



Background Information on Schizophrenia

What is Schizophrenia?

- Schizophrenia is a severe and debilitating psychosis in which sufferers appear to lose touch with reality and have trouble distinguishing fantasy from reality, thinking clearly and controlling their emotions. It is usually associated with a disruption in social role and family relationships.
- Schizophrenia is a brain disorder characterized by acute episodes of delusions (false beliefs that cannot be corrected by reason) and hallucinations (usually in the form of non-existent voices) as well as long-term impairments such as diminished emotion, general lack of interest and depressive signs and symptoms.
- Schizophrenia is not synonymous with multiple personality disorder. This disease has an entirely different set of symptoms.

Causes of Schizophrenia

- There is no single cause of schizophrenia. While a common brain mechanism may contribute to the major symptoms, there are likely multiple causes including an imbalance of brain chemicals, presence of a virus during development and birth factors.
- There may be a genetic factor to the disease. The children of a schizophrenic parent have a 10 percent chance of developing schizophrenia. This number increases to 40 percent if both parents have schizophrenia.¹

Prevalence

- Schizophrenia is the most common severe mental illness, affecting one in 100 people worldwide at some point in their life, with an annual incidence of about 15-30 per 100,000.² There are as many as 50 million people with schizophrenia worldwide, more than 33 million of them in developing countries. More than 2 million American adults have schizophrenia, and more than 100,000 new cases are reported each year.
- Although schizophrenia affects both sexes equally, onset in men usually occurs between the ages of 17 and 30, and between the ages of 20 and 40 in women. About 25 percent of patients experience one episode of schizophrenia and recover fully within a few months. Half recover but suffer recurrent episodes throughout their lives. The remaining 25 percent will remain permanently disabled and require constant intensive care and treatment.³

Diagnosis and Symptoms

- A diagnosis of schizophrenia is based on appearance of symptoms, and can be a lengthy and difficult process. According to the DSM-IV diagnostic criteria, symptoms must persist for at least six months.
- The symptoms of schizophrenia vary from person to person and can be difficult to treat. Symptoms are generally divided into positive and negative symptoms, with the negative symptoms believed to be the most difficult to treat:

Positive Symptoms	Negative Symptoms
<ul style="list-style-type: none"> • Delusions (or false beliefs) • Hallucinations (non-existent voices) • Disorganized speech (incoherence) • Grossly disorganized or catatonic behavior 	<ul style="list-style-type: none"> • Diminished emotion • Low motivation and general lack of interest • Reluctance to speak and socially interact • General apathy

Personal, Social and Financial Impact

- The personal impact of schizophrenia can be severe, both socially and financially. The personal tragedy of schizophrenia is devastating, since onset tends to occur in early adulthood, when individuals normally lay the groundwork for life, preparing for a career, family and other life aspirations.
- Schizophrenia is also associated with social stigma, often derived from public misconceptions of what the condition is and the symptoms associated with it. This stigma can exacerbate the symptoms of the disease, causing sufferers to withdraw from the outside world, becoming reclusive. This leads to further social isolation, the inability to work, the loss of education, career opportunities and income, ultimately leading to homelessness in a self-perpetuating downward spiral.
- Many people with schizophrenia experience symptoms of depression, appearing withdrawn and unable to cope with life. In many cases, suicide is viewed as the only solution. The mortality rate for suicide in schizophrenia is approximately 10 percent⁴ and has been estimated at 12 times of that of the general population. The rate of suicide attempts among people with schizophrenia is 40 percent.⁵
- Inpatient treatment is still common, despite the trend toward deinstitutionalization. Many communities are not equipped to provide adequate health care and shelter for patients. Many who suffer from the disease are never able to work and must be cared for and financially supported throughout their lives. Thus, the economic impact of the disease parallels its clinical devastation.

- Schizophrenia is an expensive disease for any health care system to manage. The National Institutes of Mental Health estimates the annual cost of schizophrenia at \$65 billion, including direct treatment, societal and family costs. Nearly 30 percent of the costs associated with schizophrenia include direct health care treatment. The remainder is associated with the lost productivity of patients and caregivers and social services and criminal justice costs.
- Seventy-five percent of direct healthcare costs in western countries are due to inpatient or residential care.⁶ In western countries, these account for between 1.6 and 2.6 percent of total healthcare expenditures.³
- Half of all patients with schizophrenia are readmitted into hospitals during the first year after an initial hospitalization, costing \$2.3 billion in the US. Eighty percent are readmitted within two years, costing an additional \$2 billion.⁷

References:

1. Caldwell CB, Gottesman IL. Schizophrenics kill themselves too: A review of risk factors for suicide. *Schizophrenia Bulletin*, 16;571-589.
2. Murray CL, Lopez AD. *The global burden of disease*. Cambridge, Harvard University Press, 1996.
3. Barbato A. *Schizophrenia and Public Health*. World Health Organization, 1996.
4. Drake RE, Gates C, Whitaker A et al. Suicide among schizophrenics: A Review. *Compr Psychiatry*, 1985; 26:90-100.
5. Grebb JA, Cancro R. Schizophrenia: clinical features, in *Comprehensive Textbook of Psychiatry*, 5th Edition. Edited by Kaplan HI, Sadock BJ, Baltimore MD. Williams & Wilkins, 1989, pp. 757-777.
6. Davies & Drummond. National Advisory Mental Health Council, 1994.
7. Weiden et al. *Schizophrenia Bulletin*, 1995.