenia is as much an organic brain disorder as is Multiple Sclerosis, Parkinson's or Alzheimer's disease.

Treating Schizophrenia:

- While there is no cure for schizophrenia, it is a highly treatable disorder. In fact, the treatment success rate for schizophrenia is 60 percent, compared with 41-52 percent for heart patients.
- It is important to diagnose and treat schizophrenia as early as possible to help people avoid or reduce frequent relapses and re-hospitalizations. Several promising, large-scale studies suggest early intervention may forestall the worst long-term outcomes of this devastating brain disorder.
- People who experience acute symptoms of schizophrenia may require intensive treatment, sometimes including hospitalization. Hospitalization is necessary to treat severe delusions or hallucinations, serious suicidal inclinations, inability to care for oneself, or severe problems with drugs or alcohol.
- It is critical that people with schizophrenia stay in treatment even after recovering from an acute episode. About 80 percent of those who stop taking their medications after an acute episode will have a relapse within one year, whereas only 30 percent of those who continue their medications will experience a relapse in the same time period.
- Medication appears to improve the long-term prognosis for many people with schizophrenia. Studies show that after 10 years of treatment, one-fourth of those with schizophrenia have recovered completely, one-fourth have improved considerably, one-fourth have improved modestly. Fifteen percent have not improved, and 10 percent have died, usually by suicide or accident.
- Despite media focus on the exceptions, individuals receiving treatment for schizophrenia are no more prone to violence than the general public. Unfortunately, almost one-third of all U.S. jails incarcerate people with severe mental illnesses who have no charges against them, but are merely waiting for psychiatric evaluation or the availability of a psychiatric hospital bed.
- One of the most effective tools in treating schizophrenia is by Programs for Assertive Community Treatment (PACT), an intensive team effort in local communities to help people stay out of the hospital and live independently. Available 24-hours-a-day, seven days-a-week, PACT professionals meet their clients where they live, providing at-home support at whatever level is needed, for whatever problems need to be solved. Professionals can make sure that clients are taking their medication and help them meet the challenges of daily life – every day tasks ranging from grocery shopping and keeping doctor appointments to managing money and getting along with others.

- PACT programs are now statewide in four states and growing in another 20 states. In these places, PACT is significantly reducing hospital admissions, improving the quality of life, and improving functioning for those it serves.

Antipsychotic Medications:

- Antipsychotic drugs are used in the treatment of schizophrenia. These medications relieve the delusions, hallucinations, and thinking problems associated with this devastating disorder. These drugs appear to work by correcting an imbalance in the chemicals that help brain cells communicate with each other. As with drug treatment of other physical illnesses, many patients with severe mental illnesses may need to try several different antipsychotic medications before they find the one, or the combination of medications, that work best for them.
 - *Conventional or Standard Antipsychotics* include: chlorpromazine (Thorazine); fluphenazine (Prolixin); haloperidol (Haldol); thiothixene (Navane); trifluoperazine (Stelazine); perphenazine (Trilafon) and thioridazine (Mellaril)
 - *Atypical Antipsychotics* are newer drugs with fewer side effects and include: risperidone (Risperdal); clozapine (Clozaril); olanzapine (Zyprexa); quetiapin fumarate (Seroquel), and ziprasidone (Zeldox).
- Since these medications do not work immediately, experts recommend that doctors allow the antipsychotic time to take effect before switching to another antipsychotic, adjusting the dose, or adding another medication.
- Antipsychotic drugs are usually taken daily in tablet or liquid form. Fluphenazine (Prolixin) and haloperidol (Haldol), for example, also can be given in long-acting injections (called "depot formulations") at one- to four-week intervals. With depot formulations, medication is stored in the body and slowly released. This can be especially helpful for patients who have a hard time taking pills on a daily basis.

Possible Antipsychotic Medication Side Effects:

- As a group, antipsychotic drugs are safe, and serious side effects are relatively rare. Some people may experience side effects that are inconvenient or unpleasant, but not serious.
 - Most common side effects: dry mouth, constipation, blurred vision, and drowsiness.
 - Less common side effects: decreased sexual desire, menstrual changes, stiff muscles on one side of the neck and jaw.
 - More serious side effects: restlessness, muscle stiffness, slurred speech, tremor in the hands or feet, and agranulocytosis, which suppresses the production of white blood cells (when taking clozapine) and requires monitoring.
- *Tardive Dyskinesia* is the most unpleasant and serious side effect of antipsychotic drugs, causing involuntary facial movements and sometimes jerking or twisting movements of other parts of the body. This condition usually develops in older patients, affecting 20 percent of those who have taken older antipsychotic drugs for years.



The NAMI HelpLine can be a lifeline for consumers and families in need. If you found this information helpful, please help us help someone else.

The NAMI Family-to-Family Education Program is a free 12-week course for family caregivers of individuals with severe brain disorders (mental illnesses). The course is taught by trained family members. All instruction and course materials are free for class participants.

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- **Personality change** is often a key to recognizing schizophrenia. At first, changes may be subtle, minor and go unnoticed. Eventually, such changes become obvious to family, friends, classmates or co-workers. There is a loss or lack of emotion, interest and motivation. A normally outgoing person may become withdrawn, quiet, or moody. Emotions may be inappropriate -- the person may laugh in a sad situation, or cry over a joke -- or may be unable to show any emotion at all.
- **Thought disorder** is the most profound change, since it prevents clear thinking and rational response. Thoughts may be slow to form, or come extra fast, or not at all. The person may jump from topic to topic, seem confused, or have difficulty making simple decisions. Thinking may be coloured by delusions -- false beliefs that have no logical basis. Some people also feel they are being persecuted -- convinced they are being spied on or plotted against. They may have grandiose delusions or think they are all-powerful, capable of anything, and invulnerable to danger. They may also have a strong religious drive, or believe they have a personal mission to right the wrongs of the world.
- **Perceptual changes** turn the world of the ill person topsy-turvy. Sensory messages to the brain from the eyes, ears, nose, and taste buds become confused -- and the person may actually hear, see, smell or feel sensations that are not real. These are called *hallucinations*. There may also be hypersensitivity to sounds, tastes, and smells. A ringing telephone might seem as loud as a fire alarm bell, or a loved one's voice as threatening as a barking dog. Sense of touch may also be distorted. Someone may literally "feel" their skin is crawling -- or conversely, they may feel nothing, not even pain from a real injury.
- **Sense of Self:** When one or all five senses are affected, the person may feel out of time, out of space -- free floating and *bodiless* -- and non-existent as a person.

Negative Symptoms (the more inward signs)

Negative symptoms may appear early and can be the initial signs of schizophrenia. Parents may notice that a child who was once a "go-getter" has become withdrawn from family and friends, has lost interest in their usual activities, and has become unfeeling.

It can become very difficult for a parent to decide whether something is really wrong with their child because the "adolescent experience" that many teenagers go through can involve similar periods of withdrawal and moodiness. Negative symptoms include the following:

Blunted emotions or blunted affect

For the person with schizophrenia life can be devoid of feeling. Individuals may say they feel less connected emotionally to what is going on around them, and they may appear less responsive on an emotional level to their surroundings.

Alternatively, the individual may respond with inappropriate emotions because of the other things going on in his or her head - like suddenly breaking out in a fit of laughter for no apparent reason, or when hearing sad or distressing news.

Emotional withdrawal

Individuals may be detached and uncommunicative. They have few interests and few personal relationships.

Poor rapport

In general, the person may avoid eye contact with you. In conversation, they may appear bored, indifferent, lacking in warmth.

Passive/apathetic

For the individual with schizophrenia, there may be lack of interest or concern for their surroundings. A lack of energy and drive makes it difficult for them to complete simple tasks, and they are sometimes able to do little more than sleep or eat. They may appear to seek or want nothing. To those around them, they may appear lazy and sluggish. But this is the disease at work. It is as though some central drive mechanism that is normally present in most of us is missing.

Social withdrawal

The person with schizophrenia may spend most time alone because he or she feels safer and calmer; or they are so absorbed in their own thoughts/senses they lose interest in the feelings and lives of others.

Difficulty in abstract thinking

Many people with schizophrenia can only think in concrete terms. They are unable to see beyond details to the underlying meaning, unable to move from the specific to the general.

Lack of spontaneity

There may be a hesitancy in the speech or action of individuals. Some people with schizophrenia have decreased spontaneous movements or they may become very unnatural in their movements.

Stereotyped thinking

Persons with schizophrenia can hold very rigid attitudes and beliefs that may seem unreasonable to those around them. Repetitive thoughts may intrude and interfere with their thinking.

Physical symptoms

Physical activity for the individual may slow down. In severe cases, activity may stop to the point where the person sits motionless and stares into space for long periods at a time. Individuals may be unconcerned with grooming and hygiene and appear untidy.

The **negative symptoms** can prevent patients from being able to hold a job, or have a normal social life. When the symptoms are severe, it may be difficult for them to do even the simple things like grocery shopping, showering or just looking after themselves.

It was previously believed that this group of symptoms, the **negative symptoms**, were side effects of the antipsychotics used to treat schizophrenia. These "side effects" are often seen by caregivers and even people with the illness as the "price you pay" for controlling the hallucinations, delusions, and paranoia. But we now know that this may not be the case. For some people, these symptoms may be part of the disease itself. So, a person with schizophrenia may not be able to help their lack of interest, motivation, and energy.