Schizophrenia is a brain disease that makes it difficult to distinguish between what’s real and unreal to think clearly, manage emotions, relate to others and function normally.

While schizophrenia is a chronic condition, it doesn’t mean there’s no hope - schizophrenia can be successfully managed. The first step is to recognise the signs and symptoms. The second step is to seek help without delay. Thirdly, the family should seek support and based on the prognoses, research the self-help techniques in addition to important medication and therapy.

The complexity of schizophrenia explains why there are many misconceptions about the illness. Table 1 summarises some of the most common misconceptions.

### Early warning signs of schizophrenia

In some people, schizophrenia appears suddenly and without warning. But for most, it comes on slowly, with subtle warning signs and a gradual decline in functioning long before the first severe episode. Often, friends or family members will know early on that something is wrong, without knowing exactly what.

Table 2 summarises the most common early warning signs.

### Table 1: Common Misconceptions About Schizophrenia

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia refers to a &quot;split personality&quot; or multiple personalities.</td>
<td>Multiple personality disorder is a different and much less common disorder than schizophrenia. People with schizophrenia do not have split personalities. Rather, they are &quot;split off&quot; from reality.</td>
</tr>
<tr>
<td>Schizophrenia is a rare condition.</td>
<td>Schizophrenia is not rare; the lifetime risk of developing schizophrenia is widely accepted to be around 1 in 100.</td>
</tr>
<tr>
<td>People with schizophrenia are dangerous.</td>
<td>Although the delusional thoughts and hallucinations of schizophrenia sometimes lead to violent behaviour, most people with schizophrenia are neither violent nor a danger to others.</td>
</tr>
<tr>
<td>People with schizophrenia can’t be helped.</td>
<td>While long-term treatment may be required, the outlook for schizophrenia is far from hopeless. When treated properly, many people with schizophrenia are able to enjoy fulfilling, productive lives.</td>
</tr>
</tbody>
</table>

### Table 2: The Most Common Early Warning Signs Include:

1. Depression, social withdrawal
2. Hostility or suspiciousness, extreme reaction to criticism
3. Deterioration of personal hygiene
4. Flat, expressionless gaze
5. Inability to cry or express joy or inappropriate laughter or crying
6. Oversleeping or insomnia; forgetful, unable to concentrate
7. Odd or irrational statements; strange use of words or way of speaking

### Signs and symptoms

Symptoms of schizophrenia usually start between 16 and 30 years. In rare cases, children can have schizophrenia. In men it often starts in late teenage years, whereas in women it usually starts in early twenties.
The symptoms are classified in the following categories.
- Positive psychotic symptoms: Hallucinations, such as hearing voices, paranoid delusions and exaggerated or distorted perceptions, beliefs and behaviors.
- Negative symptoms: A loss or a decrease in the ability to initiate plans, speak, express emotion or find pleasure.
- Disorganisation symptoms: Confused and disordered thinking and speech, trouble with logical thinking and sometimes bizarre behaviour or abnormal movements.
- Impaired cognition: Problems with attention, concentration, memory and declining educational performance.

**What these symptoms are**

### DELUSIONS
A delusion is a firmly-held idea that a person has despite clear and obvious evidence that it isn’t true. Delusions are extremely common in schizophrenia, occurring in more than 90% of those who have the disorder.

Often, these delusions involve illogical or bizarre ideas or fantasies, such as:
- **Delusions of persecution** – Belief that others, often a vague “they,” are out to get you. These persecutory delusions often involve bizarre ideas and plots (e.g. “Martians are trying to poison me with radioactive particles delivered through my tap water”).
- **Delusions of reference** – A neutral environmental event is believed to have a special and personal meaning. For example, you might believe a billboard or a person on TV is sending a message meant specifically for you.
- **Delusions of grandeur** – Belief that you’re a famous or important figure, such as Jesus Christ or Napoleon. Alternately, delusions of grandeur may involve the belief that you have unusual powers, such as the ability to fly.
- **Delusions of control** – Belief that your thoughts or actions are being controlled by outside, alien forces. Common delusions of control include thought broadcasting (“My private thoughts are being transmitted to others”), thought insertion (“Someone is planting thoughts in my head”), and thought withdrawal (“The CIA is robbing me of my thoughts”).

### DISORGANISED BEHAVIOUR
Schizophrenia disrupts goal-directed activity, impairing your ability to take care of yourself, your work, and interact with others. Disorganised behavior appears as:
- A decline in overall daily functioning
- Unpredictable or inappropriate emotional responses
- Behaviours that appear bizarre and have no purpose
- Lack of inhibition and impulse control

### Negative symptoms (absence of normal behaviours)
The so-called “negative” symptoms of schizophrenia refer to the absence of normal behaviours found in healthy individuals, such as:
- Lack of emotional expression – Inexpressive face, including a flat voice, lack of eye contact, and blank or restricted facial expressions.
- Lack of interest or enthusiasm – Problems with motivation; lack of self-care.
- Seeming lack of interest in the world – Apparent unawareness of the environment; social withdrawal.
- Speech difficulties and abnormalities – Inability to carry a conversation; short and sometimes disconnected replies to questions; speaking in monotone.
Case study

Daniel’s story

Daniel is 21 years old. Six months ago, he was doing well in college and holding down a part-time job in the stockroom of a local electronics store. But then he began to change, becoming increasingly paranoid and acting out in bizarre ways. First, he became convinced his professors were “out to get him” since they didn’t appreciate his confusing, off-topic classroom rants. Then he told his roommate that the other students were “in on the conspiracy.” Soon after, he dropped out of school.

From there, things got worse. Daniel stopped bathing, shaving, and washing his clothes. At work, he became convinced his boss was watching him through surveillance bugs planted in the store’s TV screens. Then he started hearing voices telling him to find the bugs and deactivate them. Things came to a head when he acted on the voices, smashing several TVs and screaming that he wasn’t going to put up with the “illegal spying” any more. His frightened boss called the police, and Daniel was hospitalised.

What causes schizophrenia

Genetic inheritance

If there’s no history of schizophrenia in a family, the chances of developing it are less than 1 percent. However, that risk rises to 10 percent if a parent was diagnosed.

Chemical imbalance in the brain

Experts believe an imbalance of dopamine, a neurotransmitter, is involved in the onset of schizophrenia. Other neurotransmitters, such as serotonin, may also be involved.

Environmental factors

Although there is no definite proof, many suspect trauma before birth and viral infections may contribute to the development of the disease.

Stressful experiences often precede the emergence of schizophrenia. These factors are often blamed for the onset of the disease, when really it was the other way round - the disease caused the crisis.

Drug induced schizophrenia

Marijuana and LSD are known to cause schizophrenia relapses. Additionally, for people with a predisposition to a psychotic illness such as schizophrenia, usage of cannabis may trigger the first episode.

Certain prescription drugs, such as steroids and stimulants can cause psychosis.
Know n to lower suicidal behaviours in patients with schizophrenia. The risk of weight gain and diabetes is significant.

- **Haloperidol** - an antipsychotic used to treat schizophrenia. It has a long-lasting effect (weeks).

**Therapy** can help improve coping and life skills, manage stress, address relationship issues, and improve communication. Group therapy can also connect the patient to others in a similar situation and gain valuable insight into how they've overcome challenges.

**Self-help**

Medication and therapy can take time to take full effect but there are still things that can be done to help manage symptoms, improve the way they feel, and increase self-esteem – even leading to a reduction in medication.

**Treatment of schizophrenia**

- The most important part of treatment is the correct medication.
- Some of the most common antipsychotic medications used are:
  - Risperidone (Risperdal) - less sedating than other atypical antipsychotics. Weight gain and diabetes are possible side effects, but are less likely to happen, compared with Clozapine or Olanzapine.
  - Olanzapine (Zyprexa) - may also improve negative symptoms. However, the risks of serious weight gain and the development of diabetes are significant.
  - Quetiapine (Seroquel) - risk of weight gain and diabetes, however, the risk is lower than Clozapine or Olanzapine.
  - Ziprasidone (Geodon) - the risk of weight gain and diabetes is lower than other atypical antipsychotics. However, it might contribute to cardiac arrhythmia.
  - Clozapine (Leponex) - effective for patients resistant to treatment. It’s known to lower suicidal behaviours in patients with schizophrenia. The risk of weight gain and diabetes is significant.

**References available on request**