

Schizophrenia Overview

Ms. Hanson: Hello and welcome to the Answered Patient. I'm Jane Hanson. Schizophrenia is one of the most disabling and severe mental illnesses. It's also one of the most widely misunderstood. In this episode of the Answered Patient, we'll discuss the symptoms of schizophrenia, who is at risk for developing it and how it's diagnosed. We'll also look at strategies for treating schizophrenia and the coping techniques that help patients and their loved ones live for productive lives.

Speaker: More than 2 million Americans and nearly 25 million people worldwide suffer from schizophrenia. The World Health Organization ranked schizophrenia among the top 10 most debilitating diseases, 30 percent of people diagnosed with schizophrenia try to commit suicide and 10 percent succeed.

Mr. Corrigan: Schizophrenia is considered perhaps one of the most serious of psychiatric disorders. In part, because it's related to lot of symptoms that people normally think of when they think of serious mental illness.

Speaker: The term schizophrenia comes from the Greek words Skhizein which means to split and phren which means mind. A common misinterpretation is that people with this disease have a split personality, but the name actually refers to a split in perception between the real world and a fantasy world of paranoid delusions.

Mr. Gejman: Many persons with schizophrenia have hallucinations. That means that they hear voices. Usually the voices that the patients thinks that are terrifying or not nice about the patient himself. And they may not recognize that their voices are not real either.

Ms. Hanson: The symptoms of schizophrenia may be sudden appearing within days or weeks or they may develop slowly.

Speaker: Common symptoms include deep paranoia, visual and auditory hallucinations, illogical thinking and flat emotional responses to situations. People experiencing these symptoms are often unaware they need medical attention. If any of these symptoms sound familiar to you or someone you know, it's important to seek help right away.

Ms. Hanson: Without proper treatment, schizophrenia can take a tremendous toll on a person's life. Many people can't work or unable to care for themselves and a few or no personal relationships.

Mr. Devulapally: There is a well-known phenomenon known as downward drift that affects people with schizophrenia and this involves the progressive loss of relationships and functioning. So people with schizophrenia do very often lose ties with their family, become more isolated.

Ms. Hanson: Schizophrenia affects men and women of every age, race and economic class. It usually begins in men during their teens and 20s and in women during their 20s and early 30s. In rare cases it even affects children.

Mr. Corrigan: Historically, schizophrenia was thought of as a young adulthood. So it wouldn't fit the diagnosis. I think children who have it. Now it's childhood schizophrenia.

Ms. Hanson: While researchers haven't identified a single cause of schizophrenia, they do know that several factors can contribute to the development of the disease. These include brain abnormalities and family history. 10 percent of those who suffer from schizophrenia have a parent or sibling who is also been diagnosed with the disease.

Mr. Corrigan: If we review population studies, you find that relatives of people with schizophrenia are able – are likely to have that disorder at greater rate. So if there's family built-in schizophrenia it probably indicates genetics.

Speaker: Was there a specific incident that happened?

Speaker: We just had exchange of words. That's all it was and those are things he say and I was just having a bad day that day.

Ms. Hanson: Because schizophrenia shares many symptoms in common with other mental illnesses, diagnosing, it can be difficult to make an accurate diagnosis. A psychiatrist will closely examine a patient's mental history. The doctor may also want to interview family members and friends of the patient. There are also several questionnaires that doctors sometimes administer to gauge whether a patient is suffering from schizophrenia.

Mr. Lerman: In spite of all the new medical diagnostic imaging techniques, MRI's, functional MRIs et cetera, it's a clinical diagnosis. It's a diagnosis that's made by a psychiatrist interviewing a patient and usually with other information from friends or family members.

Ms. Hanson: Though schizophrenia can be debilitating, safe and effective treatment options are available to help manage the disease. Medication, psychotherapy, and peer and family support groups can all be used to keep the illness under control and help people recover from the damaging effects of the disease.

Mr. Zipple: The thing that is probably the biggest misconception is that people don't recover and people really do, they may have to take medications for a very long time, but if you look at the data for a people over a 5,10, 15, 20 year period, most people recover quite well.

Speaker: No, there it is, nice # [5:39].

Mr. Devulapally: It doesn't have to impair or limit the prison in their goals, and in their pursuits in life.

Mr. Corrigan: It is reasonable to think that people with schizophrenia who are receiving the appropriate mediation and the breath of rehab and individual needs that they should be able to go back to work and live on their own develop adult relationships and enjoy their life.

Ms. Hanson: There are plenty of reasons for people suffering from schizophrenia to be hopeful. In the other chapters of this episode, you'll learn more about schizophrenia, its symptoms, how it's diagnosed and the way those affected by the disease or coping with it. We'll also tell you about the latest treatment options available for schizophrenia. In our personal stories chapter, you'll meet a real patient with schizophrenia and discover how he has managed to treat and live with this condition every day. And finally, if you would like to be kept up to date in schizophrenia, you can subscribe to this series on our health channel at AnswersTV.com.