

## SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

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### Introduction

Schizophrenia is one of the greatest remaining challenges facing medical science. There are still widespread misconceptions regarding the illness, unfortunately even amongst health workers. The illness has been stigmatised, and these patients are discriminated against more than most others.

#### **Schizophrenia:**

**Is not:** A split personality, or a psychological condition, but

**Is:** A serious psychiatric illness that is heterogeneous in terms of aetiology, pathogenesis, clinical picture, course and prognosis. It is a severe and disabling illness affecting the brain.

The course is chronic, frequently with deterioration in social and occupational functioning. In spite of a relatively low prevalence of approximately 1% of the population, the illness has an enormous impact on society in terms of both emotional suffering and financial burden. The illness typically appears for the first time in late adolescence or early adulthood, and usually follows a lifelong course. Fortunately, the news is not all "doom and gloom." There is an enormous amount of intensive research being done in the field, and important new advances have been made.

### **Aetiology**

Although the cause of schizophrenia is unknown, it is likely to be the end result of a complex interaction of various factors. The following factors are important in this regard:

- (a) Genetic: Family- and twin studies indicate an important role for genetic factors.
- (b) Biochemical: It is postulated that schizophrenia is due to a relative overactivity of the neurotransmitter dopamine in the mesolimbic system.
- (c) Structural: Structural neuroimaging, i.e. computed tomography and magnetic resonance imaging indicate subtle but definite structural changes in the brain of patients with schizophrenia.

### **Clinical picture**

There is no single symptom that is diagnostic of schizophrenia, or that must be present in order for a diagnosis to be made.

The most important symptoms are:

- (a) Disorganised speech: The patient loses the course of conversation. Thoughts are vague and circumstantial. There is a loose association of ideas, with so-called “woolly thoughts”. Thought-block and neologisms (making up new words) may also occur.
- (b) Delusions: Various types of delusions can occur, e.g., persecutory, grandiose, religious and somatic delusions. Mood-incongruent and especially bizarre delusions are typical in schizophrenia.
- (c) Perception: Hallucinations are non-specific and may occur in various psychiatric disorders. In schizophrenia, hallucinations are most often auditory in nature.
- (d) Emotions: Emotional blunting is frequently a symptom in schizophrenia. Emotional contact is often difficult with these patients. Inappropriate emotions may also occur - in other words, the expression of emotion is not appropriate to what is being said or thought.
- (e) Conation (drive) disorder: Conation is frequently reduced. There is an inability to make decisions, frequently as a result of ambivalence.
- (f) Catatonia (motor) disorder: This can vary from extreme retardation (the so-called catatonic stupor) to severe restlessness as observed in catatonic excitement.
- (g) Disorganised behaviour.

## **Treatment**

It is frequently necessary to admit the patient to a psychiatric unit during an acute episode. Pharmacotherapy plays the most important role in the treatment program. The aim is to place the patient back in the community at the highest possible level of functioning (rehabilitation). To achieve this, it is important to organise a combined approach by all people involved in the treatment. This usually involves a multidisciplinary psychiatric team, primary physician and other community workers, as well as the family members.

All antipsychotic (neuroleptic) medications block the neurotransmitter dopamine (DA).

A minimum period of two years of treatment is recommended for first episode schizophrenia before the option of gradual reduction and discontinuation of medication can be considered. If new symptoms appear, the medication needs to be re-instituted straight away. Most psychotic relapses occur as a result of the patient discontinuing medication. Treatment is, unfortunately, lifelong in most cases.

## **In conclusion**

Schizophrenia is a severe psychiatric illness, and has far-reaching implications for the patient, the patient's family, and the community. Although the prognosis is generally poor, considerable new developments offer hope for patients with this disorder.