

Fact Sheet on Schizophrenia

What Is Schizophrenia?

Schizophrenia is a serious mental illness (SMI) and brain disease that is characterized by psychotic episodes (i.e., delusions, hallucinations, disorganized speech and behavior).

Schizophrenia typically starts in early adulthood. It is defined as a chronic psychiatric syndrome that impacts thinking, functioning, and emotions. The illness also leads to a high degree of functional impairment that affects a person's ability to manage their life and reach typical milestones. This includes completing school, maintaining employment, or sustaining strong relationships. People who have schizophrenia die on average 20 years earlier than other people who do not have this condition.

- Each year, ~0.8% of adults in the U.S. experience schizophrenia.
- Schizophrenia impacts males and females at the same rate.
- Average age of onset is 16 to 30 years.
- An estimated 57% of people who have schizophrenia lack awareness or insight of their mental illness.

When a person lacks awareness or insight about their condition, it is known as anosognosia. This can significantly impact their treatment adherence and overall well-being.

While schizophrenia is a serious mental illness (SMI), effective medication and therapies exist to support people who have schizophrenia.

Core Symptom Domains

Positive symptoms are symptoms that people who have schizophrenia experience that others do not (thus called a positive or plus symptom). Positive symptoms can involve any of the 5 senses. Examples include:

- Auditory Hallucinations: Hear a voice from someone who is not there.
- Visual Hallucinations: See a person or group of people who are not there.
- Persecutory Delusions: Belief that a person is following or harassing you.

Negative symptoms are symptoms that people who have schizophrenia lack that others have (thus called negative or minus symptoms). Examples include:

- Flat affect
- Blunted reaction to emotional information
- Reduced speech output

Cognitive symptoms and impairments include challenges with focus, memory, and goal-directed behavior. These symptoms are the primary drivers of a person's ability to function independently over the long term.

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Illness Course and Functional Impact

Clinical High-risk/Prodromal Phase

The earliest phase of the illness often begins in early adolescence. The person may start to appear disorganized and begin to have suspicious beliefs.

First Episode

The first full psychotic episode typically occurs in late adolescence or early adulthood. This is the first time a person experiences positive, negative, and cognitive symptoms.

Variable Trajectory

Outcomes vary for each person. Recovery and symptom management may be achieved through inpatient or outpatient settings. Some people need more intensive care for longer periods of time.

Residual Impairment

Even with treatment, some people continue to have some symptoms and impairments.

Major Risk Factors

Genetic and physiological	Environmental and developmental
<ul style="list-style-type: none"> ● Family history and polygenic risk – schizophrenia risk is ~80% genetically determined ● Male sex (earlier onset, greater severity) ● Advanced paternal age 	<ul style="list-style-type: none"> ● Issues related to pregnancy or birth, such as maternal infection or in utero illicit drug exposure ● Urban upbringing and social adversity/poverty ● Migration status and minority stress ● Childhood trauma and bullying ● Frequent or high-potency cannabis use, especially during adolescence.

Triggers for Psychotic Episodes

Medication-related

- Nonadherence, abrupt medical cessation, or drug-drug interactions that affect antipsychotic metabolism

Environmental Stressors

- Acute or chronic psychosocial stress (interpersonal conflict, housing instability, financial stress) and social isolation and loss of structured activity, poor access to social supports

Substance-related

- Cannabis use (especially early and frequent use), alcohol, or stimulant use

Morbidity and Mortality

- People who have schizophrenia experience a mortality rate 2.6 times higher than that of the general population.
- Suicide risk is highest early in the illness; cardiovascular disease risk predominates later.
- High rates of smoking, high cholesterol, high blood pressure, high blood sugar, (often related to medications), and obesity contribute to excess mortality.

Relevancy to Competency to Stand Trial/Adjudicative Competency

- Schizophrenia is a common diagnosis among those found incompetent to stand trial (IST).
- Severe treatment-resistant psychotic symptoms are associated with competency non-restorability.
- Paranoia and paranoid/persecutory delusions are associated with higher rates of violence.

Diagnosis and Screening

Diagnosis is based on standardized DSM-5-TR or ICD-11 criteria.

A thorough history will help with differential diagnosis to rule out mood disorders, substance-induced psychosis, and medical causes before making a diagnosis of schizophrenia.

Available Treatment

Pharmacologic Treatments

- Antipsychotic medications are first-line for psychosis. An adequate antipsychotic trial is critical, and long-acting injectable (LAI) formulations of these medications are best for longstanding symptom improvement.
- Structured medication trials that achieve the minimum response threshold and then titrate, using the 2-week rule, to end-points of treatment response, intolerable side effects, or the point of futility a guided by plasma concentrations offer the highest probability of effective treatment.

- Clozapine is the gold-standard medication for treatment-resistant schizophrenia and can be used if 2 adequate antipsychotic trials don't work.
- Note: The effectiveness of medications on negative and cognitive symptoms is limited

Psychological Treatments

- CBT for Psychosis (CBT-p)
- Cognitive remediation
- Supported employment and education
- Family psychoeducation
- Social skills training

Treatment Goals Across Phases

- Reduction of the most severe symptoms
- Restoration of competency to stand trial
- Prevention of future psychotic episodes
- Functional recovery (e.g., social, vocational, independent living)