

# PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group

Tel: +27 11 262 6396 Fax: +27 11 262 6350 E-mail: zane1@hargray.com website: www.sadag.co.za

## Schizophrenia – it's not split personalities!

by Lisa Selwood

Schizophrenia is a disease that affects a person's thought patterns, their emotions and their mood as a result of various changes in behaviour. Generally, these changes can distort their perception of the world, and modify their thinking, behaviour and feelings.

Approximately 1% of the population has schizophrenia, which means there are 500 000 people in South Africa living with the disorder at any given time. One of these people, Brad\*(25), refers to his schizophrenia as 'a cancer of the soul'. The fact that it is often associated with violence and aggression, due to inaccurate portrayal in the media, often prevents people from seeking treatment. Brad says living with schizophrenia is like 'a bad drug trip which never ends'.

Schizophrenia is NOT split or multiple personalities and people with schizophrenia are not violent and aggressive, and do not need to be locked away from society. The earlier schizophrenia is diagnosed and treated, the better the prognosis and, as with any other health condition, most people with schizophrenia can live happy, balanced and productive lives.

Mental health experts do not know the exact cause of schizophrenia, but agree that it is most likely due to a combination of factors. The most significant contributing factor, as with most other mental illnesses, is a genetic predisposition. If you have a parent with schizophrenia, you would have a 6% risk of developing the illness, whereas if you have a sibling with schizophrenia you would have a 9% chance, and an identical twin, you would have a 48% chance. This is compared to the 1% chance that the general population has of developing schizophrenia.

Factors occurring during pregnancy can also render an individual susceptible to developing schizophrenia at a later stage in their lives. These may include exposure to infection (including sexually transmitted diseases), maternal stress and use of alcohol and other substances during pregnancy.

Uses of drugs such as cannabis and LSD have been known to trigger a psychotic episode in people who are vulnerable to developing schizophrenia. Cannabis is often used by people in their teens and early 20s, which is a time when the brain is still developing and hence is still vulnerable to developing illnesses.

The symptoms of schizophrenia are divided into five symptom clusters. Positive symptoms include delusions and auditory or visual hallucinations. These are symptoms that are 'added' to an individual's life, which people without schizophrenia don't have. These auditory hallucinations often instruct sufferers to do things, as Brad will tell you: "The voices would tell me that people wanted to hurt me, to kill me. I became paranoid of everyone around me, convinced they wanted to harm me in some way. I didn't trust anyone. I didn't want to see a psychiatrist or a psychologist because I thought they would give me medicine that would kill my brain because I knew too much."

Negative symptoms include social withdrawal or isolation, depression and a lack of interest in daily activities. These symptoms are termed negative symptoms because they include behaviours that are 'missing' or absent from a person's life, which someone without schizophrenia would usually have.

Affective symptoms include a loss of sleep, a loss of appetite, a loss of concentration and thoughts of death or suicide.

Disorganized symptoms include irrational behaviour or irrational thinking, where a person's thoughts jump from one concept to another, and do not flow logically.

Cognitive symptoms are those which affect the brain processes, such as attention, memory and processing speed, so a person may appear slow in putting sentences together or responding in a conversation.

Schizophrenia affects males to females in a 1.4:1 ratio, and the pattern of onset is usually such that males have their first psychotic episode in their late teens to early 20s, while females typically have their first episode in their late 20s.

Schizophrenia can be divided into three major phases: a prodromal phase, an active phase, and a residual phase. The prodromal

### CAUSES OF SCHIZOPHRENIA

- Genes
- Prenatal factors
- Environmental stressors
- Abuse of dopaminergic drugs



# **PATIENTS AS PARTNERS**

Brought to you by The South African Depression and Anxiety Group

Tel: +27 11 262 6396 Fax: +27 11 262 6350 E-mail: zane1@hargray.com website: www.sadag.co.za

phase may last weeks or months; it is very specific to each individual. Symptoms that may occur during this phase include a general loss of interest in everyday activities or social interactions, odd beliefs or superstitions and odd behaviour. It's usually not enough to warrant medical attention but when friends and family look back on this phase of the illness, they will comment that the individual 'wasn't themselves'.

The active phase of the illness is when the individual experiences psychosis and this is when they are likely to go to the emergency room or the doctor for treatment. Signs and symptoms that may occur in this phase include hallucinations, delusions, distress, anxiety and fear. This phase is treated with antipsychotic medication. Finally, the residual phase of the illness is when

negative symptoms begin to appear, and social and cognitive deficits are also experienced. It is important to note that if the active phase is treated and the person stays on medication, the residual phase may be absent, and there will be an excellent prognosis.

The South African Depression and Anxiety Group (SADAG) receives many calls from people just like Brad on its toll free helpline – 0800 20 50 26 – open from 8am to 8pm 365 days a year. The first step to treatment for schizophrenia would be referral to a psychiatrist, who would then prescribe medication, and possibly refer for psychological therapy. Compliance with medication is essential and people with schizophrenia need to realize that in order to prevent relapse, they need to be vigilant about taking their medication daily or going for their injections timeously (every two to four weeks). Relapse in schizophrenia is problematic because after each relapse, regaining the previous level of functionality is more difficult, the illness may become more resistant to treatment and stronger medications are then needed and recovery is slower and less complete.

The medication may have unwanted side effects, which may be worse in the beginning of treatment, such as a dry mouth, nausea, dizziness or weight gain. These should be discussed with your doctor, but never stop taking the medicine or decrease the dose on your own.

Being diagnosed with schizophrenia can be overwhelming. Talking to a psychologist or a social worker may help with these feelings. Once your symptoms are under control, you could consider joining a support group – having people who know what you're going through can be a great support. Another great way to help your self is to read autobiographies – see what other people have been through and how they have coped.

Brad has been stabilised on his medication for over a year and a half now. His advice for people in a similar situation is to avoid alcohol and any illicit substances because they don't mix well with medication. "I also check any over the counter medicine I have to take with a pharmacist. I try and keep all stressful situations in check and make sure I see my psychiatrist every six months, even if I feel fine."

**For the contact details of a psychiatrist, psychologist, social worker and support group in your area, call SADAG on 0800 20 50 26.**

## **SYMPTOMS**

Positive

Negative

Affective

Disorganized

Cognitive

## **IMPORTANT NUMBERS TO REMEMBER**

**Suicide Crisis Line: 0800 567 567 or SMS 31393**

**Pharmadynamics Police and Trauma Line: 0800 20 50 26**

**AstraZeneca Bipolar Line: 0800 70 80 90**

**Sanofi Aventis Sleep Line: 0800-SLEEPY (0800 753 379)**

**Dept. of Social Development Substance Abuse Line: 0800 12 13 14 or SMS 32312**

**Dr Reddy's Helpline: 0800 21 22 23**

**Office Lines: 011 262 6396**

**Website: www.sadag.co.za**



# PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group

Tel: +27 11 262 6396 Fax: +27 11 262 6350 E-mail: zane1@hargray.com website: www.sadag.co.za

## SABDA: working to improve the quality of life for others

When tragedy strikes, what often makes life bearable for those concerned is the empathic support and responses of friends and family. The role of the Schizophrenia & Bipolar Disorders Alliance (SABDA), is to assume such responsibility, offering help, extending comfort and providing important solace and support for those afflicted with the illness, as well as to those who care for individuals with Schizophrenia and/or Bipolar Disorder, which are both severe and enduring mental illnesses requiring ongoing management by mental health care practitioners.

Established in 1991 as a support group, SABDA provides survival strategies for consumers and families of mental health users, recognising their needs as both worthy and compelling. SABDA strives to deliver quality outpatient services in a manner that advocates continuity of care, which in turn fosters meeting the needs of those concerned. Providing the client with consistent resources through various support interventions is fundamental to SABDA's mission.

The SABDA Centre is located at Tara Hospital, Saxon Road, Sandton in the greater Johannesburg area of Gauteng Province, South Africa. The NGO holds monthly meetings on the last Thursday of each month, commencing at 18:00. Guest speakers include leading practitioners within the mental health domain.

### SABDA aims to provide:

- Survival strategies for consumers and families.
- Facilitation in developing the right attitude in order to survive Schizophrenia and Bipolar Disorder.
- Education about the illness in order to gain perspective.
- Psychosocial groups, which develop skills through various tasks and activities that are shared with mental health users.
- Friendships through counselling and supportive interactions.
- Residential group homes that provide residents with an assisted living and community oriented environment, with patients exercising a wide range of responsibility.
- Ongoing collaboration with various service providers and stakeholders in order to improve these services for individuals with serious mental illnesses.
- Education for the public.
- Advocacy in decreasing stigma.
- Minimising relapses.

### Did You Know?

For those at risk for Schizophrenia, the five characteristics that most sharply increased the likelihood of actually developing the disorder were:

1. Having a genetic risk
2. Showing a recent deterioration in functioning, such as withdrawing socially or a drop in grades
3. Having a higher level of unusual thought content
4. Displaying high levels of suspiciousness and paranoia
5. Having greater social impairment and a history of substance abuse

**Source:** Canon et al. (2008).

### Did You Know?

Michelangelo, Van Gogh, Tchaikovsky, F. Scott Fitzgerald, Ernest Hemingway and Walt Whitman all experienced mood disorders. It remains unknown why an association between artists and mood disorders occurs, although it should be noted that most people with mood disorders are not especially creative. Perhaps the elevated energy, expansiveness and uninhibited mood may contribute to productivity and novel ideas.

**Source:** Sue et al. (2010).

**For further information, contact Beryl Allen on 083 441 5087 or Carolynn Masia on 083 616 0583.**

### References:

- Fuller Torrey, E. *Surviving Schizophrenia*. New York: Harper Collins, (1983).
- David Sue et al. *Understanding Abnormal Behavior*. Boston: Wadsworth, (2010).