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 or 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 in 1997. The Unit is located at the Department of Psychiatry of the University of Stellenbosch and researches the psychobiology and treatment of anxiety disorders, including obsessive-compulsive disorder (and spectrum conditions), panic disorder, posttraumatic stress disorder, and social anxiety disorder. For more information about joining research trials, please visit the website below or contact the MHIC.

FURTHER RESOURCES

www.schizophrenia.com

www.supportsabda.co.za

www.capesupport.org.za

MENTAL HEALTH INFORMATION CENTRE OF SOUTHERN AFRICA (MHIC)

PO Box 19063
Tygerberg
Cape Town
7505
South Africa

Tel: +27 (0)21 938-9229
Fax: +27 (0)21 931-4172

Email: mhic@sun.ac.za
www.mentalhealthsa.org.za

SCHIZOPHRENIA

MENTAL HEALTH INFORMATION CENTRE

Southern Africa

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 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 ongoing 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 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 AND WHERE TO GO FOR HELP?

The outcome for a person with schizophrenia is difficult to predict. Symptoms mostly improve with medication. Supported job training, housing and other community support will be needed. The person with schizophrenia must learn how to take medications correctly and how to manage side-effects. They need to see their doctor often and must learn how to notice early signs of a relapse. Family members should be educated about the disease and offered support. Visit www.supportsabda.co.za for information on carer support.