Mental Health
INFORMATION CENTRE
Southern Africa

INFORMATION SHEET

Schizophrenia

What is Schizophrenia?

Schizophrenia is a severe and disabling illness that affects the brain. Approximately 1% of the population will develop

schizophrenia during their lifetime. In spite of the relatively low prevalence, the illness has an enormous impact on the individual and on society in terms of the emotional suffering and financial burden. Schizophrenia typically appears in late adolescence or early adulthood and usually follows a life-long course.

In schizophrenia there is a tendency towards disintegration of the personality. Intermittent episodes of acute psychosis and remission are typical. Research in this field is on-going and we now have a much better understanding of the causes and other factors involved in schizophrenia.

Characteristic symptoms

To be diagnosed with schizophrenia, a person must display two or more of the following, each present for a significant portion of time during a one-month period (or less, if successfully treated):

- delusions (false personal beliefs resulting from an inability to separate real from unreal experiences)
- hallucinations (auditory hallucinations - i.e. hearing voices that other people do not hear - is the most common type)
- disorganised speech (vague thoughts, loose association of ideas, thought-blocking and creation of new words [neologisms])
- grossly disorganised behaviour (e.g. dressing inappropriately, neglecting personal hygiene, social isolation) or catatonic behaviour

- negative symptoms (e.g. lack of or decline in emotional response, speech, motivation, and concentration)

What causes Schizophrenia?

The exact cause of schizophrenia is unknown. It is likely to be the end result of a complex interaction between genetic, biochemical, developmental and environmental factors. Certain brain abnormalities may be present early in the course of the illness, even perhaps before the onset of clinical symptoms.

Course and Prognosis

Without treatment the course of schizophrenia is chronic, frequently with deterioration in social and occupational functioning, which cause a high degree of disability.

Variables that may be associated with a better outcome, include the following:

- Acute onset of illness
- Presence of a precipitating event
- Later age of onset
- Good pre-illness functioning
- Presence of mood symptoms (depression or euphoria)
- Acceptance and support by family and community
- Positive attitude towards treatment program

Treatment of Schizophrenia

A psychiatrist should examine the patient to make the diagnosis. Tests are carried out to exclude medical illnesses. Antipsychotic medications are the most effective treatment for schizophrenia. They help to control symptoms by changing the balance of chemicals in the brain. Common side-effects may include dizziness, sleepiness, weight gain, tremor, feelings of restlessness, slowed movements, increased chance of diabetes and high cholesterol.

It is usually necessary to admit the patient to a psychiatric unit during an acute episode. There is considerable evidence to show that the longer psychosis remains untreated, the poorer the long-term outcome. A minimum of two years of treatment is recommended for first episode schizophrenia before gradual reduction and discontinuation of medication can be considered. Most psychotic relapses occur as a result of the patient discontinuing medication.

Schizophrenia is mostly described as a life-long illness, which means that most people with this condition need to stay on antipsychotic medication for life. Long-term hospitalization is no longer the treatment of choice. The aim is to place the patient back in the community at the highest possible level of functioning.

To achieve the highest level of functioning, a combined treatment approach, involving a multi-disciplinary team, i.e. a primary physician, community workers, as well as the family, is necessary.

What to do in a crisis

Crisis intervention implies providing immediate aid to the patient in crisis, e.g. in the case of acute psychosis. Hospitalization or admission to an appropriate facility is recommended if the patient is psychotic or suicidal. The least restrictive and preferred situation is one in which the patient has the ability to agree to admission.

If the patient is considered to be incapable of making an informed decision, the Mental Health Care Act 17 of 2002 provides the state with the power to commit the patient if he/ she is deemed to present a danger to himself/herself

or to others. Provisions are made for a 72-hour assessment period which may enable a person to recover from an illness before being committed to a psychiatric hospital.

MRC Unit on Anxiety and Stress Disorders

The Research Unit on Anxiety and Stress Disorders, to which the MHIC is affiliated, was established by the Medical Research Council (MRC) in 1997. The Unit is located at the Department of Psychiatry at the University of Stellenbosch and investigates the psychobiology and treatment of anxiety disorders, including obsessive-compulsive disorder (and related conditions), panic disorder, posttraumatic stress disorder, and social anxiety disorder. For more information about research trials, please visit the website below or contact the MHIC.

www.mrc.ac.za/anxiety/anxiety.htm

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