

Schizophrenia

Description

Schizophrenia is a chronic, severe and disabling mental illness affecting approximately 1% of Australian and people throughout the world. The symptoms of schizophrenia can be broadly categorised into positive, negative and cognitive symptoms. People who suffer from schizophrenia may experience hallucinations, delusions, disorganised thought and movement disorders as part of the positive symptoms. Negative symptoms include social withdrawal, lack of emotion, motivation, pleasure and minimal speech, while cognitive symptoms are subtle including poor judgment, trouble focusing and problems with information processing immediately after learning. In practical terms, a person with schizophrenia may hear voices that other people don't hear. They may believe other people are controlling their minds or planning to harm them. They may not make sense when they talk. Most people with schizophrenia rely on others to care for them as they have difficulty keeping on a job and looking after themselves.

The onset of schizophrenia peaks around late adolescence and early adulthood when the outward symptoms become apparent. Currently, there is no biomarker for schizophrenia and a diagnosis is typically made by a psychiatrist according to clinical assessment manuals set out by American Psychiatric Association (DSM-IV-TR) or World Health Organisation (ICD-10). Diagnosis can be difficult in teens because the first signs can include personality change, decline in academic performance, a change of friends, sleep problems – behaviours that are common among teenagers.

While the exact cause of schizophrenia is unknown, research has shown that a combination of genetic and environmental factors plays a major role in the development of such disorder. Rare genetic mutations have been found in genes that disrupt brain development. In particular, genes related to glutamate and dopamine, two small chemical messengers (neurotransmitters) that allow brain cells to communicate with each other. People with a family history of schizophrenia may be genetically predisposed to this disorder and the risk for an identical twin of a person with schizophrenia is the highest. Environmental factors that contribute to the development of schizophrenia include drug use (cannabis, cocaine and amphetamine) and prenatal stressors.

Treatment

Currently available treatments do not cure the illness, as the causes of schizophrenia are still unknown. Antipsychotic medications such as risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel), ziprasidone (Geodon) and aripiprazole (Ablify) are commonly used to relieve symptoms of schizophrenia. Clozapine (Clozaril) is sometimes used when the other medications fail, but can cause the loss of white blood cells and compromise the immune system. Psychosocial treatments such as self-help groups, cognitive behavioural therapy, rehabilitation and family education may improve patient skills in dealing with everyday challenges.

Prognosis

People with schizophrenia have a 12-15 years decrease in life expectancy, primarily due to its association with obesity (sedentary lifestyle) and smoking. Schizophrenia increases suicide rate with up to 50% of sufferers attempting suicide at least once in their life. Approximately 75% of people with schizophrenia have ongoing disability and relapses. Some do recover completely and others function well in society.

Further Information

National Institute of Health – USA

<http://www.nimh.nih.gov/health/publications/schizophrenia/complete-index.shtml>

Sane Australia

<http://www.sane.org/index.php>

Schizophrenia Research Institute –Australia

www.schizophreniaresearch.org.au