

## **What is Schizophrenia?**

Schizophrenia is the condition most often associated with the term "madness". Although the word literally means "split mind", Bleuler, who first coined the term in 1911, was referring to a disorder associated with disconnected thought processes and a loss of contact with reality.

## **Clinical Characteristics**

In most countries across the world, the lifetime risk of being diagnosed with schizophrenia is 1%. The onset of the disorder usually occurs between the ages of 15 and 45. It is equally common in males and females but it usually occurs in males 4 to 5 years earlier than in females. There is a distinction between acute the chronic onset schizophrenia.

- In chronic onset, there is often an insidious change in an apparently normal young person who gradually starts to lose drive and motivation and to drift away from friends. After months, or even years of this deterioration, more obvious signs of disturbance, such as delusional ideas or hallucinations, appear.
- In acute onset, these more obvious signs can appear quite suddenly, usually after a stressful event, and the individual shows very disturbed behaviour within a few days.

People who have been diagnosed with schizophrenia will not all display the same behaviour and many researchers believe that schizophrenia should be split into several sub-types. These are suggested to be:

- Paranoid schizophrenia – delusions and/or hallucinations are the predominant characteristics. Negative symptoms such as flattening of affect and poverty of speech are less apparent than in other types.
- Hebephrenic schizophrenia – behaviour is aimless and disorganised, and speech is rambling and incoherent. There is marked flattening and inappropriateness of affect.
- Catatonic schizophrenia – psychomotor abnormality is the central characteristic of this sub-type. Individuals sometimes adopt strange postures or flail their limbs around in an uncontrolled fashion. They often show negativism where they resist all instructions or attempts to move them.
- Undifferentiated schizophrenia – this is a sort of general category where individuals are placed who have insufficient symptoms for any of the sub-types, or so many symptoms that they do not nearly fit into any category.
- Simple schizophrenia – there is a slow but progressive development of social withdrawal, apathy, poverty of speech and marked decline in scholastic / occupational performance.

## **Symptoms of Schizophrenia**

The following group of symptoms is considered important. There is a minimum requirement for at least one of the signs and symptoms listed in the first list, and two of those listed under the second list to be present a period of at least one month.

- Thought control – thought withdrawal (thoughts are extracted from the person's mind), thought insertion (unwelcome thoughts are inserted into the person's mind), thought broadcast (private thoughts become accessible to other people).
- Delusions of control, influence and passivity – a delusion is a distorted belief; the individual does not feel in control of their own thoughts, feelings and will.
- Hallucinatory voices – these are voices that do not exist, but that feel real to the person hearing them; the content of the voices is very variable but often takes the form of a running commentary on the person behaviour.
- Other persistent delusions – these are distorted beliefs that are culturally inappropriate or involve impossible powers and capabilities.
- Persistent hallucinations – these are distorted perceptions arising from any of the senses and may be accompanied by delusions.
- Incoherent or irrelevant speech – this arises when the train of thought is disrupted and the person's speech is so jumbled that it becomes meaningless. Made-up words are often used.
- Catatonic behaviour – this refers to unusual body movements and includes the adoption of odd postures, uncontrolled limb movements and, sometimes, complete frozen immobility.
- Negative symptoms – these include apathy and a general lack of drive and motivation. Speech often conveys little meaning and is often repetitive. When emotion is displayed, it can be inappropriate, such as laughing at bad news or crying at a joke

## **Age of Onset**

Usually in adolescence in men, with more men than women suffering from the disease. Women usually develop it in the early 20s.

## **Duration**

One of three cases: forever, sporadically reoccurring, one episode only.

**Prognosis**

Treatable but not curable.

**Treatment**

Major tranquilisers, drugs to alter dopamine and serotonin pathway activity.

**Co-Morbidity**

High co-morbidity rate for depression

**Course / Process**

Three stages:

- Prodromal (social withdrawal, depression);
- Active (positive / negative symptoms);
- Residual (memories of active, resulting in behavioural and cognitive effects).

**Complications**

High suicide rate.