



Schizophrenia



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What is schizophrenia?

Schizophrenia is a serious mental disorder. It is a disorder of brain functioning, leading to abnormalities in thoughts, feelings, emotions and behaviors, affecting one's daily occupational and social functioning, and self care. Schizophrenia is not an uncommon disorder. Family history of the disorder increases the risk for the disorder. The onset of the disorder is usually at the adolescent or early adult periods, usually between the age of 18 to 35, with an almost equal sex ratio.

What is the cause of the disorder?

There is no single explanation for the disorder. Nevertheless, there has been various important findings that may be related to the aetiology of the condition. It is known that the disorder is related to genetics, brain pathology, misuse of substances, stress and schizoid personality.

How does one know that he or she has the disorder?

If you find the following symptoms in your family or friend, they may suffer from the condition and should be referred for assessment by doctors and psychiatric specialists.

1. Hallucinations

These are perceptions that do not really exist, e.g. hearing non-existing voices, seeing non-existing images etc.

2. Delusions

Firm beliefs that are unreal or non-existing, the beliefs can be unusual or even bizarre, e.g. feels being persecuted, feels being controlled, feels a special meaning attached to a mundane event.

3. Thought disorder

Ability of clear thinking is lost. Thoughts may appear disorganized or illogical. The patient appears talking nonsense or mute.

4. Lack of motivation

Patients lose their volition and motivation in many aspects (including their own self care and hygiene), lose their interest in things, and even become slow in movement. He or she may appear unkempt and may not be able to continue his or her work.

5. Loss of ability of expression or experience of feelings

E.g. patient cannot empathize with other's feelings, or even laugh when others feel sad.

6. Withdrawal and isolation

E.g. patient becomes increasingly withdrawn, isolated, self-centered and indifferent.

7. Emotional lability

Patient may not be able to control her own emotions. Emotions become labile and change quickly.

What are the treatments?

Drug treatment is the mainstay and most effective treatment. Anti-psychotic medication can effectively decrease hallucinations and delusions, lower the level of anxiety, leading to a gradual recovery. When the acute illness has recovered, the continuation of medication can effectively reduce the risk of relapse.

When the acute illness is under control, the psychiatrist may arrange psychological treatment, occupational therapy, family education or other therapies where appropriate, to help the patient reintegrate into the society.

How can family look after patients with schizophrenia?

Encourage the patient to take medication and attend therapies regularly to enhance recovery and reduce risk of relapse.

Watch out for early signs of relapse, such as anxiety, insomnia, appetite change, loss of interest, social withdrawal, depressed mood, feelings of being teased or referred, being excessively insistent.

Stay calm. Do not be argumentative or critical towards patient's symptoms and behaviors. Do not argue with patient about the genuinity of their hallucination or delusions, but help to distract him or her from the symptoms. Encourage the patient to do things that they are interested.

Talk in simple and direct ways to patients. Listen and encourage, especially points out the positive changes and improvement. Set a structured timetable for sleep, work and interest. Allow some degree of flexibility and personal space.

Encourage patient to attend social rehabilitative service to enhance their social life.

Carers should also look after their own mental health, e.g. time for their own relaxation and personal space. Ask for help when necessary.