

SCHIZOPHRENIA

Patient Information Fact Sheet

›What is schizophrenia?

Schizophrenia is one of the most serious mental disorders and has the potential to be very disabling. The exact cause of schizophrenia is still not known but it is thought to be related to altered levels of chemicals in the brain. Schizophrenia is an illness which, although disruptive, can be controlled. Many sufferers respond to medication and can resume a normal or near normal life.

›Who gets schizophrenia?

In the U.S., it is estimated that about 1 percent of Americans have schizophrenia. It affects people from all cultures and can start at any age, but most commonly begins between the ages of 16 and 30. It is equally common in men and women.

›What are the symptoms of schizophrenia?

- False beliefs such as paranoia or delusions--thinking people are conspiring against you when they are not or believing that you are someone else, perhaps a famous person
- Hearing voices that no one else can hear or seeing, tasting, smelling or feeling things that are not there (hallucinations)
- Believing that objects, events or people control your thoughts or actions in a way that can't be explained
- Confused and muddled thinking; speech may be hard to understand
- Loss of feelings or emotions
- Loss of energy and interest in other people; becoming wrapped up in yourself

›How long does schizophrenia last?

Some people only have a single episode of schizophrenia and recover fully. Other people have a series of attacks throughout their lives. Unfortunately, some people may be permanently disabled. However, with appropriate care and support from doctors, nurses, family and friends, sufferers can learn how to cope with the condition.

›How is schizophrenia treated?

Schizophrenia can be treated with medicine in the form of tablets, an oral solution or long-acting injections. Most people experience some side effects but your doctor or nurse will tailor your treatment to minimize these. Some people with schizophrenia will be able to stop treatment after about a year or two. Other people may need to continue treatment with regular doses for a longer period of time. However, your doctor will tell you when and how to stop your treatment. As well as medical treatment you and your family will also receive support from your psychiatrist. He or she will be able to tailor the support to your individual needs and be flexible enough to provide the right kind of help whenever it is needed and be able to spot any sign of trouble to prevent a relapse.

Medications for the treatment of schizophrenia include **atypical antipsychotics** and **conventional antipsychotics**. Examples of atypical antipsychotics include **aripiprazole** (Abilify), **asenapine** (Saphris), **clozapine** (Clozaril, Fazaclor), **iloperidone** (Fanapt), **lurasidone** (Latuda), **olanzapine** (Zyprexa), **paliperidone** (Invega), **quetiapine** (Seroquel), **risperidone** (Risperdal), **ziprasidone** (Geodon). Conventional antipsychotics include **chlorpromazine**, **fluphenazine**, **haloperidol**, **loxapine** (Loxitane), **perphenazine**, **pimozide** (Orap), **prochlorperazine**, **thioridazine**, **thiotixene** (Navane), **trifluoperazine**.

›Self-help measures

- Take your medicine as recommended by your doctor or nurse. This is very important.
- If your treatment is given by injection it is important that you keep all the appointments your doctor has made for you.
- Never just stop your treatment. If you feel that your medication is not working or if you start feeling anxious or confused tell your doctor or nurse. They may decide to alter the dose or change your medication.
- If you feel low or depressed it is important to talk to your doctor, family or friends.
- Join a support group.

›Further information

National Institute of Mental Health: www.nimh.nih.gov/health/topics/schizophrenia/index.shtml

Schizophrenia: www.schizophrenia.com

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