

Diagnosis

Diagnosing schizophrenia is not easy. The difficulty of diagnosing this illness is compounded by the fact that many people who are diagnosed do not believe they have it. Lack of awareness is a common symptom of people diagnosed with schizophrenia and greatly complicates treatment. To be diagnosed with schizophrenia, a person must have two or more of the following symptoms occurring persistently in the context of reduced functioning:

- Delusions
- Hallucinations
- Disorganized speech
- Disorganized or catatonic behavior
- Negative symptoms

Treatment

With medication, psychosocial rehabilitation and family support, the symptoms of schizophrenia can be reduced. People with schizophrenia should get treatment as soon as the illness starts showing, because early detection can reduce the severity of their symptoms. Treatment options include:

- **Antipsychotic medications.** Typically, a health care provider will prescribe antipsychotics to relieve symptoms of psychosis, such as delusions and hallucinations. Due to lack of awareness of having an illness and the serious side effects of medication used to treat schizophrenia, people who have been prescribed them are often hesitant to take them.

- **Psychotherapy** such as cognitive behavioral therapy (CBT) or cognitive enhancement therapy (CET).

- **Psychosocial Treatments.** People who engage in therapeutic interventions often see improvement, and experience greater mental stability. Psychosocial treatments enable people to compensate for or eliminate the barriers caused by their schizophrenia and learn to live successfully. If a person participates in psychosocial rehabilitation, they are more likely to continue taking their medication and less likely to relapse. Some of the more common psychosocial treatments include assertive community treatment (ACT).

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Schizophrenia

Fact Sheet

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What is schizophrenia?

Schizophrenia is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. It is a complex, long-term medical illness, affecting about 1% of Americans. Although schizophrenia can occur at any age, the average age of onset tends to be in the late teens to the early twenties for men, and the late twenties to early thirties for women. It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40.

Symptoms

Just like with any mental illness, people with schizophrenia experience symptoms differently. Symptoms include:

- **Hallucinations**, which can include a person hearing voices, seeing things, or smelling things others can't perceive.
- **Delusions**, which are false beliefs that don't change even when the person who holds them is presented with new ideas or facts.

- **Disorganized thinking**, such as struggling to remember things, organize thoughts or complete tasks.

- **Anosognosia**, which means they are unaware that they have an illness.

- **Negative symptoms**, such as being emotionally flat or speaking in a dull, disconnected way.

Are there any known causes?

Research suggests that schizophrenia may have several possible causes:

- **Genetics.** Schizophrenia isn't caused by just one genetic variation, but a complex interplay of genetics and environmental influences. While schizophrenia occurs in 1% of the general population, having a history of family psychosis greatly increases the risk. Schizophrenia occurs at roughly 10% of people who have a first-degree relative with the disorder, such as a parent or sibling.

- **Environment.** Exposure to viruses or malnutrition before birth, particularly in the first and second trimesters has been shown to increase the risk of schizophrenia. Inflammation or autoimmune diseases can also lead to increased immune system

- **Brain chemistry.** Problems with certain brain chemicals, including neurotransmitters called dopamine and glutamate, may contribute to schizophrenia. Neurotransmitters allow brain cells to communicate with each other. Networks of neurons are likely involved as well.

- **Drug use.** Some studies have suggested that taking mind-altering drugs during teen years and young adulthood can increase the risk of schizophrenia. A growing body of evidence indicates that smoking marijuana increases the risk of psychotic incidents and the risk of ongoing psychotic experiences. The younger and more frequent the use, the greater the risk. Another study has found that smoking marijuana led to earlier onset of schizophrenia and often preceded the manifestation of the illness.