About Schizophrenia: The Disease And Treatment Approaches

(NAPSA)—Schizophrenia is a chronic, severe and disabling brain disorder affecting approximately 1.1 percent of American adults, but it can be treated.[1] People living with schizophrenia may experience symptoms such as hallucinations, which include hearing voices or seeing things that are not there. Others may experience delusions, such as believing people are controlling their minds and influencing their thoughts, or making plans to harm them. Many deal with disruptions to normal emotions or behaviors, such as lack of emotions, social withdrawal or disorganized thinking.[2,3] These various symptoms can be devastating and scary to people with the illness, potentially causing them to withdraw or become agitated. It can be equally devastating and scary to the people around them. Schizophrenia not only affects the people living with the disease but also their loved ones, sometimes many years before diagnosis.

One of the most significant aspects of the disease is that it is not easily nor efficiently diagnosed, and the illness may go undiagnosed—and therefore untreated—after the onset of the first symptoms.[4] Approximately half of the people living with schizophrenia do not understand that they have the illness.[5] Further, it can be hard for some people with schizophrenia to understand it is a lifelong disease, requiring adequate, consistent treatment and support.[6]

Schizophrenia has historically been misunderstood in the U.S. People living with schizophrenia tended to reside on the streets or were incarcerated in asylums, jails or prisons prior to 1800. Beginning in the 1900s, people were hospitalized, but the early 20th century brought about various treatments. Specific medications for schizophrenia symptoms were first used in the 1950s. Deinstitutionalization, starting in the 1960s, led to the release of people with stable schizophrenia from state hospitals. However, these individuals continued to suffer with poor health due to the lack of stable living arrangements, misuse of funds, poor medical follow-up and drug use.[7] A more recent understanding of the biological basis and advances in medications has helped to place the disease in a less stigmatized and more treatable light.

If treated continuously and early, schizophrenia may be more manageable.[8] It can be treated in several ways, including antipsychotic medications, which are available in pill or liquid form taken daily. Antipsychotics are also available by injection given once every two weeks or six weeks, or once every month or three months. These long-acting injectable antipsychotics provide patients with medication that remains within the body for an extended period of time.[9] Additional forms of treatment include psychotherapy, such as cognitive behavioral therapy and supportive therapy, as well as self-management strategies and education.

A person's treatment regimen is critical to managing the disease. Individuals with schizophrenia may experience relapses—a worsening of symptoms—following a period of stability.[10] There are potentially significant effects associated with relapse, including evidence to suggest that multiple relapses over an extended period may lower brain functioning. It is important to maintain treatment and follow an established treatment plan.[11,12]

"It is crucial to find a tailored treatment approach for those living with this debilitating disease. Further, everyone's brain responds differently to medications, so it is critical that patients work closely with their physician in order to figure out what works best and is tolerable for them. In many cases, this may involve cycling through different options," explained Andrew Cutler, M.D., Chief Medical Officer of Meridien Research in Bradenton, Florida. "Once a person finds a treatment path that is right for them, they're often able to cope with their symptoms and maximize their functioning."

To learn more about treatment options for schizophrenia, visit: http://www.mentalhealthamerica.net/medication.

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[12] *Lieberman JA et al. (2002). The early stages of schizophrenia: speculations on pathogenesis, pathophysiology, and therapeutic approaches. Biol Psychiatry, 50(11): 884-897*