Facts you must know: Schizophrenia

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08.09.09
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AN EVIDENCE BASED EDUCATION
EDUCATION
Survival Tools to Succeed!
Education

Provides you and your family the power to understand
It provides the power to accept and conquer mental illness!
It provides the power to cope and succeed with mental illness!
You have the ability to succeed!
Let us show you the tools you need!
Schizophrenia In the Past Meant…
The Past versus the Present
Schizophrenia In the Present Can Mean..
Hope,

Opportunities,

Possibilities,
HE SAW THE WORLD IN A WAY NO ONE COULD HAVE IMAGINED.
John Nash a man diagnosed with schizophrenia
A man who wouldn’t let mental illness stop him
A man who fought to succeed and contributed to society
A man who is not only a success story..
He was a man with a beautiful mind - just like you and your loved ones.
• You can succeed
• You can achieve your goals
• You can survive and have a wonderful life
• Over the last 50 years research has revolutionized the treatment options

• We need to be ready to deal with illness and create wellness. Patients recover as well as any other chronic medical illness - and sometimes even better!
The First Lesson:

There is No One to Blame!!
“It's not your fault”
Lesson Two:
There are several popular myths within society about mental illness.
Be careful and have a scientific approach to understanding mental illness.
Common Myths!
What Does NOT Cause Psychosis or Schizophrenia?
Schizophrenia is NOT caused by domineering, passive, or bad parenting.
Schizophrenia is NOT Caused by various childhood experiences
Schizophrenia is NOT Caused because someone is poor!

Schizophrenia is NOT caused by laziness or a desire to avoid working
Schizophrenia is NOT

Caused because someone is a loner, violent or doesn’t want to have friends
Schizophrenia is NOT Made-up to get attention or sympathy
Schizophrenia is NOT

The same as split personalities
Schizophrenia is NOT Untreatable
Part 2: Understanding psychosis & Schizophrenia
Understanding Psychosis and Schizophrenia
All patients suffering from schizophrenia develop psychosis in the beginning.
All patients suffering from a phase of psychosis do not necessarily develop schizophrenia.
Psychosis can be because of:
1. Several other conditions
2. Or schizophrenia
How Does Psychosis Differ from Schizophrenia?
Many Possibilities

If it’s NOT schizophrenia what are the other possibilities?

Or

Possible causes?
Psychosis

Substance abuse

Mood disorders

Reactive factors

Physical and neurological

Schizophrenia-like psychosis

Schizophrenia
Street drugs
Primary Psychiatric Disorders

Mood disorders
Reactive psychosis
Transient psychosis

Stress

Trauma or abuse
• Conduct or personality disorders
• Certain medications
• Brain disorders
• A neurological or
• Physical Condition
Affective psychosis
• Non-affective psychosis
• Psychotic depression
• Other psychotic disorders
How do they confirm the diagnosis?
• The main difference is the duration of psychosis which has persisted
• A 6 months duration is recommended in the DSM-IV of APA classification
• Sometimes the possibility of schizophrenia can be identified during early phases because of the presence of certain characteristic features
The starting point would be working diagnosis: ‘early psychosis.’ From here you must:

1. Exclude any physical conditions
2. Collect more information
3. Consider other possibilities
• **Diagnosis of schizophrenia is confirmed by**
  • Longitudinal observation
  • Presence of features which are characteristic
  • A set of criteria.
  • All criteria include
    – Positive symptoms
    – Negative symptoms
    – Evidence of decline in social functions
    – Absence of drug or alcohol (ideally)
Psychosis
The term Psychosis is from the Greek ψυχή "psyche" and ὁσις "osis",

“Psyche” means mind or soul
“Osis” means abnormal condition
The Literal Meaning of Psychosis

• Abnormal Condition of the Mind
• Generic Psychiatric Term for a Mental State Often Described as a “Loss of Contact with Reality”
Having symptoms of psychosis does **NOT** mean an individual has schizophrenia!
What is Schizophrenia?
Exact cause is not known

1. However, we know enough information to treat patients

2. It is a Neurobehavioral Disease

3. No one, neither the patients, nor families can be blamed
Schizophrenia is a Chronic and Severe Mental Illness

Schizophrenia

• Schizophrenia affects approximately 1.1% of the population in the United States
• In general, Schizophrenia is relatively common
• Affecting approximately 0.7% of the World's Population (CI 95% 0.3-2.7%)

Source: NIMH
Schizophrenia Often Strikes People Between the Ages of 16-25 Years
Schizophrenia

Often develops in young adulthood and rarely occurs before adolescence

Schizophrenia

Men are more likely to display symptoms earlier in life than women.
Schizophrenia

• Because symptoms often do not become apparent until young adulthood
• The Individual and their family often struggle to understand the seemingly sudden onset of the illness
• There is scientific evidence showing Schizophrenia is a brain disorder
• Schizophrenia is a *Biological Illness!*
Individuals With Schizophrenia Experience Brain Changes

Ventriculomegaly and cortical atrophy
Brain Regions Implicated to be Affected

- Prefrontal cortex
- Temporal cortex
- Thalamus
- Corpus Callosum
Schizophrenia

There are some overlapping symptoms of psychosis
Main Symptoms

Only a small percentage of patients will develop all these symptoms

Positive Symptoms

Affective symptoms

Cognitive symptoms

Negative symptoms
Subtypes

Varieties (Subtypes) of schizophrenia can sometimes depend on the types of symptoms that are predominately present.
Part 3: Symptoms
Main Symptoms

- Positive Symptoms
- Affective Symptoms
- Negative Symptoms
- Cognitive Symptoms
There are changes in:

- Behavior
- Thought
- Concepts
- Emotions
- Judgment
- Volition
Positive and Negative Symptoms
Positive Symptoms

• Unusual thoughts or perceptions
• Hallucinations
• Delusions
• Thought disorder
• Disorders of movement

Individuals with Schizophrenia
Often:
Hear voices that others don’t hear
Individuals with Schizophrenia

Often:

Believe that others are broadcasting their thoughts to the world
Individuals with Schizophrenia

Often:

Become convinced others are plotting to harm them
The Individual can Develop:

Agitation
Hostility
Suspiciousness
Guardedness
Paranoia
Delusions
People experiencing psychosis may report:
• Disorganized thinking
• Unusual or bizarre behavior

• Difficulty with social interaction
• Impairment in activities of daily living
Symptoms

Seeing, hearing, feeling, or perceiving things that are not there (hallucinations)

Unfounded fear/suspicion
Seeing Things that Aren’t There

Hearing Voices
Feeling Paranoid

Or Acting Aggressive

Behaving in Odd Ways
Psychosis is a loss of contact with reality
• Seeing or hearing things that aren't there (hallucinations)
• Usually including false ideas about what is taking place or who one is (delusions)
Hallucinations
Hallucinations
Psycho,c
Experiences
Experiences are frightening and distressing.
Agitation and / or aggression
Suspicious, paranoid
GET PARANOID!
Catatonia
Spending More time Sleeping
Catatonia
Guardedness
Depression
Severe Mood Changes
Increased or Decreased Appetite
Negative Symptoms

There is a loss or a decrease in the ability to:

• Initiate plans
• Speak
• Express emotion, or
• Find pleasure in everyday life

Apathy

• Absence of emotion and / or enthusiasm
• Flat affect (immobile facial expression, monotonous voice)
Lack of Interest

- The individual starts to show little or no interest in anything
- The individual lacks being able to take pleasure in everyday life
- The individual has a diminished ability to initiate and sustain planned activities
Lack of Attention

• The individual has difficulty concentrating and paying attention
Individuals with Schizophrenia

- Neglect basic hygiene and need help with everyday activities
Social Withdrawal

• The Individual withdrawal’s from society
• The individual might appear to be a “loner” isolated from others
• All of these experiences can cause individual’s with schizophrenia to be fearful and withdrawn from others
• Individuals with schizophrenia can have difficulty maintaining relationships
• Negative symptoms are often NOT obvious
• Negative symptoms can create the illusion people with Schizophrenia are lazy, depressed or unwilling to better their lives
Cognitive Symptoms of Schizophrenia

Cognitive symptoms are often detected only when:
Neuropsychological tests are performed

Source: http://www.mayoclinic.com/health/disorganized-schizophrenia/DS00864/DSECTION=symptoms
Cognitive Symptoms of Schizophrenia

The individual has difficulty forming logical and coherent thoughts.

Source: http://www.mayoclinic.com/health/disorganized-schizophrenia/DS00864/DSECTION=symptoms
• The Individual can experience difficulty staying on track during conversations.

Source: http://www.mayoclinic.com/health/disorganized-schizophrenia/DS00864/DSECTION=symptoms
The individual might jump from one thought to another (the next thought is unrelated to the first thought)
The individual’s speech and writing patterns can also be impacted by schizophrenia.

Source: http://www.mayoclinic.com/health/disorganized-schizophrenia/DS00864/DSECTION=symptoms
• Cognitive impairments often interfere with the patient's ability to lead a normal life and earn a living

• Cognitive impairments can cause significant emotional distress

Source: http://www.mayoclinic.com/health/disorganized-schizophrenia/DS00864/DSECTION=symptoms
Cognitive deficits can be difficult to recognize as part of this disorder but are the most disabling symptoms.
Cognitive deficits are the largest barriers for individuals to lead normal lives.
Becoming increasingly withdrawn
Decreased self-care i.e., personal hygiene
Severe mood changes
Can you imagine how terrifying it would be for others to question your reality?

For others to question what you believe to be true?
Can you imagine... how hard it would be to accept your world isn’t real?
What if Someone told you the sky is green and not blue?
• Would you easily accept this might be true?
• Would you argue with others that the sky is actually blue?
• Would you want medications if you believed none of it was true?
Think About How Terrifying it Would Feel!
Anyone would struggle to understand and accept the world they live in might not be real.
Part 4: causes and risk factors
Causes of Psychosis

- Psychosis is a severe mental health condition in which there is a loss of contact with reality
- There are many possible causes
There are Many Possible Causes

- Alcohol and certain drugs
- Brain tumors
- Dementia (including alzheimer's disease)
- Epilepsy
Possible Causes

- Manic depression (bipolar disorder)
- Psychotic depression
- Schizophrenia
- Stroke
Possible Causes

- Certain medications
- Stress
- Abuse and / or trauma
- Conduct or personality disorders
Possible Causes

- Reactive psychosis
- Affective psychosis
- Transient psychosis
- Non-Affective psychosis
When to Contact a Medical Professional

• Call your health care provider or mental health professional if a member of your family acts as though they have lost contact with reality
If there is any concern about safety, immediately take the person to the nearest emergency room to be assessed.
Prevention

• Prevention depends on the cause
• For example:
• avoiding alcohol abuse prevents alcohol-induced psychosis
Recognizing the Signs

Signs which may indicate a gradual decline:
Patients have a 4.9% rate of suicide, which is far greater than the average risk in the United States.
The Most Concerning Symptoms Are:

- Anxiety-depression
- Aggression
- Excitement

- Declining ability for social functions

- Hallucinatory behavior

- Delusions-Thought disorder

- Suicide

- Risk of health: seclusion, self care

- Risk for others: Violence
Early Warning Signs

**Biological:**
- sleep & appetite
- Anxiety and panic

**Psychological:**
- Loss of interest,
- Irritability
- anger
- Depression
- suicidality

**Social**
- Isolation
Risk Factors for Psychosis

Despite so much research, National Institute of Mental Health, USA writes

“Until the aetiology of schizophrenia is established, clear-cut risk factors for development of the disease cannot be identified”
Risk factors for schizophrenia can be grouped *three* categories:

1. Social & Demographic characteristics
2. Factors which make people vulnerable (Predisposing factors)
3. Factors which are directly responsible for the episode (Precipitating factors)

Cooper (1978)
One Way to Understand the Illness is Called ‘Risk-Vulnerability Model’
which means:
1. Some individuals are at higher risk by birth
2. Once they fall into ‘vulnerable situations either socially or psychologically, they develop psychosis

E.g. association between lower social class and schizophrenia in urban areas of developed countries
Risk factors can be classified into:

- Genetic
- Non-genetic or environmental
- For psychosis to appear there needs to be a combination of both factors
- No single factor (genetic or environmental) causes psychosis
Gene-Environment interaction is the best possible explanation scientists are able to offer for psychosis.
Some of the Non-Genetic Factors

- Family environment
- Expressed emotion
- Migration to new culture
- Unmarried individuals
- Birth complications
- Poorer social class

Risk factors do not work in isolation
A possibility has been raised that factors related to environmental conditions in lower social class can play a role in some subgroups of people with schizophrenia, such as:

- Occupational hazards
- Poor maternal and obstetric care or
- High psychosocial stressors
Unmarried Individuals are at Higher Risk

• The risk ratio (i.e. possibility of developing schizophrenia) for unmarried individuals in comparison with their married counterparts is higher (Eaton et al., 1988)
Factors which make people vulnerable: (Predisposing factors)

Genetic factors are most important.

Genetic contribution to liability for schizophrenia has been well established and is estimated to be around 60%

(Kendler and Diehl, 1993),
Perpetuating Factors

• Factors that maintain, or increase the likelihood of ongoing symptoms
How is the illness transmitted from generations...???

(Models of genetic transmission)

• Still remains unclear

• Many genes are involved

What do we inherit?

• NOT the illness but biological conditions to develop the illness
Genetic Factors Only Increase the Chances of Schizophrenia

- Available data suggests that environmental factors play a role
- It's not one-to-one transmission
- Studies of twins show that:
  - Identical (Monozygotic) twins have a rate Less than 50% (NOT 100%)
  - If both parents have schizophrenia - Lifetime risk is only about 45%
Children Only Have an Increased Chance of Developing the Illness

There is no evidence that patients of schizophrenia will have children who will also develop schizophrenia.
Genetics

Only 10% of people with schizophrenia have an affected parent (Gottesman, 1991)
Varieties of Schizophrenia

Given the heterogeneous nature of schizophrenic disorders, it is also possible that both genetic and non-genetic forms of the disorder exist.
Genetic Risk Of Schizophrenia

- General population: 1%
- Second degree Relative: 2.5%
- Parents: 3.8%
- Sibling: 8.7%
- Child, 1 parent: 12%
- Child, 2 parents: 30-40%
- Twin Monozygotic: 40-50%
The role of pregnancy and birth complications

- Less certain because the data is not strong
- Overall evidence suggests that a subgroup of people who later develop schizophrenia will have experienced a greater number of such problems (McNeil, 1995)
- The strength of the association is not impressive
Family Environment
As a Risk Factor

Among the variety of factors or variables such as: Interpersonal, social and cultural, and postulated as precipitating factors. The family environment has the best evidence.
Commonly seen Risk Factors

1. Family history of schizophrenia
2. Other mental health disorders i.e.
   1. Bipolar illness
   2. Substance abuse i.e. alcoholism, using street drugs
Cannabis in one substance which has high risk of schizophrenia

Significant increase of RISK for PSYCHOSIS in frequent abusers

Risk of Psychosis & Cannabis

Theresa et al, Lancet, 2007
How does psychosis develop

- Born with some genetic material
- Drugs (Cannabis)
- Stress factors
Chronic exposure to amphetamine, a dopamine agonist, can result in schizophrenia-like symptoms in some individuals.
Single exposure to phencyclcline (PCP) and other NMDA receptor antagonists (such as ketamine) can result in schizophrenia-like symptoms in some individuals.
Par 5: Role of Families
As a family member, what can I do to help?
1. Keep an open mind and do not go by any past experiences or stories about others that you might have heard
2. Discuss every concern with the treatment team
3. Have faith in the treatment
4. Be a partner in the care
Family members need to know information, treatment details and their roles and responsibilities

It is the responsibility of the treatment team to address these issues
Questions which need to be addressed

• Is it necessary to be hospitalized?
• Can it be done from home?
• How long will the patient remain in the hospital?
• Will the admission in the hospital make things worse because they are cut-off from their surroundings?
• Can they stay as a voluntary patient?
• Why is involuntary admission sometimes necessary?
• How does it affect their life?
• When the patient is hospitalized
• And then after the patient’s discharged
What can be done when some one is uncooperative and is not ready to come into hospital?
• Approach Police
• Approach community mental health organizations
• Approach Justice of the peace
• A Community treatment Order under the Mental Health Act should be considered prior to discharge if a patient is worried they will not follow up with treatment
Mental Health Act for Involuntary Admissions
• There is a very fine balance between:
  – Human rights, individual rights and legal mental illness
  – When an individual demonstrates risk to self, others or impairment of their physical health
Review Boards Help Restore the Patient’s Confidence in their Treatment
What should a Family do?

- Remain involved
- Take responsibility
- Be vigilant
- Watch for non-compliance
- Be available
- Be supportive
- Discuss Openly
- Seek information
Understand and Participate

- Understand the illness
- Understand the person
- Realize that behavior is part of the illness
- Realize that patients are not responsible for many of their actions
- Participate in activities
• Remember this is a medical issue
• There are certain steps that need to be taken to ensure wellness
• It is important to take responsibility for the parts of your health you can control i.e. reducing certain stressors
• Remember this is a medical issue
• There are certain steps that need to be taken to ensure wellness
• It is important to take responsibility for the parts of your health you can control i.e. reducing certain stressors
The First Step

- Coping with the diagnosis-
- It can be hard to accept there is a medical issue
Accepting a diagnosis of schizophrenia can feel devastating and heart-breaking
It’s normal to be sad, angry, and in denial
The Importance of Early Intervention

- Better outcome
- Reduced hospitalizations
- Minimizing complications
- Preventing long-term consequences
- Better rehabilitation
Earlier Intervention Improves the Chances of Recovery!
The First Episode Can Be the Best Episode!
Delivered through a comprehensive case management model
The treatment plan is based on a thorough assessment of the biological and psychosocial needs.
The role of the Case Manager:
Work in partnership with the client and their family
Working towards providing care in community, and avoiding admissions to hospital
Monitoring Medication Compliance
Monitoring Medication Side-Effects

- Provide supportive counseling
- Provide psychoeducation for clients and families
- Connect clients to appropriate community resources
Coping
Two Main Steps

• Learn to deal with this change in your life and try to minimize its impact

• Make sure the patient learns to take care of their self
Taking Care of Yourself
• Don’t hesitate to reach out for help when you feel overwhelmed
  • Stay positive and optimistic
  • Above all, continue to do the things that normally give you pleasure i.e., hobbies, movies, socializing
Taking Care of Yourself

As a Family Member:
- Take care of your own physical and mental health
- Get regular exercise
- Get enough sleep
- Make time for friendships
- Plan respites or vacations from responsibilities
Your responsibility increases when the patient is discharged from the hospital

Wherever your loved one goes- your house or independently
You will remain as a key contact - a key observer and the most important person in the patient's life
How to Care for a Person After Discharge

• Monitor the medication
• Watch for increased or decreases in symptoms
• Watch for any side effects
• Watch for risky situations
• Be on guard about safety
Ask yourself a few questions?

- Is the illness improving as expected?
- Is the daily self care improving?
- Is sleep and appetite maintained?
- Is there any risk to the patient or to others?
How do we Identify the Illness?

- Illness for the first time
- Identifying relapse

- Is there a family history?
- Is there an issue of cannabis-drugs?
- Is behavior changing?
- Is social interaction deteriorating?
- Are there any symptoms?
Common Barriers to treatment
Poor Awareness

Continuous Education
Inability to Identify Symptoms
Stigma

Universal experience
Present at all possible stages of the illness
How to deal with stigma?

- Be free from stigma yourself
- Be proactive
- Identify early
- Deal with discrimination - firmly
- Best answer is – complete treatment
  - Rehabilitation
  - Social integration
Do everything people without schizophrenia do!
What you should be most ‘cautious’ about?
Cautions

**During a severe phase**
- Do not confront
- Do not overprotect
- Discuss with the team
- Complete the treatment
- Observe
- Support
- Refrain from negative emotions

**After recovery from severe phase**
- Check medication compliance
- Deal with substance abuse
- Help with coping
- Keep a record of events
- Watch for side effects
- Remember early warning signs
- Participate in follow up
Part 6: Management

Because the causes of schizophrenia are still unknown, current treatments focus on eliminating the symptoms of the disease.
A successful individual typically sets his next goal somewhat but not too much above his last achievement. In this way he steadily raises his level of aspiration.

Kurt Lewin

Goal: Return to social integration Back –to-life
Management
Every therapy under the sun has been tried
Psychosis does not happen in isolation. Several other ‘problems’ complicate it. May be difficult to figure out the extent of problem initially.
• **Possible Complications**

• Psychosis can prevent people from functioning normally and caring for themselves

• If the condition is left untreated, people can harm themselves or others
Prognosis

• How well a person will do depends on the specific disorder
• Long-term treatment can control many of the symptoms
Exams and Tests

- Psychological evaluation and testing
- Laboratory and x-ray testing may not be needed, but sometimes can help
- Drug screens
- MRI of the brain
- Tests for syphilis
Treatment
Treatment depends on the cause of the psychosis
Successful Treatment Options
The correct treatment is scientific & evidence based.
Treatment plan is based on a thorough assessment of the biological and psychosocial needs.
## Care plan

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<th>Therapy</th>
<th>Immediate</th>
<th>Short term</th>
<th>Long term</th>
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Family companionship
Treatments

- Early
- Combination
- Comprehensive
- Continuous
- Multidisciplinary

Medication

Psychotherapy, CBT

Social therapies

Family therapy

Case management

Psychoeducation

Medication

Psychotherapy, CBT

Social therapies

Family therapy

Case management

Psychoeducation
Resources Needed:
Hospital
Patients
Families
Professionals
Community support
We don’t need one thing... we need all of these things!

• Medication
• Nursing support
• Case management
• Social support
• Occupational therapy
• Recreational therapy
We don’t need one thing... we need all of these things!

- Cognitive remediation
- Rehabilitation
- Spiritual therapy
We don’t need one thing… we need all of these things!

- Psychotherapy
- Group psychotherapy
- Psycho education
We don’t need one thing... we need all of these things!

- Marital and sexual counseling
- Monitoring of side effects,
- Weight management
- Support from dietician
- Regular blood monitoring for lipids and diabetes
- Legal support
We don’t need one thing... we need all of these

• Housing and placement
• Financial support
• Availability of medication
• Crisis services
• Day care services
• Physical health assessment
Special Programs

• Depression group
• Anger management
• Health living
• Employment support
Medications

• All drugs with established anti-psychotic effects decrease dopamine neurotransmission, but anti-psychotic drugs are not effective for all schizophrenia symptoms.

Kapur S, Remington G. Dopamine D(2) receptors and their role in atypical antipsychotic action: still necessary and may even be sufficient. Biol Psychiatry. 2001 Dec 1; 50(11):873-83.

• Among available agents, the atypical antipsychotic clozapine is the most effective for most patients, however it carries unique risks for some individuals.
• No antipsychotic medication should be discontinued without talking to the doctor who prescribed it, and it should always be tapered off under a doctor's supervision rather than being stopped all at once
• Antipsychotic medications have been available since the mid-1950s
• They effectively alleviate the positive symptoms of schizophrenia
• While these drugs have greatly improved the lives of many patients, they do not cure schizophrenia
• Everyone responds differently to antipsychotic medication
• Sometimes several different drugs must be tried before the right one is found
• People with schizophrenia should work in partnership with their doctors to find the medications that control their symptoms best with the fewest side effects
The older antipsychotic medications include chlorpromazine (Thorazine®), haloperidol (Haldol®), perphenazine (Etrafon®, Trilafon®), and fluphenazine (Prolixin®).

The older medications can cause extrapyramidal side effects, such as rigidity, persistent muscle spasms, tremors, and restlessness.
• in the 1990s, new drugs, called atypical antipsychotics, were developed that rarely produced these side effects

• The first of these new drugs was clozapine (Clozaril®)
Some of the drugs that were developed after clozapine was introduced

- such as risperidone (Risperdal®),
- olanzapine (Zyprexa®),
- quetiapine (Seroquel®),
- sertindole (Serdolect®), and
- ziprasidone (Geodon®)—are effective and rarely produce extrapyramidal symptoms and do not cause agranulocytosis
• Medications can cause weight gain and metabolic changes associated with an increased risk of diabetes and high cholesterol
• People respond individually to antipsychotic medications, although agitation and hallucinations usually improve within days and delusions usually improve within a few weeks.

• Many people see substantial improvement in both types of symptoms by the sixth week of treatment.
No one can tell beforehand exactly how a medication will affect a particular individual, and sometimes several medications must be tried before the right one is found.
When people first start to take atypical antipsychotics, they may become drowsy; experience dizziness when they change positions; have blurred vision; or develop a rapid heartbeat, menstrual problems, a sensitivity to the sun, or skin rashes.
• Many of these symptoms will go away after the first days of treatment, but people who are taking atypical antipsychotics should not drive until they adjust to their new medication.

• If people with schizophrenia become depressed, it may be necessary to add an antidepressant to their drug regime.
Length of Treatment.

- Like diabetes or high blood pressure, schizophrenia is a chronic disorder that needs constant management.
- At the moment, it cannot be cured, but the rate of recurrence of psychotic episodes can be decreased significantly by staying on medication.
• Although responses vary from person to person, most people with schizophrenia need to take some type of medication for the rest of their lives as well as use other approaches, such as supportive therapy or rehabilitation.
Relapses occur most often when people with schizophrenia stop taking their antipsychotic medication because they feel better, or only take it occasionally because they forget or don't think taking it regularly is important.
• It is very important for people with schizophrenia to take their medication on a regular basis and for as long as their doctors recommend.
• If they do so, they will experience fewer psychotic symptoms.
Medication Options

Antipsychotics

First Generation; haloperidol

- Risperidone
- Olanzapine
- Quetiapine, XR

Clozapine

- Ziprasidone
- Aripiprazole
- Paliperidone
Oral ➔ Twice a day ➔ Once a day

Once a month ➔ Long Acting depot ➔ Injectables
Common Side Effects

- Sedation
- Shakes and tremors
- Weight gain
- Diabetes
- Increased lipids
- Nausea, vomiting, dizziness, giddiness,
Medication Compliance
Does Someone Have to Take Medications for the Rest of Their Lives?
How long does the doctor prescribe medications?
After the first episode: Medication is usually prescribed for 2 years
After the second episode: Medication is usually prescribed for 3-5 years.
After the third episode: Medication is usually prescribed for 5-10 years or more.

Difficult to stop medication in Multiple episode psychosis.
Most people recover and get rehabilitated back into society.
Part 7: Relapse Prevention
Coping with Relapse

Symptoms suddenly worsening to the point where the individual cannot function is not uncommon and can’t always be prevented.

There are however ways to reduce and minimize the frequency of relapses.
Why Do Patients Relapse?

- **NO Relapse in 2 Years**
- **Relapse**

- 82% No of Early Psychosis cases
- 85% Stop medication

- 85%
- 84%
- 83%
- 82%
- 81%
- 80%
Determinants of Relapse

- Poor Monitoring
- Life events & psychosocial stress
- Inadequate Treatment
- Nature of illness itself
- Poor Adherence
- Delayed crisis management

Relapse
Most common cause of relapse is Stopping medication

- Discouragement, depression or stress
- Alcohol and/or other drug abuse
- Does not adhere to the prescribed medication regime
- Complexity of medication schedules
- Does not take medication regularly
- Medications failing to work as they once did
- Stress

Does not take medication regularly

Discourage ment, depression or stress

Alcohol and/or other drug abuse

Does not adhere to the prescribed medication regime

Complexity of medication schedules

Medications failing to work as they once did

Stress
All Patients Feel...

* ‘I don’t need my medication anymore’*
* “Medications feel like they harm my brain”*
* “I am ok now, my symptoms are gone”*
* Patients stop medication and play trial and error with their health*

You Can’t Make these Decisions Alone
Don’t Try to Be Your Own Doctor!

• It is important NEVER to stop taking medications without the advise of a medical professional

• There can be health consequences by going off medications abruptly
• It’s okay to talk to your doctor about your concerns and to admit you’re unsure if you want to take medications
• Let the doctor help you make this decision – don’t try to taper yourself off or change medication doses yourself
Know the Signs
Recognize Relapse
Early Warning Signs

**Biological**
- Sleep and appetite
- Anxiety and panic

**Psychological**
- Loss of interest
- Irritability
- Anger
- Depression
- Suicidality

**Social**
- Isolation
- Disconnecting from friends
Perpetuating Factors

• Factors that maintain, or increase the likelihood of ongoing symptoms
Less risk factors = better outcomes

- There are many overlapping concerns that are similar to the risk factors previously discussed
- This overlapping effect shows the importance of reducing risk factors
Examples of Perpetuating Factors

- Ongoing substance abuse issues
- Ongoing medical issues
- Ongoing employment concerns
- Ongoing family problems
Examples of Perpetuating Factors

- Ongoing relationship difficulties
- Ongoing exposure to poverty
- Ongoing homelessness
- Ongoing mental illnesses
Perpetuating Factors

- Ongoing life changes
- Ongoing loses
- Ongoing limited access to medical services
- Ongoing limited community supports
worrying about financial concerns
Or having difficulty balancing the demands of everyday life
Balancing Mental Health is Not a “To-Do” Item

• Many individual’s and their families forget this is a medical issue
• Managing mental illness cannot be forgotten in the busy shuffle of daily living
• It is important to ensure you are taking care of your mental health each and every day
Other triggers include:

- Stress
- Medications not being as effective as they once were
- Not taking medication regularly
- Not being able to afford medications
- Alcohol and/or other drug abuse
- Feeling discouragement, or depressed about psychosocial risk factors
• To reduce the risk of relapsing you must educate and take care of yourself!
Maximizing Outcome and Preventing Relapse: The Necessary Steps

- Early Discharge with high quality care plan
- Specific Suicide prevention program & strict monitoring for risk
- Hospitalization
- Noncompliance
- Work on acceptability and attitude
- Family education and family therapy
- Suicide attempt & mortality
- Negative EE
- Early detection and optimizing treatment
- Symptom recurrence
- Early Discharge with high quality care plan
Increased poor compliance
More disability
More relapses
Poor insight
medication

Support & Monitoring
Intensive patient and family education, monitor acceptability
Intensive psychosocial intervention
Early Intervention, Hospitalization and discharge

Optimize Antipsychotic and Cognitive enhancers
You Can Have A Great and Happy Life!
You are not alone