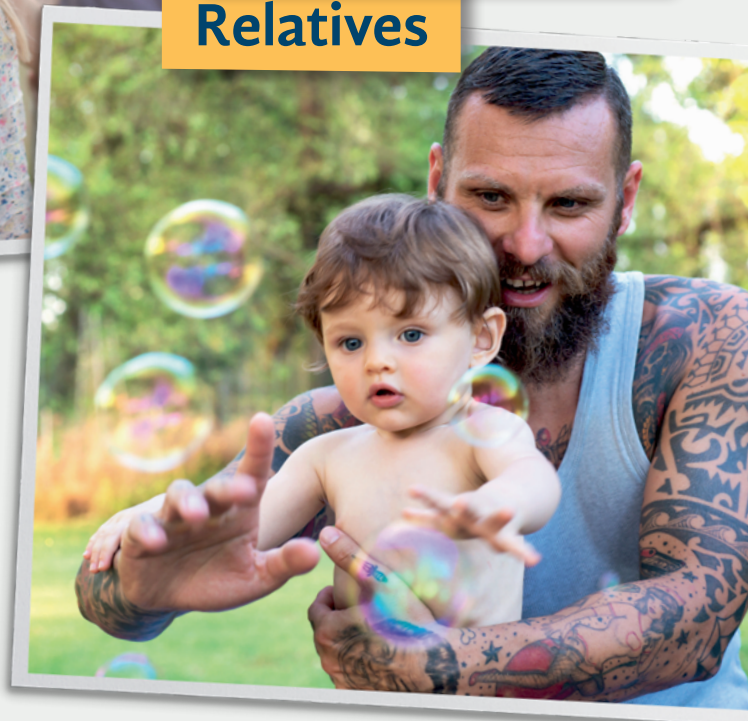


Schizophrenia

Information
for **Patients and
Relatives**



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If you, yourself, or someone close to you is suffering from schizophrenia, there are suddenly a multitude of unanswered questions: What does this illness mean for me? What happens during the course of it? Can it be treated at all?

Schizophrenia is an illness with many faces. Suffering from schizophrenia means perceiving various realities. And that has many consequences.

For this reason, it is important that you, as the person affected, or relative, become informed. Today, there are more and better options than before for treating schizophrenia. Modern treatment approaches combine medicinal therapies with non-medicinal treatment modalities, such as psychotherapy and social therapy. Significant progress has been made in recent years, particularly in the development of antipsychotic active agents. Today, there are numerous effective and tolerable medications available.

Together, you and your doctor will select the therapy that is best suited to you. As with every disease, it is also true with schizophrenia: the sooner treatment is started, the greater the promise of success. In addition to comprehensive information about causes, disease signs, course and treatment options, this brochure contains many other suggestions and aids that are meant to support you and your relatives in coping with the illness. This information brochure is not a replacement for discussion with your doctor*, but you can use it as a useful supplement.



Dr. med. Stefan Spittler

* In the following text, the male form will be used for the designation of persons, only in order to ensure better readability.

An illness with many faces

«When I was discharged from the hospital, I arrived home and felt only an inner emptiness. I had no drive any more and everything was negative.»

«I had the feeling that everyone was watching me, all eyes were focussed on me...»

«At that time, I couldn't think clearly any more, but I wrote everything down... When I read the texts today, I can no longer understand my thoughts from that time.»

«I felt somehow limited! I couldn't feel any emotions any more, I had no drive or initiative any more. My concentration deteriorated, and I was worse at remembering things.»

«I always thought that the radio was on and somebody was speaking to me – in reality, my radio was never on and except for me, nobody could hear these messages.»

Definition of terms: Psychosis and schizophrenia

Psychosis is a serious psychological illness in which a person can lose his reference to reality.

Characteristic signs (symptoms) of psychosis are delusions, thought disorders and altered feelings.

Psychosis is a condition that is often temporary. In this condition, the individuals affected do not know that they are ill, and their ability to cope with everyday life is significantly impaired.

Psychoses can occur in various illnesses, for example with brain tumours or dementia diseases of the brain. These are called organic psychoses.

Use of drugs also can cause psychosis.

The most common form of non-organic psychoses is schizophrenia.

The word «schizophrenia» comes from the Greek and when translated, means roughly «splitting of the mind».

It is frequently assumed that a person suffering from schizophrenia is split into two personalities. This is incorrect. Schizophrenia is more a case of the ill individual perceiving two realities: a «real reality», i.e. the reality that healthy individuals also experience, and a reality that only the ill individual experiences with sensory impressions, feelings and experiences that healthy individuals cannot comprehend.

Thinking, feeling and mood are also altered in the illness in addition to perception. Schizophrenia is not rare: approximately every hundredth person experiences at least one schizophrenic episode in the course of his life; women are affected approximately as frequently as men. The first disease episode, i.e. an acute disease phase, typically begins between puberty and age 30; in women somewhat later than in men. But the severity and course of the illness can vary greatly.

The symptoms of schizophrenia

The most frequent signs (symptoms) that can occur in schizophrenic psychosis are divided into two groups: positive symptoms and negative symptoms. «Positive» does not mean «pleasant», but rather «in addition to the normal condition»; «negative» means a deficiency in comparison to the normal condition or how you feel on healthy days. In the various phases of the illness, positive or negative symptoms may prevail at any time. At the same time, not all of the symptoms listed here must necessarily be present. Frequently, only one or two symptoms occur.

Positive symptoms

- Agitation and tension
- Hallucinations
- Delusions
- Thought disorders
- Ego disturbances and belief that your thoughts or actions are being controlled by outside forces

Negative symptoms

- Loss of drive
- Inner emptiness
- Dejection
- Despondency and hopelessness
- Withdrawal
- Lack of interpersonal relationships
- Poverty of speech (alogia)
- Concentration disorders

Positive symptoms

Hallucinations

Hallucinations are false perceptions, i.e. sensory impressions that have arisen without a corresponding external stimulus. The patient hears, sees, smells or feels things that are not actually present. Hearing voices occurs most frequently in schizophrenia. Patients describe, for example, that they have «someone sitting in their ear» who is telling them what to do, or providing a running commentary about everything they are doing.

Delusions

Delusion is a pathologically false assessment of reality. The convictions of the patient also cannot be dispelled by contradictory arguments or proof. Persecutory delusions are the most common. Other forms of delusion include paranoia, delusion of control and delusion of grandeur.

Thought disorders

The formal thought and/or speech process is disordered. Many patients think more laboriously and slower than usual. Thoughts may suddenly be interrupted or switch rapidly between various topics without a recognisable connection. Sometimes patient's utterances are entirely unclear: the stringing together of words doesn't have any recognisable logic anymore and appears to be completely random. This is referred to as «confusion» of thought.

Ego disturbances

An ego disturbance is defined as the affected individual experiencing the boundary between himself and the environment as being «fluid». Some patients feel that they are being influenced by an external force; they feel that they are being externally controlled like a puppet. Patients frequently also have the feeling that their thoughts are being read by others or that their own thoughts are being extracted from them by others.



Negative symptoms

The negative symptoms are expressed in particular by a depletion of emotional life and the loss of capabilities: many patients feel inwardly empty and cannot feel pleasure or joy any more. Frequently there is a severe depressive mood with despondency, dejection and hopelessness. Lack of drive and social behaviour disorders are very common: patients have no initiative and energy, and they withdraw which can result in social isolation. Sometimes this is also manifested in neglect of personal hygiene.

The negative symptoms sometimes remain long after an acute phase of the illness and are often more burdensome for patients and their relatives than the positive symptoms.

Memory retention and concentration

Many patients have poor concentration which is associated with a disturbed filter function for unimportant information. Retentiveness and short-term and long-term memory can be significantly impaired.



How is the diagnosis made?

In the acute phase of schizophrenia, the diagnosis is usually relatively easy to make. However, it must be made with utmost care because psychotic symptoms also occur with other physical and mental illnesses. Having said this, the early stage of schizophrenia can often only be recognised in retrospect because the symptoms during the prodromal phase are very non-specific.

A comprehensive discussion with a psychiatric specialist is decisive for establishing the diagnosis. This involves thorough and careful questioning of the patient. Part of establishing the diagnosis is an accurate observation of behaviour. The information given by relatives is of great importance in this, because some patients do not perceive or talk about certain symptoms themselves. A careful physical examination with supplemental examinations such as laboratory diagnostics and imaging examination of the brain should also be performed. This rules out physical causes such as a brain tumour as the reason for the patient's disease symptoms.

The diagnosis of a schizophrenic psychosis can then generally be made with great reliability in the acute stage from the overall evaluation of all test results. Nonetheless, this requires patience, repeated discussions, accurate observation and experience on the part of the specialist.

How does schizophrenia develop?

The exact causes and the development of schizophrenia are not yet fully clarified. What is certain is that there is not just a single trigger, but that several factors unite to trigger a schizophrenic illness.

The stress-vulnerability model

Today it is assumed that an inherent susceptibility (Latin: vulnerability) in interaction with stressful external factors (stress or drugs) can lead to onset of the illness when a «critical limit» is exceeded. This is called the stress-vulnerability model.

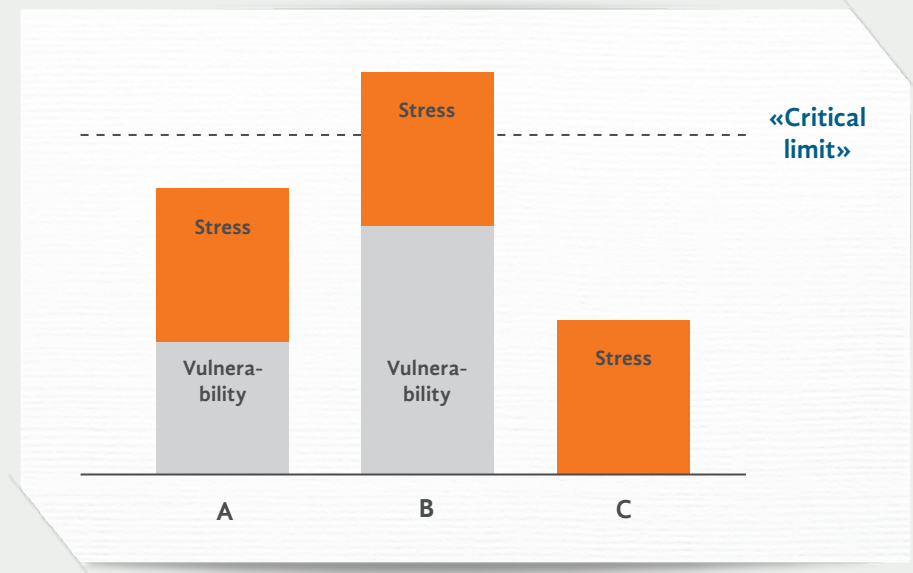


Fig. Vulnerability and stress

Depending on how high the vulnerability is, a strain caused by stress can lead to psychosis.

A Moderate vulnerability; the stress does not yet lead to exceedance of the critical limit.

B Pronounced vulnerability; the stress leads to exceedance of the critical limit.

C No vulnerability; the stress burden does not represent any danger.

The vulnerability for becoming ill with schizophrenia can be inherited. Perhaps there is a hereditary burden in your family and you have relatives who have schizophrenia. If this is the case, you could have inherited an increased susceptibility for the illness, but not, however, the illness itself.

It is also suspected that a viral infection in the mother during pregnancy or a difficult birth may facilitate development of the disease, because these can affect the normal development of the central nervous system.

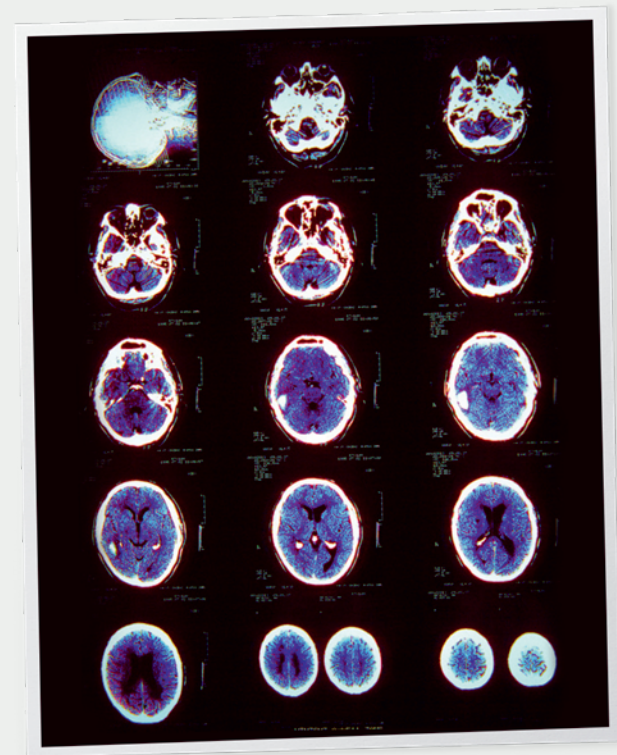
So-called psychosocial factors come into question as triggers, for example, negative experiences such as the death of or separation from loved ones, or having experienced abuse. But also happy events, i.e. «positive stress», such as marriage or the birth of a child can play a role. Also continuous stress such as overexertion at work or moving frequently can be a triggering factor. The use of drugs, particularly hallucinogens, cocaine or marijuana can cause disorders in the transmission of information in the brain, or intensify already existing disorders, thus triggering or worsening the illness.

Metabolic disorders in the brain

All sensory perceptions and thought of a person are processed in the brain. Approximately 100 billion nerve cells form a network and are in contact with one another through a kind of switchboard. The body's own messengers, the neurotransmitters, ensure that this connection also functions. According to today's state of knowledge, the metabolism of the messenger substances, dopamine and serotonin, is disturbed in schizophrenic psychosis. In certain areas of the brain, there is an excess of these messenger substances. This results in overstimulation of the brain and this, in turn, leads to a considerable disturbance in information uptake and information processing in the brain.

The consequences of this may be psychotic disease signs (symptoms), such as delusions or hallucinations.

At the same time, there is a deficiency in dopamine and serotonin in other regions of the brain; other signs of schizophrenia such as loss of energy and lack of drive (so-called negative symptoms) are suspected to be associated with this deficiency in messenger substances. Thus, an important part of treatment consists of once again bringing the messenger substances into equilibrium. Modern medications help with this.



The course of schizophrenia varies greatly from patient to patient. However, three different phases are generally recognised:

1. Prodromal phase

The early stage of a disease is called the prodromal phase. In this phase, negative symptoms frequently occur with a gradual change in mood and behaviour as described under «Early warning signs». Many individuals who already know that they have schizophrenia learn to recognise these early symptoms as warning signs of a relapse into the active phase of the illness. A review of the treatment during this early phase can potentially prevent the occurrence of a harmful relapse.

2. Acute or active phase

During this phase, positive symptoms such as delusions, hallucinations or confused thinking become clearly recognisable, and a crisis situation can arise. Part of the illness is that the patient may not understand at all that he is sick. During a crisis, a hospital is often the safest place to be. Here, the patient will be examined, and an effective therapy will be initiated.

3. Residual phase

As soon as the therapy is effective, most affected individuals experience a stabilisation of their condition, and the acute symptoms gradually disappear. Some of the negative symptoms, e.g. lack of drive or social withdrawal, may remain over a varying long period of time – in some patients, they may disappear very rapidly, and the patients are then symptom-free. In others, the negative symptoms may possibly remain permanently. This phase can last many years, sometimes also with relapses into the acute phase. With consistent medicinal treatment and support, however, many affected individuals can reduce these relapses to a minimum.

Schizophrenic conditions can severely endanger professional and private success if left untreated, because every relapse damages the brain and reduces the probability of becoming entirely healthy again. Particularly in early adulthood, the loss of a training position or study opportunity, or conflicts with friends, partner and family are often the tragic consequence of frequent relapses. This must be prevented at all costs. For this reason, it is decisive to start consistent medicinal treatment and behavioural therapy. This can avert relapses as well as possible, and chronification of the illness can be prevented.

«Take on the fight – you can do something about the illness! Form a crisis team together with your doctor and relatives and work out an individual treatment plan that is optimally tailored to you.»

What treatments are there for schizophrenia?

Modern treatment of schizophrenia combines two sub-areas:

- medicinal treatment (symptom treatment and protection from relapses)
- non-medicinal treatment methods such as psychotherapy and social therapy (improvement in everyday living situation of the patient)

Modern treatment of schizophrenia combines medications and behavioural therapy in an individually tailored treatment plan. This plan can be compared to building a house. In this model, the medication forms the foundation and the behavioural therapy – so to speak – builds the house on top of it. Both approaches are inseparable and belong together and should not be viewed detached from one another. Together they contribute, hand-in-hand, to creating the conditions needed to stand up to the illness on a long-term basis.



Treatment with medication

Medications form the basis of treatment in the acute phase of schizophrenia. But medications also make a decisive contribution in minimising the risk of relapses during maintenance therapy. The anti-psychotics constitute the most important group of medications for the treatment of schizophrenia. Fortunately, there are numerous anti-psychotics available to choose from today. This allows various medications to be used as needed until the optimal medication or also a combination of active substances is found. In addition to this, the temporary use of sedatives, i.e. tranquillisers, may also be useful for severe states of agitation. Furthermore, antidepressants may be prescribed for depressive episodes.

How do anti-psychotics work?

Anti-psychotics (previously: neuroleptics) exert an equilibrating effect on the disturbed messenger metabolism in the brain and thereby help to reduce sensory overload. This enables the information to be processed better once again, and the sense of well-being also can be improved.

The symptoms of schizophrenia are resolved or at least significantly weakened through the use of anti-psychotics:

Patients in the acute phase of schizophrenia are often extremely tense, agitated and anxious. Anti-psychotics calm patients so that further treatment, e.g. psychotherapy, is possible.

Anti-psychotics relieve or eliminate hallucinations, delusions and the other positive symptoms.

They have an effect on negative symptoms by improving mood and reducing mistrust and social withdrawal.

With regular use, they can significantly reduce the risk of suffering a relapse.

Overall, they make an improvement in quality of life and functional capacity possible.

The initial decision: The active ingredient

Typical and atypical anti-psychotics

The various anti-psychotics differ in their composition and active ingredients. There are two classes of anti-psychotics:

The conventional (typical) anti-psychotics

They have a good effect on the positive symptoms, but they cause a number of severe and unpleasant side effects in many patients, particularly movement disorders.

The atypical anti-psychotics

They are called atypical because they do not cause the impairing side effects of the conventional anti-psychotics to the same extent (movement disorders, in particular), such that they are well tolerated in general. However, side effects can also occur under atypical anti-psychotics. Moreover, the atypical anti-psychotics have a wider spectrum of action. With these, not only the positive symptoms can be treated better, but also the negative symptoms.

Side effects

Like all medications, in addition to the desired effects, anti-psychotics can also have effects that are not desired (known as side effects).

Side effects frequently occur at the beginning of therapy. Depending on the medication and the patient, they can diminish after a few days or weeks, stop entirely or else persist for the long-term. For this reason, when you have problems with a medication, it may take a certain amount of time until your doctor considers another medication. Please, never stop treatment on your own, but always discuss your problem with your doctor. You can then weigh effects and side effects of the respective medications against one another together in order to find the right medication for you.

The following is a list of the most frequent side effects that can occur when taking anti-psychotics:

General information

Lack of concentration and reduced attention may result because the anti-psychotic acts as a protective shield against sensory overload.

Occasionally feelings of dejectedness or sadness also occur. Here, the distinction is difficult as to whether the symptoms are part of the illness or are side effects of the medication.

Change in sex life

Hormone release is altered when taking some anti-psychotics. Due to this, it is possible that sex life is diminished or that sexual desire subsides.

Movement disorders

A disturbed sequence of movements and tremors especially occur with the conventional anti-psychotics. Physical restlessness, unintended movements and the compulsion to constantly be in motion are possible, particularly during long-term therapy. In this case, the doctor can either give an additional agent that suppresses these side effects, or he will discuss alternatives with you.

Weight gain

Increased appetite, changes in eating habits or altered metabolism can result while taking some anti-psychotics. Some patients will therefore gain considerable weight.

Atypical anti-psychotics

Typical (conventional) anti-psychotics

Main advantages

- Act on the positive symptoms of schizophrenia
- Also affect negative symptoms such as emotional impoverishment, lack of energy and withdrawal behaviour
- Rarer occurrence of movement disorders in comparison to the older typical antipsychotics.

Main disadvantages

- Possible side effects (vary from substance to substance): weight gain, sedation (tiredness, slowing of reactions), undesired increase in drive
- Change in hormone release

- Act on the positive symptoms of schizophrenia, such as hallucinations, delusions and paranoid thoughts

- Slight effect on the negative symptoms, such as lack of drive, emotional impoverishment and social withdrawal
- Frequent side effects (vary from substance to substance): uncontrollable movements, tremor and dry mouth

The second decision: The dosage form

The dosage form

Today, there are various dosage forms for anti-psychotics. The following forms are the most common:

Oral dosage form

Oral means that the active substance is administered by mouth. There are various oral forms: tablets, dissolving tablets and solutions. These are easy for you to take at home. However, you must remember to take them every day.

Depot preparations

Depot preparations offer another possibility. These contain the same active ingredients as the oral dosage forms*. The depot preparation is another option if desired and is injected by your doctor e.g. once a month** into the upper arm or the gluteal muscle. Afterwards, these medications form a kind of storehouse, and the active ingredient is slowly and uniformly released into the body. This offers the benefit of not taking medications on a daily basis.

* Not all medications in oral dosage forms also come as depot preparations.

** Depending on the medication, there are different injection intervals. Please contact your doctor if you have any questions.

Advantages and disadvantages of depot preparations and oral dosage forms at a glance

Main advantages

Depot preparations

- The medication is uniformly released in the body over a period of several weeks*
- Because of the sustained effect, the occurrence of relapses and hospitalisations is reduced
- There is no longer the concern about possibly forgetting to take tablets

Main disadvantages

- A depot preparation must be injected by a professional into the upper arm or gluteal muscle*
- Not all active substances are available in depot form
- Rapid dose adjustment is not possible

Oral dosage forms

- If needed, the dose can be rapidly adjusted
- The medications can easily be taken at home
- All anti-psychotic active substances are available to choose from

- One must remember to take the medication every day
- If it is taken irregularly, the risk of relapse is higher
- It is a daily reminder of the illness

Therapy plan

Your treating psychiatrist will compile a comprehensive therapy plan with you that includes the treatment with medication and additional measures such as psychotherapy or social therapy.

There are a large number of medications that are suitable for the treatment of schizophrenia. Which medication is best suited to you and how your individual treatment plan will be designed depends on several factors: Which of your symptoms are most strongly pronounced and are most burdensome to you? How well does the medication control these symptoms? And if you are already under treatment: Are you suffering from intolerable side effects? How do you feel about your therapy?

You can actively participate in the therapy by observing how your mood, thoughts, and concentration change while taking the medication.

By discussing positive changes as well as side effects with your treating physician, you can contribute to finding the right medication at the right dosage for you.

Preventing relapses

Your condition should not only improve but your sense of well-being should also be maintained with the anti-psychotic medication. This means that the medication is also still important once you start to feel better. One of the most frequent reasons for a relapse after successful treatment is that the patients stop taking the medication correctly.

For this reason too, it is important that you find a therapy that is appropriate for you together with your doctor. For example, for patients who frequently forget to take pills every day, long-acting anti-psychotics may be a useful alternative. Then the medication is only given every two weeks or once a month as an injection from your doctor or another medical professional in the doctor's office or clinic. Regular appointments with your doctor additionally offer the opportunity to discuss all of your questions.

It is important to note that only the combination of medicinal treatment with non-medicinal therapeutic modalities constitutes optimal protection against relapse.

* Depending on the medication, there are different injection intervals. Please contact your doctor if you have any questions.

What you should note during medicinal therapy

Driving a motor vehicle

Some medications can have a dampening effect on the ability to concentrate and the reaction time. This could endanger you and others when driving a motor vehicle. For this reason, it must be determined with the help of neuropsychological testing whether you are fully capable of driving or possibly must wait awhile until you can drive a vehicle again.

Alcohol and drugs

The effects of many medications are intensified or weakened by alcohol. The perception of reality is distorted by the effect of alcohol. This is particularly dangerous for individuals who have a psychosis in which the perception of reality is already disturbed.

Thus, alcohol can lead to intensification of psychosis. For this reason, you should avoid alcohol and if necessary, speak with your doctor about it. The same thing is true for drugs as for alcohol: they have side effects, cause complications and intensify the disease.

Person of trust

It is valid not only for dealing with medications: if you feel overburdened with the responsibility, don't give up, but instead, give up the responsibility for a time. There is surely a family member or a good friend who will stand by your side in an emergency.

Make a contribution yourself to the therapy and becoming healthy by allowing yourself to be helped.

Non-medicinal treatment modalities

In addition to medications, there are non-medicinal therapies that help you to lead a normal life again. Here the objective is to strengthen your mind to make it more resistant to stress and to learn how to better cope with everyday life. Which options come into consideration for you depends upon your condition and naturally, also on your personal preferences. It is best to make a plan together with your doctor and integrate the planned measures into the previously mentioned therapy plan. This should include both help for practical everyday things, as well as support for your personal stress relief. Both are important.

Psychotherapy

Supportive therapy is the core of psychotherapeutic measures for schizophrenia. The patient is supported in relationship problems, partnership and family as well as with friends. A special form of psychotherapy that is used in schizophrenia is behavioural therapy. In behavioural therapy, problems such as massive feelings of anxiety or self-insecurity are systematically approached, often with a kind of «training program». The goal of this therapy is to increase the satisfaction of the patient with himself and to increase self-confidence in his own abilities.

Social therapy

The term social therapy includes all treatment measures that are meant to improve the «social situation» of a patient. This includes interpersonal relationships, the living situation, but also the occupational and financial situation of the patient. Several social therapies are described in more detail below.

Reintegration

Following an acute attack, it can be difficult to reintegrate into society.

You probably will feel insecure and vulnerable. If your personal initiative has been lost, you need someone who will help you to restructure your life.

Many psychiatric clinics are associated with day and night clinics that you can make use of. You go into the clinic either during the day or overnight and are accompanied in your individual learning steps. There you will find advice and help in finding your way back to your everyday life.

Social-psychiatric service

If there are problems in the work area, financial problems, or for reintegration and social help, the social-psychiatric service can assist you. You will find this service in your city or nearby. Ask your doctor – he will provide the names of services that you can contact for clarifying practical questions.

Self-help groups

In many cities, there are self-help groups for patients with schizophrenia. All participants know the illness and the problems associated with it, and can mutually support one another. You can exchange valuable tips and experiences with them.

Psycho-educational groups

In psycho-education, patients and their relatives are informed about the scientific knowledge about their disease and the required therapeutic measures in a clear and understandable manner. In addition to communicating information, the emotional relief of the patients and their relatives plays a significant role. As with self-help groups, it has been shown here that the exchange with other patients and their positive experiences with therapy and self-help possibilities offer great support in becoming healthy. Psychoeducational groups are primarily offered in psychiatric clinics or day clinics. If you are interested in this, you can find out from your psychiatrist or patient and relative self-help associations (see «Further information») whether and where such groups are offered near you.

Hobbies and sports

Hobbies too, can help you to become healthy again faster. Perhaps you liked to play music, enjoyed photography or played sports prior to your illness. Particularly endurance sports such as e.g. Nordic walking, bicycling or swimming support you on your way to becoming healthy, while strength sports such as weight-lifting are not yet recommended. Start this again when it does not stand in the way of your becoming healthy.

28 (How) can you protect yourself from a relapse?

In the section «Early warning signs», the signs of a possible relapse are described. If you are unsure if you are about to have a relapse, read this again or contact your doctor directly. He can help you to better assess the situation. It is a good idea to let a family member or other trusted person know so that you do not have to go it alone.



A relapse cannot be prevented with certainty. However, you are optimally protected if you

- take your medications on a regular basis
- get the side effects under control together with your doctor
- observe your symptoms and bring them up early on
- avoid longer periods of overload and stress as much as possible
- adapt your tasks to your respective performance capacity
- take regular breaks and rest phases
- don't use alcohol or drugs
- involve a trusted person in your health management

29 Recognising a crisis in time

The symptoms (signs of the illness) and the early warning symptoms vary greatly from patient to patient. Completely different symptoms can even occur in the same patient at different time points in the disease. Usually it is only in hindsight that certain anomalies that preceded the illness are recognised as so-called early warning symptoms. These may precede the actual illness by weeks, months or even years.

Early warning signs

The early warning signs are often very non-specific: many patients are irritated, inwardly restless or feel tense or depressed; often they suffer from vague fear. Concentration disorders, circuitous thinking and the «tearing away» of thoughts may also be early warning signs. Some patients complain about increasing sound and noise sensitivity, others suffer from insomnia and have little appetite. Many perceive their environment in an altered manner, do not feel they are understood any more or withdraw from their private and professional life.



Early warning signs

- Inner restlessness and tension
- Vague fear
- Insomnia
- Concentration disorders
- Circuitous thinking
- Irritability, mistrust
- Loss of interest, despondency
- Withdrawal
- Increasing sound and noise sensitivity
- More frequently occurring problems in the family and with friends

Naturally, not every mood swing or episode of restlessness or insomnia must signify the beginning of schizophrenia. These can be signs of temporary phenomena or reactions to stressful life events.

Sometimes, however, they can also be early signs of an impending schizophrenic illness or a relapse.

Individuals with elevated susceptibility should pay particular attention to remaining in equilibrium, and should take such warning signs seriously, particularly when several occur at the same time.

With the notification list on the next page, you have the possibility of determining a course of action together with your doctor and relatives, in case warning signs should occur again.



What to do when symptoms recur?

If you notice warning signs again, it is good to have a plan. You should discuss this plan with your doctor as soon as possible. He knows what should be done in an emergency in addition to the general things.

If you are alone, call someone who will stand by you. Write down the following names and telephone numbers today.

List of persons to notify

1.

Relative, caregiver

Name: _____

Phone no.: _____

Name: _____

Phone no.: _____

2.

Treating specialist physician

Name: _____

Phone no.: _____

Substitute's name: _____

Phone no.: _____

3.

Hospital, if no one can be reached

Name of the hospital: _____

Address: _____

Contact person: _____

Phone no.: _____

Doctor's recommendation in case of emergency

(to be completed by the doctor)

This list will help everyone involved in a crisis situation to initiate the most important steps. Keep it in an easily accessible place where it can be found immediately. It should give you additional security. Fill out the fields for names and addresses when you are feeling healthy, and ask your doctor for a written recommendation.



What are the next steps?

You have now read quite a bit about what therapy options are available and how you can contribute to your therapy. The question is now: how will it work out for you specifically?

Find out what is most urgent

It depends on what phase of becoming healthy you are in. Sit down together with the family, partner or a good friend. Discuss with them what seems to you to be most important at the moment.

Is it the initial assistance after the hospital stay, or do you need support with problems that keep recurring? Are there personal, occupational or financial problems? It is important to look for ways in which these various difficulties can best be overcome.

Two examples:

When you venture to take your first steps again outside after hospitalisation, a protected environment such as the day or night clinic, psychotherapy or group work conducted by a therapist offer great security to you.

When the objective is to strengthen your feeling of self-worth and your ability to form relationships, art therapy, riding therapy, self-help groups and sports may be the right thing. This also depends on what you like and what you feel like doing.

Tips for relatives and friends

This part is directed to the caregiver(s). You are an important support person for your relative. If this is your child, partner or a friend, you are almost as affected as the patient himself. You will often feel helpless and powerless and will have often felt this way.

Perhaps you are torn between feelings of concern about the person close to you, the confusion about what the future will bring and the anger over the sudden and sometimes unfulfillable requests made of you. You should also seek help and advice for yourself so that these contradictory emotions do not become a watershed event for your family.

This can help you to weather the situation yourself on the one hand, and on the other, appropriately deal with the people close to you.

The following measures can offer help to your relative along the path of his disease on the one hand, and on the other, support you and the other relatives in managing the situation:

- Get informed as comprehensively as possible about schizophrenia.
- Ask your doctor if there is written advice for caregivers and family members.
- Find out what consulting services, psycho-educational groups and self-help groups are in your vicinity.
- Join a self-help group for caregivers/family members to exchange experiences and support each other.
- If your friend or family member doesn't recognise his own illness, go to the doctor yourself and discuss your problems.
- Support your relative by making sure medication is taken on a regular basis.
- You will probably notice warning signs much earlier than anyone else. Take these signs seriously, even if it is sometimes difficult to decide if it really is a sign. Accompany your relative to the doctor to clarify the situation.
- Involve your relative in all decisions with regard to his care.
- If you are the parent of a child who has schizophrenia: do not neglect the other family members. Brothers and sisters of a person who has schizophrenia often have the feeling that they are not getting enough attention. This can lead to feelings of reservation and jealousy.
- You, too, have a right to life. Make sure that you have enough time for yourself and the things that are important to you. If you feel overburdened, ask the care team (psychiatrist, nursing staff, social workers, etc.) about options for temporary substitutes to provide care in order to create a «respite» for you.

Federal association of relatives of mentally ill patients (Bundesverband der Angehörigen psychisch Kranker (BAPK))

Oppelner Str. 130, 53119 Bonn

Tel.: 0228 71002400

Fax: 0228 71002429

E-Mail: bapk@psychiatrie.de

Internet: www.bapk.de

Early detection centre or mental crises at the clinic for psychiatry and psychotherapy at the Cologne University (Früh-erkennungszentrum für psychische Krisen an der Klinik für Psychiatrie und Psychotherapie der Universität zu Köln)

Uniklinik Köln (Gebäude 31, Erdgeschoss),
50924 Köln

Tel.: 0221 4784042 (AB)

Fax: 0221 4787490

E-Mail: fetz@uk-koeln.de

Internet:

<https://psychiatrie-psychotherapie.uk-koeln.de/klinik/frueherkennungs-und-therapiezentrum-fetz/>

Initiative for mentally ill patients (Aktion Psychisch Kranke (APK) e.V.)

Oppelner Str. 130, 53119 Bonn

Tel.: 0228 676740/41

Fax: 0228 676742

E-Mail: apk-bonn@netcologne.de

Internet: www.apk-ev.de

German Association for social psychiatry (Deutsche Gesellschaft für Soziale Psychiatrie e.V.)

DGSP-Geschäftsstelle

Zeltingerstr. 9, 50969 Köln

Tel.: 0221 511002

Fax: 0221 529903

E-Mail: info@dgsp-ev.de

Internet: www.dgsp-ev.de

Competence Network Schizophrenia: A research programme funded by the Federal Ministry of Education and Research with the aim to improve the treatment of patients suffering from schizophrenia.
www.kns.kompetenznetz-schizophrenie.info

Psychiatric talks: Talks and exchange between concerned persons, resp. psychiatry-experienced, relative and helpers.
www.psychiatriegespraech.de

Josef Bäuml

Psychosis within the schizophrenic related disorders. A guidebook for patients and relatives – A guideline for professional helpers – An introduction for interested lay-people

(German title: Psychosen aus dem schizophrenen Formenkreis. Ein Ratgeber für Patienten und Angehörige – Ein Leitfaden für professionelle Helfer – Eine Einführung für interessierte Laien)

Publisher: Springer Verlag, Heidelberg, 2; aktualisierte u. erw. Aufl. 2008

Werner Kissling und Gabriele Pitschel-Walz (Hrsg.)

Living with schizophrenia. Information for patients and relatives.

(German title: Mit Schizophrenie leben. Informationen für Patienten und Angehörige.)

Alliance Psychoedukations-Programm (Taschenbuch)

Publisher: Schattauer Verlag, Stuttgart 2003

Renate Klöppel

The dark side of the moon. Living with schizophrenia.

(German title: Die Schattenseite des Mondes. Ein Leben mit Schizophrenie.)

Publisher: Rowohlt Taschenbuch Verlag, Reinbek 2004;

A fascinating book telling the real life story of a young patient suffering from schizophrenia.

Films

A beautiful mind

An American cinema film from 2001.

Actors: Russel Crowe, Jennifer Connelly

The film tells the real life story of the highly gifted mathematician John F. Nash who suffered from schizophrenia in the 1950s and for years had to accept a social and professional life in isolation. In the 90s he experienced a triumphant comeback that was crowned with the Nobel Prize in 1994.



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