

What is Schizophrenia

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Schizophrenia: An Illness of the Brain

Schizophrenia is an illness affecting the brain and rooted within the biological functions of the brain cells. It is a very complex illness which is still not completely understood, although it has been studied in detail for over 100 years since it was first described by Dr Emil Krapelin in 1887. It tends to strike most often in late teens and early twenties, slightly earlier in men than in women, although late onset illness can occur as late as the 70s. Schizophrenia before puberty is very rare.

The word schizophrenia literally means a “fragmented mind”. Contrary to popular opinion it does not mean a split personality: this is a separate condition altogether known as dissociative identity disorder and is not related to schizophrenia. A person with schizophrenia does not have several different distinct personalities active in their psyche, a Jekyll and Hyde personality, as many people believe but rather the various parts and functions of their mind are often disconnected and confused.

What Causes Schizophrenia?

The causes of schizophrenia have been the subject of extensive debate for over a hundred years but it is generally accepted by doctors today that it is the result of predisposing genetic or obstetric factors combining with some stress event later in life which triggers the first episode. So if you have relation with the condition or had a difficult birth you will be more likely to suffer from it yourself.

However, over the decades there have been many baseless theories about the causes of schizophrenia which have led us up blind alleys. These theories have often reflected the social thinking and attitudes of the time. For instance the Edwardians were convinced that it was masturbation that caused the condition and for a large part of the 20th century poor parenting was blamed by many psychologists.

How Does Schizophrenia Affect people?

Schizophrenia is described by psychiatrists as a psychotic illness and it exhibits itself in two ways: negative symptoms such as lethargy, apathy and social withdrawal and positive symptoms such as hallucinations and delusions. Either or both may be present in an individual at the same time.

Schizophrenia is a severe condition in which the sufferer may lose touch with reality, become socially withdrawn, be unable to work or study and stop looking after themselves. Their behaviour may become bizarre or sometimes dangerous.

An acute episode of schizophrenia may last weeks or months but the condition is usually disabling over a period of years and in its chronic course may, in a minority of sufferers, last a lifetime. However the majority of sufferers do show a substantial improvement following treatment and will return eventually to a fairly high level of functioning.

Who Gets Schizophrenia?

There is no type of personality prone to schizophrenia, nor does schizophrenia affect one racial or social group more than others. It is a condition that is present in all countries and types of societies in the world and affects all social classes.

Hard facts as to the number of people living with schizophrenia in the UK are hard to come by and range from over 250,000 people to about 400,000 people and whilst the clinical outcomes are generally quite good the social outcomes remain poor. Most people who experience an episode of schizophrenia will return to a high level of functioning following treatment but in the UK very few will work or own their own home.

Treatments for Schizophrenia

Treatment in the NHS is mainly by the use of anti-psychotic medications and talking therapies in combination. Modern anti-psychotics alone are very effective against the positive symptoms such as hallucinations and delusions but much less so against the negative ones such as apathy and withdrawal. Combining talking therapies and anti-psychotic medications gives the best chance of a good recovery. Since 2009 the National Institute of Clinical Excellence (NICE) has recommended that all adults suffering with schizophrenia should be offered both cognitive behavioural therapy and family intervention in addition to medication.

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