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Medicine for Managers

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Schizophrenia

Schizophrenia is a serious mental disorder in which there is a failure to interpret reality in a normal manner. It may result in a combination of disordered thinking, delusions and hallucinations. Disruption to normal daily functioning may be disabling and patients with schizophrenia may require lifelong treatment. Early diagnosis and treatment may improve the long-term outlook.

Symptoms consistent with a diagnosis of schizophrenia were first described at the end of the eighteenth century and the German psychiatrist, Schüle, coined the term ***Dementia praecox*** (premature dementia) in 1886.

It was recognised that the disorder was not dementia and was renamed ***schizophrenia*** in 1908.

The term, was derived from the two words schizein – to split and phrën – mind. It was originally coined to describe the separation of personality, thinking, memory and perception. However, the meaning has become corrupted and TS Eliot misused the term as 'split personality' in 1933.

The risk of developing schizophrenia is about one in one hundred in the general population. Research into schizophrenia has identified a variety of factors which are implicated in its cause. It appears that genetic makeup is important but that other factors such as psychological and environmental circumstances and possibly physical factors as well may determine whether symptoms develop.

There is no doubt that a very stressful or emotional event may trigger schizophrenia but not every vulnerable individual may be affected and it is not known why this is the case. In terms of the effect of inherited susceptibility, data from the Royal College of Psychiatrists suggests that there is a risk of 1 in 10 if one parent is schizophrenic, with an identical twin the risk is 1 in 2 and with a non-identical twin it is 1 in 8. It is most commonly diagnosed between ages 15 and 40. Men and women are equally affected.

Symptoms may include:

- ***Delusions***. These are sincerely held beliefs which are in fact based on strange or unrealistic understanding of reality. A delusional idea may be an explanation for an event or action or for a voice which is heard which feels plausible to the person; for example, hearing a voice which speaks about you and sincerely believing it to be someone following you. Paranoid delusions occur

in circumstances where someone feels persecuted or harassed. In such circumstances he or she may believe they are being followed, spied on, poisoned or that some element of personal life is damaged, for example believing partner infidelity. Everyday events are misinterpreted and people may believe for example that radio broadcasts contain messages specifically for them.

- ***Hallucinations***. Seeing or hearing things that don't exist. They may be visual, olfactory (smell), auditory (hearing) or tactile (touch). The commonest manifestation is hearing voices in the absence of anyone nearby and they may be amiable or rude, angry or annoying. The voices may say anything and may come 'from the air' or from a specific place such as a radio or television. People may respond to them by trying to ignore them or replying to them as though in conversation. They may become very angry with them. The voices are real, not imaginary. The voices are generated in the brain and the individual mistakes them for voices coming from outside.

- ***Disordered or abnormal behaviour***. This may range from unpredictable and sometimes extreme agitation to silly behaviour. Responses may be bizarre, inappropriate or absent. Sudden dislikes, changes in dress and inappropriate use of offensive language may cause family and other difficulties.

- ***Disordered speech***, resulting in impaired communication.

- ***Negative symptoms*** with reduced ability to function normally. Lack of interest in daily activities, social withdrawal, lack of facial expression and inability to experience pleasure.

Symptoms may show periods of exacerbation and remission.

In young people developing symptoms in the teens, it may show as poor school performance, lack of motivation, isolation and depression. Young people are less likely to have delusions but more likely to have visual hallucinations.

Further information may be obtained from MIND which is based at

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All these features of schizophrenia may be accompanied by a general deterioration in personal and professional life with lack of motivation, loss of concentration and loss of interest in life in general including participating in previously enjoyable events including sex.

There is increased introversion and a wish to avoid other people. Such problems result in marital difficulties in deterioration in relations with friends and family because the actions of the affected person are seen as rude and difficult rather than the result of being unwell.

Schizophrenia can be triggered by a significant episode of emotional stress such as divorce or rape. Illicit drugs such as amphetamines may produce psychotic symptoms and might trigger long-term schizophrenia. Cannabis increases the

risk of developing the condition and is influenced by factors such as the age of starting to use the drug the frequency of usage. Starting cannabis before age 15 may quadruple the risk of developing schizophrenia by age 27.

Diagnosis is usually made if at least two of hallucinations, delusions, disordered behaviour or negativity are present.

Normally a GP, suspecting the diagnosis, will refer to secondary care for opinion and advice on management. The specialist will normally refer the patient to a care programme involving a crisis resolution team (in the event of an acute episode) for the development of a management plan and a review system. Patients suffering acute episodes of schizophrenia may be admitted voluntarily or compulsorily under the Mental Health Act to a psychiatric unit for their own safety and for treatment.

Left untreated, complications may include:

- Suicide
- Anxiety and obsessive-compulsive disorder
- Depression
- Aggression
- Alcohol and drug abuse
- Deterioration in domestic and financial situation
- Deterioration in general health

Medication is the cornerstone of treatment and antipsychotic drugs and management of the disease was revolutionised in the 1950s by the discovery of ***chlorpromazine***.

These days a large range of drugs is available, including the newer, second-generation antipsychotics, which may be given orally or by long-acting injection. The drugs are effective for most patients but may have side effects such as drowsiness, weight gain, blurred vision, dry mouth and constipation together with more troublesome features such as tremors and muscle spasm. The medication suppresses rather than cures the symptoms and treatment is usually required for years to stop recurrence. Indeed withdrawal of the medication may well result in the recurrence of symptoms after 3-6 months. Of course, not all patients require medication. For some the voices and delusional effects are manageable and for one in five sufferers the disorder will disappear within five years.

Other treatment offered may include:

Cognitive Behavioural Therapy where treatment is directed to identification of specific problems, looking at the reaction to them and finding ways of coping with them. CBT can undoubtedly help with coping with delusions and hallucinations but 20-30 sessions of treatment may be required.
Counselling may help the sufferer and his or her family to cope with the situation, done by regular meetings.
The Community Mental Health Team may provide regular oversight of the patient. Community Psychiatric Nurses are highly skilled and can sort out problems with symptoms or medication. They also provide liaison between the primary and secondary care agencies. In general medication is no substitute for the communication therapies which support and monitor the affected people.

Perhaps the biggest challenge for anyone involved in management of schizophrenia is the problems associated with misunderstanding of the condition by those people who live, work or meet people with the disorder. Schizophrenia, like disorders such as congenital hypothyroidism (cretinism), which are the subject of humour and sometimes abuse, often make acceptance and management much more difficult. Increased understanding will be essential to coping with the consequences for sufferer and family and friends alike.
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