



Schizophrenia

What Is Schizophrenia?

Schizophrenia is a psychiatric disorder that affects about 1 percent of the population. The disorder is usually long-term and can affect behavior, thinking, feelings, and functioning. Its characteristic symptoms include delusions, hallucinations, and bizarre behaviors, as well as apathy, social withdrawal, and lack of pleasure. Difficulties in thinking and mood changes are also common. Because some of the symptoms of schizophrenia reflect a loss of contact with reality, it is sometimes called a psychotic disorder.

What Schizophrenia Is Not

Schizophrenia is *not* a “split personality” or a “multiple personality”; this is a common misconception. Nor is it the same as drug-induced psychosis, although it may be triggered by substance use, especially drugs. (People with drug-induced psychosis recover after a period of detoxification and no longer have the psychotic symptoms.) Hallucinations do not necessarily indicate schizophrenia, either; for example, people under the influence of drugs (such as LSD, cocaine or other stimulants, or even marijuana) as well as people with bipolar disorder or major depression may experience hallucinations. People suffering alcohol withdrawal symptoms may have hallucinations, too, either tactile ones—such as feeling things crawling on the skin—or visual ones, such as seeing insects or animals. These people do not have schizophrenia. (Most hallucinations associated with schizophrenia are auditory, such as hearing voices, although other types of hallucinations also occur.)

What Are the Primary Symptoms of Schizophrenia?

Symptoms of schizophrenia fall into four categories:

- psychotic symptoms (also called positive symptoms): hallucinations, delusions (false beliefs), bizarre behavior, disordered speech
- negative symptoms: apathy, loss of interest and pleasure, poor follow-through, lack of talkativeness, lack of facial and vocal expressiveness (blunted affect)
- cognitive symptoms: attention problems, slower psychomotor speed, slower processing of information, memory problems, trouble with planning and organizing
- mood: problems with depression, anxiety, anger, mood shifts

What Is the Cause of Schizophrenia?

Schizophrenia is believed to be caused by imbalances in brain chemicals called neurotransmitters. The biological elements of the disorder are thought to be shaped by a combination of factors including genetics and early environmental influences such as prenatal nutrition and obstetric complications. Schizophrenia affects men and women equally, although the onset for men is earlier. For men, onset typically occurs in the late teens or early twenties; for women, in the late twenties or early thirties.

What Are the Usual Treatments for Schizophrenia?

There are many effective treatments for schizophrenia, including medications, therapy, and rehabilitation programs. In addition, family psychoeducation programs are helpful for teaching patients and relatives about the disorder, how to manage it, and how to reduce stress and conflict.

The most effective medications are antipsychotics. While these medications do not cure the disorder, they can reduce psychotic symptoms such as hallucinations, delusions, and thinking problems; in addition, these medications can prevent relapses of these symptoms.* Antidepressants and mood-stabilizing medications are also sometimes prescribed.** Because the disorder usually persists over the long term, reducing symptoms can make a big difference. The symptoms of schizophrenia, especially psychotic symptoms, often fluctuate over time. When they are severe and affect functioning, during a relapse, hospitalization may be required to protect the person from harming self or others. It is therefore important to properly manage the medications and make sure they are taken regularly.

Therapy and rehabilitation are also helpful in the treatment of schizophrenia, particularly after people have been stabilized on medication. The goals here are for the person to develop skills for better communication and relationships, self-care, independent living, and work; to cope effectively with symptoms; and to manage the illness with strategies such as taking medications regularly and developing a relapse prevention plan.

How Does the Use of Alcohol and Other Drugs Affect Schizophrenia?

Substance use reduces the effectiveness of mental health treatment, and people with schizophrenia are very sensitive to the effects of alcohol and drugs. Substance use worsens

* More information on antipsychotics can be found in Handout 3, Antipsychotic Medications.

** More information on antidepressants can be found in Handout 1, Antidepressant Medications. More information on mood-stabilizing medications can be found in Handout 2, Mood-stabilizing Medications.

their symptoms dramatically and undermines their functioning, including in relationships. People with schizophrenia may use drugs or alcohol for reasons similar to anyone else's: to cope with unpleasant feelings, to fit in when socializing with others, or just to feel good for a little while. Because of the biological nature of schizophrenia, people are more prone to behavioral and interpersonal problems when using even small amounts of substances. Further, substance use may interfere with adherence to recommended treatment—especially taking medications—and this neglect can lead to increased symptoms, relapses, and hospitalizations.

How Does Schizophrenia Affect Addiction Treatment and Recovery?

People with schizophrenia are sometimes excluded from addiction treatment programs because the programs lack the professional skills to address it. In some mental health settings, people with schizophrenia are not adequately assessed for substance use, and instead are seen as unmotivated “nonresponders” to treatment regimens. The co-occurring disorders of schizophrenia and substance use place the person at risk for relapses of psychiatric symptoms and substance use, and frequent rehospitalizations, emergency room visits, and inpatient detoxifications. People with these co-occurring disorders are at increased risk to die from suicide, medical illnesses, and accidents: that's why treatment is essential.

Treatment for Co-occurring Schizophrenia and a Substance Use Disorder

The symptoms of schizophrenia can worsen substance use, and addiction can worsen schizophrenia. Therefore, integrated treatment is the most effective approach. This means that both co-occurring disorders are treated at the same time by the same clinician or team of clinicians. Integrated treatment involves a combination of medications and therapies such as cognitive-behavioral therapy (CBT), family psychoeducation, rehabilitation programs such as supported employment and social skills training, as well as treatment for the substance use disorder. The substance use disorder must be treated in the right setting, either residential or outpatient, and include therapies, addiction medications, or both. Ongoing, careful monitoring is important for tracking medication adherence, symptoms, and possible substance-use relapse. People with schizophrenia can benefit from attending peer support groups, as well as connecting with others who have these co-occurring disorders and are in recovery. Although schizophrenia and substance use disorders can affect a broad range of functioning, effective integrated treatment allows many people to live rewarding and highly productive lives.

Resources

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