



SCHIZOPHRENIA

A person with schizophrenia may not have any outward appearance of being ill. In other cases, the illness may be more apparent, causing bizarre behaviors. For example, a person with schizophrenia may wear aluminum foil in the belief that it will stop one's thoughts from being broadcasted and protect against malicious waves entering the brain.

Symptoms and signs

Usually with schizophrenia, the person's inner world and behavior change notably. Behavior changes might include the following:

-Social withdrawal

- Agitation or anxiety
- Depersonalization (intense anxiety and a feeling of being unreal)
- Loss of appetite
- Loss of hygiene
- Delusions
- Hallucinations (for example, hearing things not actually present)
- The sense of being controlled by outside forces

People with schizophrenia vary widely in their behavior as they struggle with an illness beyond their control. In active stages, those affected may ramble in illogical sentences or react with uncontrolled anger or violence to a perceived threat. People with schizophrenia may also experience relatively passive phases of the illness in which they seem to lack personality, movement, and emotion (also called a flat affect). People with schizophrenia may alternate in these extremes. Their behavior may or may not be predictable.

In order to better understand schizophrenia, the concept of clusters of symptoms is often used. Thus, people with schizophrenia can experience symptoms that may be grouped under the following categories:

Positive symptoms: hearing voices, suspiciousness, feeling under constant surveillance, delusions, or making up words without a meaning (neologisms).

Negative (or deficit) symptoms: social withdrawal, difficulty in expressing emotions (in extreme cases called blunted affect), difficulty in taking care of themselves, inability to feel pleasure (These symptoms cause severe impairment and are often mistaken for laziness.)

Cognitive symptoms: difficulties attending to and processing of information, in understanding the environment, and in remembering simple tasks.

Affective (or mood) symptoms: most notably depression, accounting for a very high rate of attempted suicide in people suffering from schizophrenia

Helpful definitions in understanding schizophrenia include the following:

Psychosis: is defined as being out of touch with reality. During this phase, one can experience delusions or prominent hallucinations. People with psychoses are not aware that what they are experiencing or some of the things that they believe are not real. Psychosis is a prominent feature of schizophrenia but is not unique to this illness.

Schizoid: This term is often used to describe a personality disorder characterized by almost complete lack of interest in social relationships and a restricted range of expression of emotions in interpersonal settings, making a person with this disorder appear cold and aloof.

Schizotypal: This term defines a more severe personality disorder characterized by acute discomfort with close relationships as well as disturbances of perception and bizarre behaviors, making people with schizophrenia seem odd and eccentric because of unusual mannerisms.

Hallucinations: A person with schizophrenia may have strong sensations of objects or events that are real only to him or her. These may be in the form of things that they believe strongly that they see, hear, smell, taste, or touch. Hallucinations have no outside source and are sometimes described as "the person's mind playing tricks" on him or her.

Illusion: An illusion is a mistaken perception for which there is an actual external stimulus. For example, a visual illusion might be seeing a shadow and misinterpreting it as a person. The words "illusion" and "hallucination" are sometimes confused with each other.

Delusion: A person with a delusion has a strong belief about something despite evidence that the belief is false. For instance, a person may listen to a radio and believe the radio is giving a coded message



about an impending extraterrestrial invasion. All of the other people who listen to the same radio program would hear, for example, a feature story about road repair work taking place in the area. Symptoms of schizophrenia in children and younger teenagers are less common since this form is not as common as adult-onset schizophrenia. Children with this illness tend to have a more chronic course of symptoms, more cognitive (thinking) problems, more negative symptoms, and more severe social challenges than people with adult-onset schizophrenia.

Types of Schizophrenia

Types of schizophrenia are as follows:

Paranoid-type schizophrenia is characterized by delusions and auditory hallucinations but relatively normal intellectual functioning and expression of affect. The delusions can often be about being persecuted unfairly or being some other person who is famous. People with paranoid-type schizophrenia can exhibit suspiciousness/distrust, anger, aloofness, anxiety, and argumentativeness.

Disorganized-type schizophrenia is characterized by speech and behavior that are disorganized or difficult to understand and flattening or inappropriate emotions. People with disorganized-type schizophrenia may laugh at the changing color of a traffic light or at something not closely related to what they are saying or doing. Their disorganized behavior may disrupt normal activities, such as showering, dressing, and preparing meals.

Catatonic-type schizophrenia is characterized by disturbances of movement. People with catatonic-type schizophrenia may keep themselves completely immobile or move all over the place. They may not say anything for hours, or they may repeat anything you say or do senselessly. Either way, the behavior is putting these people at high risk because it impairs their ability to take care of themselves.

Undifferentiated-type schizophrenia is characterized by some symptoms seen in all of the above types but not enough of any one of them to define it as another particular type of schizophrenia.

Residual-type schizophrenia is characterized by a past history of at least one episode of schizophrenia, but the person currently has no positive symptoms (delusions, hallucinations, disorganized speech or behavior). It may represent a transition between a full-blown episode and complete remission, or it may continue for years without any further psychotic episodes.

When to Seek Medical Care for Schizophrenia

If someone who has been diagnosed with schizophrenia has any behavior change that might indicate treatment is not working, it is best to call the doctor. If the family, friends, or guardians of a person with schizophrenia believe symptoms are worsening, a doctor should be called as well. Do not overlook the possibility of another medical problem being present in addition to the schizophrenia.

- On a general level, anyone with an acute change in mental status (a noticeable change in mood or behavior), whether diagnosed with schizophrenia or not, should be taken to a hospital or a physician for evaluation. The mood or behavior change may indicate a readily treatable medical illness that, if not treated early, can cause permanent physical damage.

- Someone with schizophrenia should be taken to the hospital if medical illness is suspected. People with schizophrenia may or may not be able to communicate their symptoms in the same way as someone who does not have schizophrenia. This situation requires a doctor for diagnosis and treatment.

Moreover, medical illness can aggravate schizophrenia.

Take your loved one with schizophrenia immediately to the hospital and/or call "911" if he or she is in danger of self-harm or harming others. People with schizophrenia are much more likely than the general population to commit suicide.

- A quick way to assess whether someone is suicidal or homicidal is to ask the questions: "Do you want to hurt or kill yourself?" "Do you want to hurt or kill anyone else?" "Are you hearing any voices?" and "What are the voices telling you?" People will usually tell you what is on their mind and should be taken seriously when they verbalize these thoughts.

Many families fear abusing the emergency medical system when these and similar issues arise. However, if you have any doubts, go to the emergency department. Don't worry about whether the visit should be made. If, afterward, the health concern is found not to be an emergency problem, then everyone is relieved. Likewise, if a medical emergency is found, you have made the right decision. The medical professionals can reassure you that you made the right decision in the face of unknown medical questions about someone else's health.

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