

If the episode is severe or they respond slowly, treatment can last for up to two years.<sup>5</sup> People who already have their second-episode require at least two to five years of medication while symptom-free, while patients who have had three or more episodes should be treated for life.<sup>5</sup>

## WHAT HAPPENS IF TREATMENT IS NOT ADHERED TO?

It is very important for people with schizophrenia to take their medication continuously.<sup>10</sup> This is particularly challenging as many lack insight into their illness and frequently relapse.<sup>2</sup>

Approximately 50% of all patients who stop taking their medication will relapse within 6 - 10 months, compared to one-fifth who stay on treatment.<sup>5, 10</sup> Long-term antipsychotic treatment reduces the risk of relapse over several years by two-thirds.<sup>5, 10</sup>

## HOW CAN THE FAMILY HELP?

In order to manage with the diagnosis in the best possible way, it is important to gain an understanding of schizophrenia in terms of:<sup>9, 11</sup>

- The nature of the illness, as well as its course and possible outcomes
- The importance of staying on treatment
- Signs of relapse
- Coping strategies
- Setting of realistic goals

It is also important to make contact with services within your community who can assist you.<sup>9</sup>

## WHERE TO GO FOR HELP

The first step to effective long term treatment is to discuss your symptoms with your general practitioner or a healthcare professional at your local day clinic or hospital.

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**Please Note:** This is an educational information leaflet only and should not be used for diagnosis. For more information on schizophrenia and mental illness, consult your healthcare professional.

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**References:** 1. Harvey PD. What Is the Evidence for Changes in Cognition and Functioning Over the Lifespan in Patients With Schizophrenia? *J Clin Psychiatry* 2014;75(2):34–38 2. Chan SW. Global Perspective of Burden of Family Caregivers for Persons with Schizophrenia. *Archives of Psychiatric Nursing*. 2011;25(5):339–349 3. Gogtay N, Vyas NS, Testa R, Wood SJ, Pantelis C. Age of Onset of Schizophrenia: Perspectives From Structural Neuroimaging Studies. *Schizophrenia Bulletin* 2011;37(3):504–513 4. Carlborg A, Winnerbäck K, Jönsson EG, Jokinen J, Nordström P. Suicide in schizophrenia. *Expert Rev. Neurother.* 2010;10(7):1153–1164. 5. Swingler D. Major Schizophrenia. The South African Society of Psychiatrists (SASOP) Treatment Guidelines for Psychiatric Disorders. *SAJP* 2013;19(3):153-156 6. Schulz SC. Schizophrenia. The Merck Manual. [online] 2013, October. [cited 2014, December 29] Available at [http://www.merckmanuals.com/professional/psychiatric\\_disorders/schizophrenia\\_and\\_related\\_disorders/schizophrenia.html?qt=Schizophrenia&alt=sh](http://www.merckmanuals.com/professional/psychiatric_disorders/schizophrenia_and_related_disorders/schizophrenia.html?qt=Schizophrenia&alt=sh) 7. Rajji TK, Ismail Z, Mulsant. Age at onset and cognition in schizophrenia: meta-analysis. *The British Journal of Psychiatry*.2009;195:286–293 8. Lang FU, Kösters M, Lang S, Becker T, Jäger M. Psychopathological long-term outcome of schizophrenia – a review. *Acta Psychiatr Scand* 2013;127:173–182 9. Stahl SM, Morrissette DA, Citrome L, Saklad SR, Cummings MA, Meyer JM, et al. "Meta-guidelines" for the management of patients with schizophrenia. *CNS Spectrums*. 2013;18:150-162 10. Emsely R, Chiliza B, Asmal L, Harvey H. The nature of relapse in schizophrenia. *BMC Psych* 2013; 13:50 <http://www.biomedcentral.com/1471-244X/13/50> 11. Bäuml J, Froböse T, Kraemer S, Rentrop M, Pitschel-Walz G. Psychoeducation: A Basic Psychotherapeutic Intervention for Patients With Schizophrenia and Their Families. *Schizophrenia Bulletin* 2006;32(S1):S1–S9

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# SCHIZOPHRENIA

## WHAT IS IT?

Schizophrenia is a severe, complex and debilitating mental illness that affects many aspects of everyday functioning, including changes in how people function socially, intellectually and in their day-to-day, real-world activities where changes are often noticed before the first episode of illness. <sup>1,2,3</sup>

For schizophrenia to be diagnosed, there need to be continuous signs of a disturbance for at least six months, which include at least one month where two or more the following symptoms are observed: <sup>4,5</sup>

### POSITIVE SYMPTOMS <sup>4</sup>

Delusions (false beliefs despite evidence which proves these wrong) <sup>6</sup>

Hallucinations (sensory experiences not shared by anyone else. These may be heard, seen, smelled, tasted or felt) <sup>6</sup>

Disorganised speech <sup>4</sup>

Grossly disorganised behaviour (e.g., dressing inappropriately, crying frequently, lack of self-care) <sup>4</sup>

The disorder must cause social and/or occupational dysfunction <sup>5</sup>

### NEGATIVE SYMPTOMS <sup>4</sup>

Lack or decline in emotional response

Lack or decline in speech

## WHO IS AFFECTED?

Schizophrenia affects approximately one in every hundred people, <sup>4</sup> with an estimated 29 million people affected worldwide. <sup>2</sup> It normally occurs in the late teens or early adulthood, and is a life-long disease for most patients. <sup>4</sup>

The incidence of schizophrenia peaks between 10 and 25 years for men and between 25 and 35 for women. Another peak, particularly among women, occurs in mid-life: about 23% of people with schizophrenia experience their first episode after the age of 40. <sup>7</sup>

Men have a 40% higher incidence of schizophrenia than women <sup>4</sup>

### Risk factors include: <sup>4</sup>

- Genetics (a family history of schizophrenia)
- Environmental factors (such as birth complications, prematurity)
- Having an older father
- Infections during pregnancy
- Serious viral infections of the central nervous system during childhood
- A lifetime history of cannabis / marijuana use

## WHAT ARE THE PREDICTORS AND RECOVERY FACTORS?

Schizophrenia is a difficult and challenging disease to treat and generally has a more unfavourable outcome than other disorders. <sup>8</sup>

There are several predictors for poor outcome: <sup>8,9</sup>

- Male
- Injury during pregnancy or birth injury
- Early onset in life
- Severe hallucinations and delusions
- Severe lack of attention
- Inability to express emotion
- Poor functioning before the onset of the illness
- Long length of time that the mental disorder goes untreated
- Unstable emotional environment

## HOW DOES IT IMPACT QUALITY OF LIFE?

An earlier age at onset has been linked to more severe behavioural disturbance as well as greater social disability. <sup>7</sup> Nearly 50% of people with schizophrenia have a substance-abuse-related disorder at some point during their illness. <sup>4</sup>

Schizophrenia has an estimated suicide risk of 4–5%, with the highest risk during the first year after diagnosis. Many of the suicides occur during hospital admission or soon after discharge. <sup>4</sup> The risk of suicide remains over a long period of time. <sup>4</sup>

Schizophrenia disrupts interpersonal relationships and family structures, and has significant direct economic costs to society. <sup>5</sup>

## CAN SCHIZOPHRENIA BE TREATED?

Many people with schizophrenia have a long duration of illness; and characteristically they lack insight into their illness and have frequent readmissions and relapses. <sup>2</sup> Active and early intervention can improve long term outcomes. <sup>5</sup>

While treatment, with the appropriate medication remains the mainstay of therapy, psychosocial interventions are crucial in promoting recovery and improving quality of life. <sup>5</sup>

**People who have their first episode will be on medication for a minimum of one year provided: <sup>5</sup>**

- They are symptom-free
- The episode is mild
- They respond well to treatment.