

Schizophrenia and Other Psychotic Disorders

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The diagnosis of mental health disorders involves an evaluation or assessment of the individual's

symptoms and the episodes of the symptoms. Symptoms are usually self-reported, behavior reported by relatives and others, and may include feeling sad, hopeless, useless, angry, and lonely. Screening tools are often used to help identify these symptoms. Episodes usually refer to the duration, intensity and occurrence of the period of symptoms. Terms commonly associated with episodes are single, recurring, mild, moderate and acute.

Schizophrenia is a serious disorder which affects how a person thinks, feels and acts. Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary; may be unresponsive or withdrawn; and may have difficulty expressing normal emotions in social situations.

Schizophrenia affects about 1% of the world population. In the United States one in a hundred people, about 2.5 million, have this disease. It knows no racial, cultural or economic boundaries. Symptoms usually appear between the ages of 13 and 25, but often appear earlier in males than females.

People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can

terrify people with the illness and make them withdrawn or extremely agitated.

People with schizophrenia may not make sense when they talk. They may sit for hours without moving or talking. Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking.

Families and society are affected by schizophrenia too. Many people with schizophrenia have difficulty holding a job or caring for themselves, so they rely on others for help.

Treatment helps relieve many symptoms of schizophrenia, but most people who have the disorder cope with symptoms throughout their lives. However, many people with schizophrenia can lead rewarding and meaningful lives in their communities. Researchers are developing more effective medications and using new research tools to understand the causes of schizophrenia. In the years to come, this work may help prevent and better treat the illness.

Schizophreniform disorder is a less serious version of schizophrenia (it need not have interfered with social or occupational functioning, although it may have) that need not have lasted long enough to be classified as schizophrenia. If a person showed symptoms identical to those of schizophrenia for at least 1 month, but recovered within less than 6 months, this diagnosis is given. If the person has presently had the symptoms of schizophrenia for less than 6 months, the diagnosis is also justified, but should be changed to schizophrenia if recovery is not noted within 6 months (www.healthinmind.com/english/schizofom.htm).

Schizoaffective disorder is a condition in which a person experiences a combination of schizophrenia symptoms — such as

hallucinations or delusions — and of mood disorder symptoms, such as mania or depression. Psychotic features and mood disturbances may occur at the same time or may appear on and off interchangeably. The course of the schizoaffective disorder usually features cycles of severe symptoms followed by an improved outlook. To establish a diagnosis, a person must have demonstrated, at some point, delusions or hallucinations for at least two weeks without evidence of mood disorder symptoms (www.mayoclinic.com/helath/schizoaffective-disorder/DS00866).

Delusional disorder is a psychiatric condition in which a person has non-bizarre delusions. A delusion is a firmly held belief about something which is not based in reality. The person continues to hold the belief despite evidence or proof to the contrary, and even though no one else has that belief. Non-bizarre delusions involve things which could actually happen, such as having a serious illness, or being followed by FBI agents (www.schizophrenic.com/content/schizophrenia-related/delusional-disorder).

Brief psychotic disorder is a short-term, time-limited disorder. An individual with brief psychotic disorder has experienced at least one of the major symptoms of psychosis for less than one month. Hallucinations, delusions, strange bodily movements or lack of movements (catatonic behavior), peculiar speech and bizarre or markedly inappropriate behavior are all classic psychotic symptoms that may occur in brief psychotic disorder (www.healthline.com/galecontent/brief-psychotic-disorder).

Today's column resumes the educational series on mental health disorders and is focused on the third of four categories of mental health disorders — Schizophrenia and Psychotic Disorders. Although I did not

cover all the mental health disorders in this category, the disorders discussed above are a representative sample of this category and are present in Lebanon County. In addition to the references used above, I also used information available through the National Mental Health America (www.mha.org) and the National Institute of Mental Health (www.nimh.nih.gov/health/topics/index.shtml) websites. My next column will focus on Personality Disorders.

I would like to remind you to help the Mental Health Association in providing personal care items and other gifts to those individuals with mental illness living in Lebanon County's personal care homes and those individuals hospitalized at Wernersville State Hospital. We will be accepting donations through December 20th. Please contact the MHA office at 273-5781 for more information.

On behalf of the MHA and our Board of Directors I wish you and your family a happy and joyous holiday season.

By Shem Heller, Executive Director of the Mental Health Association of Lebanon County