



National Alliance on Mental Illness
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Schizophrenia Fact Sheet

What Is Schizophrenia?

Schizophrenia is a serious mental illness that affects 2.4 million American adults over the age of 18. Although it affects men and women with equal frequency, schizophrenia most often appears in men in their late teens or early twenties, while it appears in women in their late twenties or early thirties. Finding the causes for schizophrenia proves to be difficult as the cause and course of the illness is unique for each person.

Interfering with a person's ability to think clearly, manage emotions, make decisions and relate to others, schizophrenia impairs a person's ability to function to their potential when it is not treated. Unfortunately, no single, simple course of treatment exists. Research has linked schizophrenia to a multitude of possible causes, including aspects of brain chemistry and structure, as well as environmental causes.

A Positive Outlook

Led primarily by real people living with schizophrenia, there is a changing assumption on what is possible for those living with the illness. Long viewed as an incurable illness, new data suggests that as many as 50 percent of people diagnosed with schizophrenia have positive outcomes when they receive appropriate treatment. With new research and expanding knowledge for the causes of schizophrenia, the outlook for those living with schizophrenia continues to improve.

Symptoms

No single symptom positively identifies schizophrenia. An individual may have any combination of symptoms. Furthermore, an individual's symptoms can change over time. The symptoms of schizophrenia are divided into three categories: positive, negative and cognitive symptoms. Positive Symptoms are also known as "psychotic symptoms" because the person has lost contact with reality in certain ways.

Causes

While an exact cause of schizophrenia is still unknown, researchers do know that the brains of people living with schizophrenia are different from those undiagnosed with the illness.

It is too early to classify schizophrenia as either a neurodevelopmental (impairment of the growth and development of the brain) or a neurodegenerative (progressive loss of structure or function of neurons) disorder, as both seem to occur over the course of the illness.

Research strongly suggests the emergence of schizophrenia is a result of both genetic and environmental factors.

Diagnosis

Diagnosing schizophrenia is not easy. The first signs of its manifestation may only be a change of friends, a drop in grades or irritability and not even appear to be "typical" signs of psychosis.

Complicating diagnosis further is that the symptoms of schizophrenia also resemble those of other mental and physical health problems, such as bipolar disorder and brain tumors.

Schizophrenia symptoms can also be mimicked in the effects of illicit drugs, including the use of methamphetamines. As a consequence there is no one single physical or lab test that is able on its own to accurately diagnosis schizophrenia.

Treating Schizophrenia

While there is still no cure for schizophrenia, treatments have been developed that help reduce many symptoms of the disease. There are many medications now available to help treat schizophrenia. Psychosocial rehabilitation and family support are also key aspects in providing a successful treatment. Perhaps most important is to address schizophrenia as soon as it is detected. Early treatment has been shown to be effective in limiting the development and severity of symptoms.

Family-specific Support

For people living with schizophrenia, support from family and loved ones is some of the most important medication that can be provided. Families who are educated about schizophrenia can offer strong support and help reduce the likelihood of relapse. The key is to be in tune with what the person is open to at any given time. For example, arguing with an individual about delusions when they do not believe they are having any creates distances and is usually ineffective. Instead, empathizing with someone's distress or success is more likely to foster positive outcomes.

A person providing care for a person living with schizophrenia faces many challenges. One of the hardest is finding ways to support and protect their loved one while allowing room for self-reliance. Every family is different, but family structures tend to vary from culture to culture, with certain groups, like Latino cultures, tending to benefit from treatment solutions that involve the entire family. However, when the stress of care giving is placed on only a few individuals, they themselves may begin to exhibit signs of psychological distress. Mood disorders, such as depression, can occur 40 percent of the time, three times the rate of the general Latino population. Caregiver burnout is not only found in Latino populations but in all groups providing support to patients living with schizophrenia.

Families should also become educated about health privacy laws and legal aspects of providing care for an adult living with schizophrenia who does not understand that they may need treatment. The [Treatment Advocacy Center](#) has state-by-state information regarding commitment laws. Psychiatric advance directives, which allow individuals to designate treatment and contact persons in case they are unable to make their own decisions, can be another tool. State-by-state information on psychiatric advance directives is available at [The National Resource Center on Psychiatric Advance Directives](#).

Because of the confusing path and strain that providing help for a loved one with schizophrenia entails, family members often find it helpful to maintain a journal of all medications, medical visits, treatments and legal actions that have they have undertaken. Having this information can be useful when switching providers or dealing with a crisis.

For all of these reasons, family members should seek support for their own needs from groups specially designed for families.