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PRESENTS

WHAT IS SCHIZOPHRENIA?



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Schizophrenia is a serious chronic psychiatric illness. **There is no single symptom** that defines schizophrenia. Usually patients have:

- Delusions**
fixed false beliefs not amenable to reasoning and not culturally explained
- Hallucinations**
perceptual disturbances like voices, disorganized thinking and speech
- Disorganized thinking and speech**
incoherence and confused thinking
- Disorganized behavior**
including catatonia
- Negative symptoms**
loss of motivation, emotion and interest in activities

There is marked impairment in:

- Self-care**
- Work**
- And relationships**

The
TERM

was coined by
Eugen Bleuler
a Swiss psychiatrist
to denote

SCHIZO (split) &
PHRENE (mind).

SCHIZOPHRENIA



It is often confused with split personality which is inaccurate.

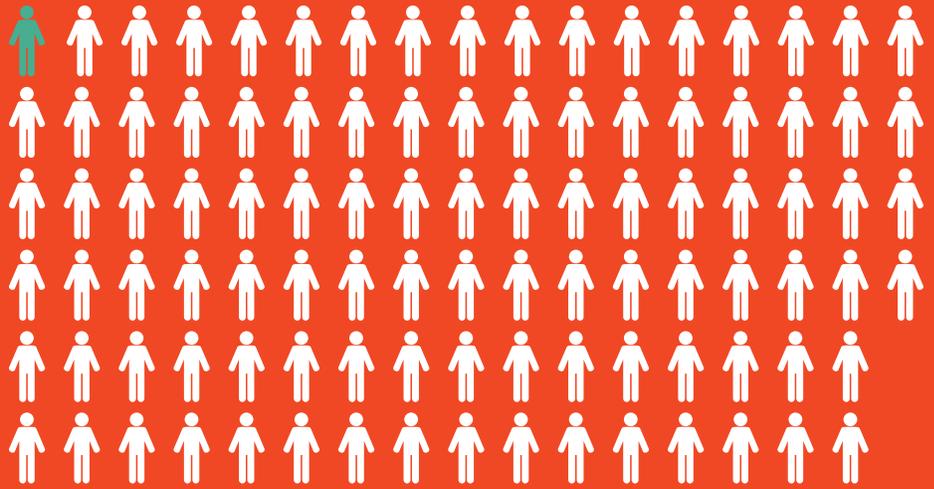


This illness affects



ONE
in
100

individuals globally.



AGE OF ONSET

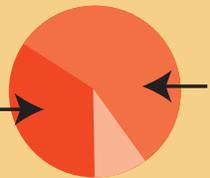
is usually between
16 AND 30
and shows up earlier
in males.



ONE IN TEN
cases start after
the age of

40.

SCHIZOPHRENIA "PRODROME":



90%

of people with schizophrenia
often experience an
earlier "prodromal phase."

● The symptoms include milder symptoms
of schizophrenia.

● About **35%** of patients who have
"prodromal" symptoms will go
on to develop schizophrenia.

● Intervening early in the "prodrome" may prevent
schizophrenia or improve its outcome.



HOW IS SCHIZOPHRENIA DIAGNOSED?

The diagnosis is based on information gathered on symptoms, personal and family history and a physical exam to rule out secondary causes such as medical illness, drugs, and medication effects. People with schizophrenia may not believe they are ill and have little insight into their symptoms and illness.



Neuroimaging is usually **not** necessary to make a diagnosis.



Laboratory tests are usually normal although drug screens may be positive.

The results of the evaluation may lead to a diagnosis of schizophrenia with one of these subtypes:

- **First episode**
- **Multiple episodes**
- **Continuous**
- **Unspecified**



WHAT CAUSES SCHIZOPHRENIA?

A combination of genetic and environmental factors contribute



Schizophrenia runs in **FAMILIES.**

If you have a first degree relative with schizophrenia your risk of developing the illness is

10 TIMES

greater.

Patients with schizophrenia have rare genetic mutations but no single gene has been implicated.



50%

Risk of schizophrenia in **IDENTICAL TWINS.**



ENVIRONMENTAL FACTORS implicated include

- Exposure to malnutrition or certain viruses (influenza, rubella or respiratory) prior to birth
- Obstetric complications or hypoxia during birth
- Social adversity
- Traumatic brain injury in those at genetic risk
- Excessive cannabis use

MYTHS ABOUT SCHIZOPHRENIA:

1. Schizophrenia is a progressive disease in all patients.
2. Most patients with schizophrenia are violent.
3. Recovery is not possible in schizophrenia.
4. Patients with schizophrenia have a “split personality.”
5. Bad parenting can cause schizophrenia.
6. Patients with schizophrenia do not need medications.

50-70%

of patients with schizophrenia do not take the medications as prescribed.



INITIAL TREATMENT:

Most patients will benefit from a combination of medications and psychosocial treatments. Atypical antipsychotics (so called because they are less likely to cause Parkinsonian side effects compared to the older or conventional antipsychotics) are the treatments of choice.

Many patients may need fast-acting adjunctive benzodiazepines, intramuscular agents or hypnotics for the acute control of psychosis.

Patients who do not respond to or develop side effects with one drug can be switched to other antipsychotics. Patients who fail two or more drugs should be considered candidates for clozapine, which is FDA approved for treatment resistant schizophrenia but is very underutilized.

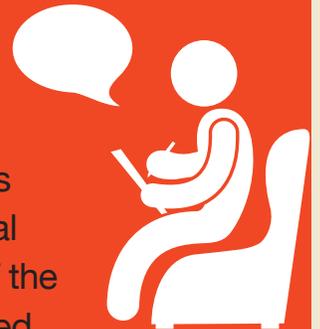
LONG ACTING INJECTABLE

Antipsychotics are given once every 6 weeks and are very helpful to ensure adherence but are extremely underutilized in the US compared to the rest of the world. Some can be administered every 3 months.



LONG TERM TREATMENT

Most patients will need maintenance antipsychotics and adjunctive psychosocial therapies. Often the dose of the antipsychotic can be reduced during the maintenance phase. Only a small minority of patients with good prognosis schizophrenia can be managed without long-term medications.



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For more information on schizophrenia from the world's leading experts visit: www.gmeded.com

Always talk to your doctor about your illness

SOURCES:

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