

SCHIZOPHRENIA

Schizophrenia is a group of serious brain disorders in which reality is interpreted abnormally, and may result in hallucinations, delusions, paranoia, and disordered thinking and behavior. People with schizophrenia often suffer terrifying symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them.

Although the cause of schizophrenia is not known, researchers believe it may be an interaction of genetics and environment. Problems with certain naturally occurring brain chemicals, including the neurotransmitters dopamine and glutamate may also be a factor. Neuroimaging studies show differences in the brain structure and central nervous system of people with schizophrenia. While researchers aren't fully certain about the significance of these changes, they support evidence that it is a brain disease.

Schizophrenia ranges from mild to severe. About 30% of people with schizophrenia recover completely. Most of the remainder shows some improvement, while others need specialized, intensive care. Some individuals with schizophrenia have co-existing medical conditions which may require nursing facility level of care.

Antipsychotic medications have been available since the mid-1950s. They have greatly improved the outlook for individual people. These medications often are able to reduce the psychotic symptoms of schizophrenia, and may allow the individual to function more effectively and appropriately.

People with schizophrenia often:

- are anxious around other people,
- have difficulty organizing thoughts,
- have trouble paying attention

MANIFESTATIONS OF PSYCHOSIS

- Delusional – Convinced of things even though they have no basis in fact.
- Hallucinations – See, hear, taste, smell or feel things that do not exist.
- Unconnected thoughts, making it difficult to clearly communicate.
- Mood changes, making it hard to express feelings.

NEGATIVE SYMPTOMS THAT MAY BE PRESENT

- Lethargy, far less physically active than normal
- Unmotivated, have problems finishing tasks
- Lose interest in the feelings of others
- Unable to complete mundane tasks like bathing or dressing appropriately
- Do not care how they look

INTERVENTIONS

- Staff should not argue or flatly deny the reality of the person's psychotic beliefs. Agreeing with the person, on the other hand, risks compounding and reinforcing such beliefs. A neutral attitude is most effective.
- Avoid unsolicited touch of the person.
- Do not approach the person from behind. Place yourself beside the person rather than face-to-face. The side-by-side position tends to deflect the person's paranoid fears away from you.
- Avoid direct eye contact with the person. Direct eye contact often makes a person who is paranoid feel even more so. Look elsewhere.
- Identify with, rather than argue, with the person. Whenever possible, your attitudes and emotional expressions should parallel the person's attitudes and expressions.

We hope this fact sheet will assist you as your work with this resident. For further information or questions please contact your local Community Mental Health Center.

You may wish to visit with the Alzheimer's Association in Kansas if you are dealing with a person who also has dementia in addition to a mental health issue. Contact them at 1-800-272-3900.

The Office of the State Long Term Care Ombudsman is available to advocate for persons in long term care facilities as an objective problem solver of resident concerns. Contact them at 1-877-662-8362 or 1-785-296-3017.

You may also wish to visit with CARE staff at the Kansas Department on Aging at 1-800-432-3535 or 1-785-296-4986.