

Schizophrenia

This leaflet explains...

What schizophrenia is, its symptoms, prognosis, possible outcomes and implications for the person and their families.

Securing families for Suffolk children



SUFFOLK ADOPTION AGENCY

What is schizophrenia?

- Relatively common psychotic disorder (severe mental illness), lifetime prevalence 1% i.e. affects 1 in 100 people at some point in their lives.
- Acute and chronic forms with various presentations and variable, often relapsing, long term course.
- Onset usually before the age of 30. Rarely starts in childhood (less than 5% before 16 years)

Causation:

Evidence for genetic causation growing stronger, it may follow the male or female line.

10% of a patient's first degree relatives (parents, siblings, children) affected.

50% of children have two schizophrenic parents.

5% of grandchildren of schizophrenic grandparents – importance of accurate diagnosis.

Environmental factors are important – if one of identical twins has schizophrenia there is only a 50% risk that the other twin will be affected. Models suggest that 20-30% of variance in liability may be attributed to **non-genetic factors**.

Birth Factors: appears to increase risk in children with genetic vulnerability.
(Importance of well functioning homes)

Stressful life events may precipitate onset or hasten relapse of schizophrenia.

Birth complications or adverse psychosocial circumstances in childhood may interact with genetic vulnerability to increase the risk of psychosis.

Symptoms:

Common symptoms are delusions, hallucinations and disordered thinking.

- Delusions: e.g. the sufferer may think that he holds some important position and that other people are jealous and are attempting to injure him in some way.
 - that his thoughts are being transmitted to other people.
 - that thoughts are being taken out of his head
 - that some of his thoughts have been implanted by an outside agency or that his actions are being controlled by the outside agency

- Disorders of thought – lack of logical connection between ideas, speech may be vague. There may be rapid meaningless talk.
- Hallucinations – hearing, smell, vision, tactile
- Loss of personal abilities – loss of interest in others, initiative, sense of enjoyment
- Paranoid symptoms

Symptoms in childhood may be similar to normal adolescence

- deterioration of personality

- social withdrawal

- lack of emotional response

- deterioration of school work

Prognosis:

Prognosis depends on presentation, response to treatment, quality of aftercare.

Early and continued medication is important. Drug treatment can reduce the severity of symptoms and length of attacks.

Better outcomes – acute onset over weeks, supportive family, personal intelligence and insight, later onset (over 25), good response to low doses of drugs.

Early treatment of psychosis has been shown to improve prognosis.

Relapses may be triggered by difficult life events or a demanding, highly critical environment and are less likely in a supportive, calm environment.

Outcome:

- Best 30% independent, working full-time and raising families
- About half live relatively independent lives with varying levels of support on continuing medication
- Up to 20% long-term highly dependent, structured care.

(Injuries and killings make headlines but are very rare)

Any children with significant medical needs will be discussed with prospective carers.

Some of the above information was taken from BMJ Vol. 315 July 1997 Clinical Review on Schizophrenia by Trevor Turner

Further help and information may be obtained from:

The National Schizophrenia Fellowship
28 Castle Street
Kingston-Upon-Thames
Surrey KT1 1SS
Telephone 020 8547 3937
Helpline 10-3 Mon-Fri 020 8547 3862

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