

Schizophrenia



A serious chronic mental illness affecting the personality, thoughts, emotions and behaviour, defined by a number of symptoms which can be positive or negative – see below.

NB: 'Positive' and 'negative' are medical terms, and do not reflect the individual's experience.

Typically, the condition manifests first between late teens and mid 30s.

Positive symptoms

- Delusions - erroneous beliefs that involve misinterpretation of perceptions or experience, eg people believe they are being tormented/persecuted; song lyrics are personally directed at them; thoughts and actions are being acted on by another force; a belief that they are under surveillance by the police or other authority.
- Hallucinations - auditory hallucinations are common, ie hearing voices that are distinct from the person's own thoughts, eg running commentary on own thoughts or behaviour.
- Disorganised speech
- Grossly disorganised behaviour

Negative symptoms

These reflect a decrease or loss of normal functions. Negative symptoms are hard to evaluate as they occur on a continuum with normal behaviour, are relatively non specific and may be due to various other factors, (including medication, side effects, depression).

- Affective flattening - face appears immobile, unresponsive, poor eye contact, reduced body language. The range of emotional expressiveness is diminished.
- Poverty of speech, known as alogia; brief, empty replies. The individual will have decreased fluency and productivity of speech.
- Inability to initiate and persist in goal directed activities - avolition, eg person may sit still for long periods and show little interest participating in work or social activities.

Associated symptoms

- Depersonalisation (disconnection from the self), derealisation (disconnection from the world) and somatic concerns may be experienced.
- Anxiety and phobias are common
- Motor abnormalities, eg grimacing, posturing, odd mannerisms, ritualistic or stereotyped behaviour are sometimes present.

Insight

Some individuals with schizophrenia have poor insight into the nature of their condition. This may lead to non-compliance with treatment, greater risk of relapse, more involuntary hospital admissions, poorer psychosocial functioning and a poorer course of the illness.

Treatments

Medication may include the use of antipsychotics, antidepressants and/or mood stabilisers.

Some people may need hospital admission, eg during a severe episode when it is thought safer for the individual to be treated in an environment where professional care can be given.