

Schizophrenia Is a Complex, Long-term Medical Illness for Which Ongoing Treatment Is Recommended

Schizophrenia is a highly heterogeneous disease that affects ~1.1% of the US population, characterized by episodes of psychosis and periods of remission

Early Phase

Onset of Disease

Diagnosis typically occurs during late adolescence to early 20s in males and early 20s to early 30s in females

Similar lifetime prevalence between men and women



More severe negative symptoms

Prominent affective symptoms (depression, anxiety)

More cognitive impairment

Milder early-course illness severity

Worse social functioning

Better social functioning

Higher rates of comorbid substance use disorders

Lower relapse rates

- Initial diagnosis and treatment may be delayed due to:
 - Overlooked or misinterpreted signs and symptoms
 - Lack of awareness or stigmatization

Positive (psychotic)



- Hallucination
- Paranoia
- Exaggerated or distorted perceptions, beliefs and behaviors

Negative (deficit)



- Impaired emotional expression
- Decreased speech
- Reduced desire for social contact
- Reduced motivation to pursue purposeful activities
- Decreased experience of pleasure

General Psychopathology



- Confused and disordered thinking and speech
- Difficulty with logical thinking
- Bizarre behavior or abnormal movements

Symptoms*

*Symptoms included are representative and not a complete list
Click here for additional information on the Positive and Negative Syndrome Scale (PANSS)

Acute Phase

Active or Exacerbated Disease

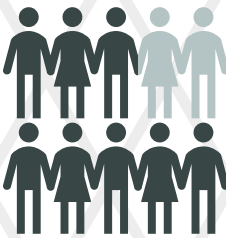
- Initial intervention may involve care from a psychiatrist, a psychologist, a social worker, a case manager, and family
- Initial treatment usually includes a combination of medication, therapy, management strategies, and disease education
- Treatment may need to be adjusted and tailored to the individual
- Poor treatment adherence is associated with poor outcomes:
 - Increased risk of relapse
 - Rehospitalization
 - Suicidal and aggressive behaviors
 - Mortality

Probability of relapse within 1 year

~80%

vs

~30%



for those who Stop taking medication



for those who Continue on medication



Long-term Phase

Maintenance Treatment

- Patients need ongoing support
- Maintaining treatment after symptoms have improved is associated with a reduced risk of relapse
- Patients may have a shortened life span because of:
 - Accidents and traumatic injuries
 - Comorbid conditions
 - Death due to suicide in ~4-10%

Medications may cause side effects that need to be considered/managed, some of which may include:



Weight gain



Cardiovascular
e.g., hyperlipidemia, tachycardia



Movement disorders



Constipation



Sedation



Endocrine
e.g., diabetes mellitus, hyperprolactinemia

Relapse

- Frequent relapses reflect worsening symptoms and may contribute to:
 - Neurobiological impairment
 - Functional deficits and declining social functioning
 - Reduced treatment responsiveness
- Frequent relapses may trigger:
 - Treatment non-adherence
 - Increased risk of self-injurious behavior
 - Recurrent psychiatric hospitalization
 - Job loss or legal complications

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