

Let's talk about...

Schizophrenia

MENTAL ILLNESS DEMYSTIFIED

SCHIZOPHRENIA IS A CHRONIC, SEVERE, AND DISABLING BRAIN DISORDER THAT HAS BEEN RECOGNIZED THROUGHOUT RECORDED HISTORY. IT AFFECTS ABOUT ONE PERCENT OF THE POPULATION. UNFORTUNATELY IT IS A DISEASE THAT IS NOT WELL UNDERSTOOD AND IS GREATLY FEARED. MOST OF WHAT PEOPLE THINK THEY KNOW ABOUT SCHIZOPHRENIA IS WRONG. PEOPLE CONFUSE SCHIZOPHRENIA WITH SPLIT PERSONALITY OR MULTIPLE PERSONALITY. THEY BELIEVE THAT PEOPLE WITH SCHIZOPHRENIA ARE VIOLENT AND DANGEROUS. WITH THE EXCEPTION OF A VERY SMALL PERCENTAGE, THIS IS SIMPLY NOT TRUE. MANY PEOPLE WITH THE DISORDER CAN LEAD REWARDING AND MEANINGFUL LIVES IN THEIR COMMUNITIES.

Although an exact definition of schizophrenia still evades medical researchers, the evidence strongly indicates that schizophrenia is a severe disturbance of the brain's functioning and that multiple factors are involved. These include changes in the chemistry of the brain, changes in the structure of the brain, and genetic factors. Viral infections and head injuries may also play a role. Researchers now say that schizophrenia is probably a group of related diseases, some of which are caused by one factor and some by another.

People with schizophrenia may hear voices other people don't hear, or they may believe that others are reading their minds, controlling their thoughts, or plotting to harm them. These experiences are terrifying and can cause fearfulness, withdrawal, or extreme agitation. People with schizophrenia may not make sense when they talk, may sit for hours without moving or talking much, or may seem perfectly fine until they talk about what they are really thinking. Because many people with schizophrenia have difficulty holding a job or caring for themselves, the burden on their families and society is significant as well.

Schizophrenia may develop so gradually that the family and even the person with the disease may not realize that anything is wrong for a long period of time. This slow deterioration is referred to as gradual-onset or insidious schizophrenia. A gradual build-up of symptoms may or may not lead to an acute or crisis episode of schizophrenia. An acute episode is short and intense, and involves hallucinations, delusions, thought disorder, and an altered sense of self.

Sometimes schizophrenia has a rapid or sudden onset. Very dramatic changes in behaviour occur over a few weeks or even a few days. Sudden onset usually leads fairly quickly to an acute episode. Some people have very few such attacks in a lifetime; others have more. Some people lead relatively normal lives between episodes. Others find that they are very listless, depressed, and unable to function well.

In some, the illness may develop into what is known as chronic schizophrenia. This is a severe, long-lasting disability characterized by social withdrawal, lack of motivation, depression, and blunted feelings.

EARLY WARNING SIGNS

Symptoms usually develop in men in their late teens or early 20's and women in the 20's and 30's but in rare cases can appear in childhood. Early warning signs include:

- Inability to sleep, unusual waking hours, day and night mixed up
- Social withdrawal, isolation, indifference
- Deterioration in social relationships
- Hyperactivity and/or inactivity
- Inability to concentrate, difficulty in making decisions
- Hostility, suspicion, or fearfulness
- Over-reaction to peer or family disapproval
- Deterioration in personal hygiene
- Unusual emotional reactions
- Flat, expressionless gaze
- Unusual sensitivity to stimuli
- Peculiar use of words or language structure
- Bizarre behaviour: refusal to touch people, constant wearing of gloves, threats of self-mutilation

None of these signs by themselves indicate the presence of mental illness. But if several of the behaviours are present, or there are marked changes from previous behaviour that persist over a few weeks, then medical treatment should be sought.

TREATMENT

Available treatments can relieve many of the disorder's symptoms, but most people who have schizophrenia must cope with some residual symptoms as long as they live. Nevertheless, this is a time of hope for people with schizophrenia and their families. Researchers are developing more effective medications and using new research tools to understand the causes of schizophrenia and to find ways to prevent and treat it.

If you are a concerned family member, find out everything you can about this disease in order to be best able to help your loved one get help. There are many good online resources, or visit your EFAP.



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