

Making Everything Easier!™

# Schizophrenia

FOR

# DUMMIES®

## Learn to:

- Identify the warning signs
- Choose the right health professionals
- Understand the latest treatments
- Help your loved one live a happier, more productive life

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# Schizophrenia For Dummies®

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# ***Schizophrenia For Dummies®***

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## About the Authors

**Jerome Levine, MD:** Jerome Levine is a board-certified psychiatrist whose research and clinical career has spanned almost 50 years. For a major portion of that time, Dr. Levine served as chief of psychopharmacology at the National Institute of Mental Health. There, he worked both nationally and internationally to help design, manage, and conduct much of the federally supported research that serves as the foundation for current approaches to the pharmacologic treatment of schizophrenia and other serious mental disorders.

After leaving the federal government, Dr. Levine joined the faculty of the University of Maryland Department of Psychiatry and the Maryland Psychiatric Research Center. Both settings treat and carry out treatment studies of hospitalized and community-based individuals diagnosed with schizophrenia. In Maryland, he also directed a

program training early-career psychiatrists to become research psychiatrists.

In 1994, Dr. Levine moved to New York State, where he joined the faculty of the Department of Psychiatry of the New York University School of Medicine as a professor of psychiatry, and was appointed deputy director of the NYS Nathan S. Kline Institute for Psychiatric Research. He oversees research studying the causes, pathophysiology, and treatment of schizophrenia at basic, translational, and applied clinical levels.

Dr. Levine's residency training was at the State University of New York at Buffalo Department of Psychiatry and at St. Elizabeth's Hospital in Washington, D.C. In addition, he has served on the faculty at the U.S. Public Health Service Narcotic Hospital in Lexington, Kentucky; at the Johns Hopkins Department of Psychiatry in Baltimore, Maryland; and at the University of Pisa Department of Psychiatry in Italy.

He has published numerous papers and books in the scientific literature and is a life fellow of the prestigious American College of Neuropsychopharmacology. In addition to being listed in *Who's Who in America*, Dr. Levine was awarded the American Psychiatric Association Hofheimer Research Prize and the Distinguished Leader in Research Award from the National Alliance on Mental Illness of New York State.

**Irene S. Levine, PhD:** Irene Levine has a doctoral degree in clinical psychology as well as extensive experience working in the public mental health system at local, state, and national levels. She began her career as a staff psychologist and treatment team leader at Creedmoor Psychiatric Center and left to develop and

direct two nonprofit psychosocial rehabilitation programs in Queens and Suffolk counties in New York.

For a period of more than 15 years, Dr. Levine held senior management roles at the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) in Rockville, Maryland. She was one of the architects of the NIMH Community Support Program, created and directed the NIMH Program for the Homeless Mentally Ill, and served as the first deputy director of the SAMHSA Center for Mental Health Services.

In 1994, Dr. Levine joined the Nathan S. Kline Institute for Psychiatric Research in Orangeburg, New York, where she directs communications and serves as the institute's liaison to families. She holds a faculty appointment as a professor of psychiatry at the New York University School of Medicine. She has lectured locally, nationally and internationally about the needs of families of individuals with severe mental illnesses, such as schizophrenia and major mood disorders.

For the past ten years, Dr. Levine has also been a prolific, award-winning freelance journalist and author, whose credits include some of the nation's top magazines and newspapers. She writes on mental health as well as a wide range of other health and lifestyle topics, and is currently completing a book on female friendships for Overlook Press (2009). She is a member of the American Psychological Association, the National Alliance on Mental Illness, the National Association of Science Writers, the Association of Healthcare Journalists, the American Medical Writers Association, the Authors Guild, and the American Society of Journalists and Authors.

# Dedication

We dedicate this book to all the courageous individuals with serious mental illness and their families that we have met through the years, who have taught us invaluable lessons that we never learned in school. We also dedicate this book to the individuals who volunteer as research participants in the interest of helping others learn about the causes of and treatments for schizophrenia.

This book is also dedicated to our own families who have enriched our lives in ways too numerous to mention, and especially to our son, Andrew, who has been an ongoing source of pride as well as 24/7 technical computer support.

Finally, this book is dedicated to the memory of Max Schneier, one of the earliest pioneers of the family advocacy movement, who taught us about the importance of listening to the wisdom of family members.

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# Introduction

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Schizophrenia affects as many as 1 in 100 Americans over their lifetime and is twice as common as HIV/AIDS. Yet few other diseases are shrouded in quite as much misinformation, lack of information, and secrecy as schizophrenia is. On average, it takes more than eight years between the time symptoms first appear and the time a person is diagnosed and treated for the disorder. Pervasive stigma keeps most people in the dark until the disorder becomes up close and personal. As a result, when someone you love is diagnosed with schizophrenia — a no-fault, equal-opportunity brain disorder — you're not sure where to turn or who to tell. Initially, most people feel ashamed, bewildered, and alone.

During our careers working in various research, policy, and clinical roles at federal, state, and local levels, people with schizophrenia and their loved ones often asked us questions. We always tried to provide simple, straightforward answers, but we never have enough time to present the big picture — to answer their questions in a larger, more understandable context.

So we decided to write this book. This book distills what we've learned and read over our combined 85+ years in the field of mental health — and just as important, the valuable lessons we've been taught by patients and families during that time. In these pages, we give you immediate access to tools and information that otherwise might take you a much longer time to acquire.

We strongly believe that only through improved public awareness and enhanced mental-health literacy can society reverse the stigma and discrimination that stands

in the way of finding cures and helping people with schizophrenia lead the full lives they deserve.

## **About This Book**

Our goal in writing this book is to help demystify a long-misunderstood illness. We want this book to be your go-to primer to better understand:

What schizophrenia is and what it is not

What causes schizophrenia and what does not

Why and how diagnoses are made

How schizophrenia can be treated

What barriers exist to treatment and care, and how you and your loved one can overcome them

How consumers, families, friends, and professionals can work together to enhance the chances for recovery and quality of life for people with schizophrenia

What other resources are available to help patients and their loved ones cope with the disorder

## **Conventions Used in This Book**

We don't use many conventions in this book, but to help you access the information you need we do use the following:

**Whenever we introduce a new technical term, we *italicize* it and then define it.**

**Web addresses and e-mail addresses appear in monofont to help them stand out.** When this book was printed, some Web addresses may have needed to break across two lines of text. If that happened, rest assured that we haven't put in any extra characters (such as hyphens) to indicate the break. So, when using one of these Web addresses, just type in exactly what you see in this book, pretending as though the line break doesn't exist.

**We try to avoid language that is in any way demeaning or stigmatizing to people living with schizophrenia.** In recent years, the person affected with schizophrenia has been variously called a *patient*, *consumer*, *service recipient*, or *survivor* — and the term that's preferred changes over time, and can vary from one person to the next. We tend to think of people with schizophrenia as *people*, but those in the helping professions (psychiatry, psychology, social work, nursing, rehabilitation, and so on) have a long tradition of calling the people they work with *patients*. Accepting the old adage that you can't please everyone all the time, we used the terms that flowed most comfortably for us as we wrote — although we tried to vary our language. We hope that our words don't offend or interfere with our message.

**We try to vary the pronouns we used based on gender** — for example, not always referring to doctors as *he* and not always referring to people with schizophrenia as *she*. We didn't keep a

running tally of the gender pronouns we used, but we hope you'll find it a fair balance.

**We often refer to the person with schizophrenia as *your loved one***, because this book is primarily geared toward people who are caring for, or closely connected to, someone with the disorder — and because we recognize that you may not be family, but your love is just as strong.

**We generally preferred to use the term *medications* as opposed to *drugs***, because many people confuse the latter term with street drugs or drugs of abuse (like heroin, cocaine, and marijuana). That said, we do alternate use of the terms in this book — rest assured, when we use the term *drugs*, we're referring to prescribed medications.

Also, every medication has both a *generic name* and a *trade name* (also called a *brand name*). The trade, or brand name, is the one you hear advertised on commercials (for example, Lipitor is the trade name of a medication used to treat high cholesterol, and the generic name is atorvastatin calcium). We give you both the generic and trade names when referring to medications.

## What You're Not to Read

You don't have to read everything in this book to get the information you need. Here are some pieces of the puzzle you can safely skip:

**Anything marked by a Technical Stuff icon:** Check out the “Icons Used in This Book” section, later in this Introduction, for more on this and other icons.

**Sidebars:** Sidebars are boxes of gray text that appear throughout this book. You’ll find interesting information in sidebars, but nothing essential to understanding the topic at hand.

**The copyright page:** If you like reading fine print, have at it. Otherwise, trust us: You don’t need to know what’s there.

## Foolish Assumptions

In writing this book, we assumed the following about you:

You may be caring for someone who has symptoms associated with schizophrenia or has been diagnosed with schizophrenia.

You may be a parent, family member, friend, or colleague of someone who has schizophrenia, and you want to understand more about the disorder and what you can do to help.

You may be a mental-health or medical professional reading the book so that you can recommend it to loved ones seeking more information about schizophrenia.

Although we haven’t written this book specifically for the person with schizophrenia, if you have schizophrenia and want more information on the disorder, you’ll find this book useful as well.

# How This Book Is Organized

We've divided this book into five parts. Here's what you'll find in each.

## **Part I: Understanding Schizophrenia**

In this part, we give you a broad overview of schizophrenia, separating what's real from the myths and misperceptions. We describe the symptoms and unusual (and sometime disturbing) behaviors commonly associated with the disorder and explain how clinicians distinguish the symptoms of schizophrenia from those of other serious mental disorders. We describe the onset of the disorder, which can come on suddenly, seemingly out of the blue, or may make its appearance so gradually that it's barely noticed.

## **Part II: Finding Out What's Wrong and Getting Help**

Getting a diagnosis is the first step in getting help. In this part, we explain how the diagnosis of schizophrenia is made and identify the different types of schizophrenia. We also give you tips on how to assemble a healthcare team for diagnosis and treatment, and what to do if things don't seem to be functioning as smoothly as you would hope them to. Finally, we provide advice on