

MENTAL HEALTH CONSUMER COOKBOOK

Information about common psychiatric diagnoses and how you can cope with them

Prepared for members of Rainbow Heights Club (www.rainbowheights.org) as of January 16, 2014

Please let staff know if there are other diagnoses you want to learn more about, or other suggestions about coping, and we'll add them to the cookbook. We call this a "cookbook" because it contains the "recipes" for different mental health issues... and also because, if you know the recipe, maybe you can also see ways of "uncooking" a mental health problem.

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ANXIETY DISORDERS

Everyone has anxiety in their lives. Anxiety is a natural reaction to stress, and although it is usually unpleasant, it can be helpful in pushing us to respond to stressful situations. However, when anxiety becomes chronic, interferes with daily life, and leads to serious physical discomfort, it can be classified as a mental disorder.

How common is Anxiety Disorder?

According to the National Institute of Health, 18% of the U.S. adult population suffers from an anxiety disorder during any given 12-month period. Children are widely affective as well - the average age of anxiety disorder onset is 11 years old. Women are 60% more likely than men to suffer from anxiety disorders over their lifetime. Additionally, non-Hispanic Blacks are 20% less likely, and Hispanics are 30% *less* likely, to experience an anxiety disorder during their lives. It is unclear whether these discrepancies are due to genetic factors, cultural differences, or simply due to reporting variances (e.g., women are generally more likely than men to seek medical help, so maybe that's why they appear more likely to have an anxiety disorder).

Types of Anxiety Disorders and Their Symptoms

A wide variety of well-known mental health disorders are classified as anxiety disorders. Generalized Anxiety Disorder and Panic Disorder are among the most common and are characterized by symptoms common to many anxiety disorders.

GAD

The most general kind of anxiety disorder – Generalized Anxiety Disorder (GAD), also known as chronic anxiety – manifests symptoms such as persistent worries, obsessions, restlessness/edginess, fatigue, difficulty concentrating, muscle pain or tension, tremors, insomnia, sweating, nausea, diarrhea, shortness of breath, and rapid heartbeat.

As you can see, these symptoms are not unique to anxiety disorder, which is why it is so important to be diagnosed by a qualified professional.

Panic Disorder

Panic disorder is an acute condition, characterized by sudden, repeated “attacks” that often manifest physical symptoms. It is the recurrence of these attacks that define “disorder” as opposed to an isolated incident of a panic attack.

Panic attacks may include a combination of any of these symptoms: rapid heart rate, chest pain, sweating, trembling, difficulty breathing, chills, hot flashes, nausea, dizziness, headache, feeling faint, and trouble swallowing.

These symptoms can occur at any time, and may be severe enough to resemble a heart attack.

COPING WITH ANXIETY DISORDERS

Anxiety disorders are sometimes treated with medications. These are some of the most effective medications we have. Unfortunately, just because of this, they can also be habit forming or even addicting. Other coping methods, such as relaxation and cognitive/behavioral therapy, can also be extremely helpful. As with most mental health issues, a combination of medication, therapy, and active engagement with coping methods is most helpful.

POST-TRAUMATIC STRESS DISORDER

There are three major symptom clusters that characterize PTSD. All the following must have happened after a trauma, and not be due to a substance, a general medical condition, or another disorder. The person must have been exposed to a traumatic event or experience that involves intense fear, horror, or helplessness. The event or experience must involve a threat of death, serious injury, or physical integrity. The event or experience may have happened to yourself or to others around you.

A. The event or experience must be **re-experienced** in at least one of the following:

- 1. Distressing recollections of the event or experience that is both intrusive and reoccurring.*
- 2. Dreams that are reoccurring and distressful.*
- 3. Reliving the event or experience in the form of flashbacks, hallucinations, or illusions.*

4. *If you are exposed to any aspect of the event or experience, intense psychological distress follows.*

5. *Reacting in a physiological manner to any aspect of the event or experience*

NOTE: 4 and 5 may be from internal or external cues – that means they can be caused by your own thoughts or dreams as well as outside circumstances.

B. You avoid anything associated with the trauma and a numbing of responsiveness. Indicated be **at least three** of the following:

1. *Avoiding any thoughts or feelings about the trauma, including not wishing to engage in any conversation about the event or experience.*

2. *Avoidance of places, persons, or things that set off feelings about the trauma.*

3. *Cannot recall important facts about the event or experience.*

4. *A marked disinterest in significant activities.*

5. *Feelings of being detached or alienation from others.*

6. *Changes in range of affect (emotions). (E.g., loss of loving feelings)*

7. *Feelings of having no real future.*

C. Persistent indicators of increased arousal, at least two of the following:

1. *Problems with falling or staying asleep.*

2. *Irritability or outbursts of anger, sometimes unexpected and for no apparent reason.*

3. *Having problems concentrating.*

4. *You are **Hypervigilant**. (that means being overly sensitive to sounds or sights, like you are on alert*

all the time.)

5. Your response to being startled is excessive.

A, B, and C must be for more than one month.

To be diagnosed with PTSD, these symptoms must be causing problems in important areas of your functioning. (E.g., work, social life, relationships.)

COPING WITH AND HEALING FROM TRAUMA AND PTSD

*The most important thing a person who has lived through trauma can realize is that **that was then, and this is now**. That's simple to say, and sometimes difficult to do.*

The three main symptom clusters in PTSD revolve around intrusive thoughts and memories; numbing and avoidance; and hypervigilance (a sense of always being “on alert”). When these problems diminish, it's possible to start building a life that is free of trauma and abuse. It's a gradual process, but the rewards are very great.

Reach out to friends and colleagues at Rainbow Heights Club and elsewhere and hear about their stories about surviving and healing from trauma.

Borderline personality disorder

Personality disorder - borderline

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Borderline personality disorder is a condition in which people have long-term patterns of unstable or turbulent emotions, such as feelings about themselves and others.

These inner experiences often cause them to take impulsive actions and have chaotic relationships.

Causes, incidence, and risk factors

The causes of borderline personality disorder (BPD) are unknown. Genetic, family, and social factors are thought to play roles.

Risk factors for BPD include:

- Abandonment in childhood or adolescence
- Disrupted family life
- Poor communication in the family
- Sexual abuse

This personality disorder tends to occur more often in women and among hospitalized psychiatric patients.

Symptoms

People with BPD are often uncertain about their identity. As a result, their interests and values may change rapidly.

People with BPD also tend to see things in terms of extremes, such as either all good or all bad. Their views of other people may change quickly. A person who is looked up to one day may be looked down on the next day. These suddenly shifting feelings often lead to intense and unstable relationships.

Other symptoms of BPD include:

- Fear of being abandoned
- Feelings of emptiness and boredom
- Frequent displays of inappropriate anger
- Impulsiveness with money, substance abuse, sexual relationships, binge eating, or shoplifting
- Intolerance of being alone
- Repeated crises and acts of self-injury, such as wrist cutting or overdosing

Signs and tests

Like other personality disorders, BPD is diagnosed based on a psychological evaluation and the history and severity of the symptoms. Like all the disorders in this document, it must be diagnosed by a mental health professional.

Treatment

Many types of individual talk therapy, such as dialectical behavioral therapy (DBT), can successfully treat BPD. In addition, group therapy can help change self-destructive behaviors.

In some cases, medications can help level mood swings and treat depression or other disorders that may occur with this condition.

Expectations (prognosis)

The outlook depends on how severe the condition is and whether the person is willing to accept help. With long-term talk therapy, the person will often gradually improve. What does improvement in BPD mean? It can mean becoming gradually more patient, instead of impulsive. It can mean becoming gradually more able to tolerate the idea that yourself and other people have a combination of good and bad qualities, instead of being all good or all bad (or all good one day and all bad the next). It can mean being able to gradually have less chaotic and more stable relationships, as well as thoughts and feelings about yourself and other people. Most of all, recovery in BPD means having gradually more serenity in your life. If you see any of these changes happening – even just a little bit – that means that you are on track.

Complications

- [Depression](#)
- [Drug abuse](#)
- Problems with work, family, and social relationships

- [Suicide](#) attempts and actual suicide
-

Borderline Personality Disorder (detailed information)

The main feature of borderline personality disorder (BPD) is a pervasive pattern of instability in interpersonal relationships, self-image and emotions. People with borderline personality disorder are also usually very impulsive. (That means they often do things without thinking about them very much beforehand.)

This disorder occurs in most people by early adulthood. To be diagnosed with BPD, the unstable pattern of interacting with others must have persisted for years and is usually closely related to the person's self-image and early social interactions. The pattern is present in a variety of settings (e.g., not just at work or home) and often is accompanied by a similar lability (fluctuating back and forth, sometimes in a quick manner) in a person's emotions and feelings. Relationships and the person's emotions may often be characterized as being shallow.

A person with this disorder will also often exhibit impulsive behaviors and have a majority of the following symptoms:

- **Frantic efforts to avoid real or imagined abandonment**
- **A pattern of unstable and intense interpersonal relationships** characterized by alternating between extremes of idealization and devaluation

- **Identity disturbance**, such as a significant and persistent unstable self-image or sense of self
- **Impulsivity** in at least two areas that are potentially self-damaging (e.g., spending, sex, drinking, substance abuse, reckless driving, [binge eating](#))
- **Recurrent suicidal behavior**, gestures, or threats, or self-mutilating behavior
- **Emotional instability** due to significant reactivity of mood (e.g., intense episodic dysphoria, irritability, or [anxiety](#) usually lasting a few hours and only rarely more than a few days)
- **Chronic feelings of emptiness**
- **Inappropriate, intense anger** or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- **Transient, stress-related paranoid thoughts** or severe dissociative symptoms

As with all personality disorders, the person must be at least 18 years old before they can be diagnosed with it.

Borderline personality disorder is more prevalent in females (75 percent of diagnoses made are in females). It is thought that borderline personality disorder affects approximately 2 percent of the general population.

Like most personality disorders, borderline personality disorder typically will decrease in intensity with age, with many people experiencing few of the most extreme symptoms by the time they are in the 40s or 50s.

Details about Borderline Personality Disorder Symptoms

Frantic efforts to avoid real or imagined abandonment.

The perception of impending separation or rejection, or the loss of external structure, can lead to profound changes in self-image, emotion, thinking and behavior. Someone with borderline personality disorder will be very sensitive to things happening around them in their environment. They experience intense abandonment fears and inappropriate anger, even when faced with a realistic separation or when there are unavoidable changes in plans. For instance, becoming very angry with someone for being a few minutes late or having to cancel a lunch date. People with borderline personality disorder may believe that this abandonment implies that they are “bad.” These abandonment fears are related to an intolerance of being alone and a need to have other people with them. Their frantic efforts to avoid abandonment may include impulsive actions such as self-mutilating or suicidal behaviors.

Unstable and intense relationships.

People with borderline personality disorder may idealize potential caregivers or lovers at the first or second meeting, demand to spend a lot of time together, and share the most intimate details early in a relationship. However, they may switch quickly from idealizing other people to devaluing them, feeling that the other person does not care enough, does not give enough, is not “there” enough. These individuals can empathize with and nurture other people, but only with the expectation that the other person will “be there” in return to meet their own needs on demand. These individuals are

prone to sudden and dramatic shifts in their view of others, who may alternately be seen as beneficent supports or as cruelly punitive. Such shifts often reflect disillusionment with a caregiver whose nurturing qualities had been idealized or whose rejection or abandonment is expected.

Identity disturbance.

There are sudden and dramatic shifts in self-image, characterized by shifting goals, values and vocational aspirations. There may be sudden changes in opinions and plans about career, sexual identity, values and types of friends. These individuals may suddenly change from the role of a needy supplicant for help to a righteous avenger of past mistreatment. Although they usually have a self-image that is based on being bad or evil, individuals with borderline personality disorder may at times have feelings that they do not exist at all. Such experiences usually occur in situations in which the individual feels a lack of a meaningful relationship, nurturing and support. These individuals may show worse performance in unstructured work or school situations.

How is Borderline Personality Disorder Diagnosed?

Personality disorders such as borderline personality disorder are typically diagnosed by a trained mental health professional, such as a psychologist or psychiatrist. Family physicians and general practitioners are generally not trained or well-equipped to make this type of psychological diagnosis. So while you can initially consult a family physician about this problem, they should refer you to a mental health professional for diagnosis and treatment. There are no laboratory, blood or genetic tests that are used to diagnose borderline personality disorder.

Many people with borderline personality disorder don't seek out treatment. People with personality disorders, in general, do not often seek out treatment until the disorder starts to significantly interfere or otherwise impact a person's life. This most often happens when a person's coping resources are stretched too thin to deal with stress or other life events.

A diagnosis for borderline personality disorder is made by a mental health professional comparing your symptoms and life history with those listed here. They will make a determination whether your symptoms meet the criteria necessary for a personality disorder diagnosis.

Causes of Borderline Personality Disorder

Researchers today don't know what causes borderline personality disorder. There are many theories, however, about the possible causes of borderline personality disorder. Most professionals subscribe to a biopsychosocial model of causation — that is, the causes of are likely due to biological and genetic factors, social factors (such as how a person interacts in their early development with their family and friends and other children), and psychological factors (the individual's personality and temperament, shaped by their environment and learned coping skills to deal with stress). This suggests that no single factor is responsible — rather, it is the complex and likely intertwined nature of all three factors that are important. If a person has this personality disorder, research suggests that there is a slightly increased risk for this disorder to be “passed down” to their children. *At Rainbow Heights Club, we wonder if growing up as an LGBT person in our society, and all the minority stress that can go along with that, might set us up to have some aspects of borderline personality disorder. We might see traces of this pattern in ourselves and others, even if we don't qualify for a*

full diagnosis. As we move toward healing and recovery, we might want to ask ourselves if there are ways in which we could benefit from cultivating more patience, serenity and stability in our lives.

Treatment of Borderline Personality Disorder

Treatment of borderline personality disorder typically involves long-term [psychotherapy](#) with a therapist that has experience in treating this kind of personality disorder. [Medications](#) may also be prescribed to help with specific troubling and debilitating symptoms.

COPING WITH ASPECTS OF BORDERLINE PERSONALITY DISORDER

How can we cope with aspects of borderline personality disorder in ourselves? Many people struggle with being overwhelmed by our feelings, or acting quickly without thinking through the possible consequences. If we can build up patience, and build up our belief that we can tolerate our own thoughts and feelings – if we can slow down and just let ourselves be, without always having to be DOING something – we can have more serenity and more space in our lives. We can have more time in between having an impulse and acting on it. This in itself is a powerful step out of the pattern of impulsivity that often characterizes BPD.

MAJOR DEPRESSION

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A major depressive episode is not a disorder in itself, but is a part of another disorder, most often [major depressive disorder](#) or [bipolar disorder](#).

A person who suffers from a **major depressive episode** must either have a depressed mood, or a loss of interest or pleasure in daily activities, consistently for at least a 2 week period. This mood must represent a change from the person's normal mood; social, occupational, educational or other important functioning must also be negatively impaired by the change in mood. A major depressive episode is also characterized by the presence of a **majority** of these symptoms:

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). (In children and adolescents, this may be characterized as an irritable mood.)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
- Insomnia (not sleeping) or hypersomnia (sleeping too much) nearly every day.
- Psychomotor agitation or retardation nearly every day.
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness, or excessive or inappropriate guilt, nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.

- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

COPING WITH FEELINGS OF DEPRESSION:

*Remind yourself that this will pass. When we are depressed, we can only remember other times we have been depressed. So it might seem like we have always felt that way, and we always will. You need to build up a confident feeling that this depressed feeling will pass. Also, have a list of things that you can do to make yourself feel better – eat something you like, be with a friend, take care of yourself, reach out for help. Finally, remember that feelings of depression, the impulse to isolate and do nothing, and negative thoughts and feelings about yourself and other people all go in a circle that's very hard to break out of. But **anything you can do to break out of that cycle is going to help**. Get out of the house. Take a walk. Come to Rainbow Heights Club. Call a friend. These are powerful things you can do- or help someone else to do – to break the cycle of depression.*

MANIC EPISODE

SYMPTOMS

A manic episode is not a disorder in and of itself, but rather is a part of [a type of bipolar disorder](#).

A manic episode is characterized by period of time where an elevated, expansive or notably irritable mood is present, lasting for at least one week. These feelings must be sufficiently severe to cause

difficulty or impairment in occupational, social, educational or other important functioning and cannot be better explained by a [mixed episode](#). Symptoms also can not be the result of substance use or abuse (e.g., alcohol, drugs, medications) or caused by a general medical condition. Three or more of the following symptoms must be present:

- Inflated self-esteem or grandiosity (feelings of great self importance, like you are the Messiah or should run for President)
- Decreased need for sleep (for example, you feel rested after only 3 hours of sleep, or you stop sleeping at all for a few days)
- More talkative than usual, or pressure to keep talking
- Your ideas fly around like birds, or you feel that your thoughts are racing
- Your attention is easily drawn to unimportant or irrelevant items
- Increase in goal-directed activity (either socially, at work or school, or sexually) or physical restlessness
- Excessive involvement in pleasurable activities that have a high potential for painful consequences (for example, going on unrestrained buying sprees, making reckless sexual decisions, or foolish business investments)

People who experience a manic episode are often [diagnosed with a type of bipolar disorder](#).

COPING WITH MANIC EPISODES:

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For many people, medications like Depakote or lithium are an important way of controlling and avoiding manic episodes. Remember that these meds only address the manic symptoms; they do not help with feelings of depression. If you have those too, talk to your doctor or psychiatrist about what you might want to do to help address those feelings. Maybe you would also like to take antidepressants, either all the time, or only when you are feeling that depression is happening. Talk to your doctor about which approach would work best for you.

If you sometimes have delusions, unusual ideas, or behaviors that endanger yourself or others, it's very important to think about what warning signs you or other people might notice, and let those people know. For instance, do you start staying up until very late at night? Do you have too much energy and can't stop talking? Do you get unusual ideas, like you think that the TV is talking to or about you? Let your therapist and your friends and/or partner know. That way they can help you head off an episode when it's just getting started. This will be better for everybody.

What other ways can you think of to help cope with feelings of being manic or having a manic episode?

SCHIZOPHRENIA

Definition

Schizophrenia (in Greek, “split mind”) is a mental illness with a variety of symptoms. Sometimes the person loses contact with reality as other people understand it. They might experience

- bizarre behavior
- disorganized thinking

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- disorganized speech
- less emotional expressiveness
- diminished or loss of contact with reality
- diminished to total withdrawal from other people

Schizophrenia affects approximately one percent of the world's population. Schizophrenia has both [positive](#) and [negative symptoms](#). (Here, "positive" doesn't mean "good," and "negative" doesn't mean "bad." Instead, "positive" means that there is something THERE, whereas "negative" means that there is something MISSING.)

Some positive symptoms include thought disturbance, withdrawal, and difficulties managing effect. There may also be hallucinations and grandiosity. Negative symptoms can include speaking less or not at all, seeming to have fewer or no emotions, seeming to have fewer or no impulses to do something, and moving around little or not at all. If someone sits quietly on a couch for a long time without saying, feeling, or thinking much of anything, they are showing negative symptoms. However, if you asked them what was going on, and they said "I'm praying," or "I'm meditating," or "I'm thinking about a novel I would like to write," that probably isn't negative symptoms. That's why it's important to ask!

Symptoms may also be non-schizophrenic in nature, including [anxiety](#), depression, and [psychosomatic symptoms](#).

Schizophrenia is a brain disorder that can change the way a person acts, thinks, perceives reality, expresses emotions and relates to other people. Schizophrenia affects people of all genders and races. People who have Schizophrenia may believe that other people have a capacity to read their mind, control their thought patterns or are scheming to harm them. In other cases, they may smell

odors or hear voices that other people don't smell or hear. These experiences can leave a person withdrawn, frightened or extremely agitated. Just like [cancer](#) or [diabetes](#), Schizophrenia is a disease that has no known cure, but it can be well controlled with the correct treatment. People living with schizophrenia who are in treatment can have jobs, careers, relationships, and meaningful lives, just like anybody else.

Signs and Symptoms of Schizophrenia

People suffering from schizophrenia display different personality at different times with symptoms being severe and sudden at the start of the illness. Symptoms of schizophrenia can be classified into three categories.

Positive Symptoms are characterized by behaviors which are easily spotted. They include delusions, thought disorders, hallucinations and movement disorders. Delusions are weird beliefs which are not based on reality. Often a person refuses to give up the beliefs even when they are presented with realistic proof that the beliefs are not true. Hallucination involves perception of things that are not real. This will include hearing voices that are not heard by other people or smelling strange odors.

Disorganized Symptoms are characterized by the inability of a person to think and respond in an appropriate way. Some of the symptoms include inability to make decisions, losing or forgetting

things, use of nonsense words or sentences that have no logic, slow movements, shifting from one thought to the other quickly and repeated gestures and movements.

Negative symptoms reflect the seeming loss of ability to express emotions, speak, feel, and make plans. Some of the negative symptoms include withdrawal from relatives and friends, loss of interest in life, poor hygiene, and reduced energy.

Causes of Schizophrenia

Schizophrenia is an illness like diabetes or cancer with a biological root but the real cause is not yet known. There are a number of factors that contribute to the development of schizophrenia in a person.

Heredity: There is an increased possibility of children developing schizophrenia if one or both of their parents have it.

Brain structure: This is another factor that can contribute to the development of schizophrenia in a person.

Environment: Schizophrenia is likely to occur when a person's body is undergoing physical and hormonal change especially when these changes occur under stressful situations or poor social relations.

Brain Chemistry: Lack of chemical balance in the brain is another factor that contributes to the development of schizophrenia. Example is dopamine chemical which act as neurotransmitter that helps in sending of messages between nerve cells. In the case, the brain produce may produce

dopamine in limited or excess quantity causing an imbalance which affects the way the brain reacts and responds to stimuli such as smells, lights and sounds.

Family Environment: Studies show that if a family has a communication style where people are very critical and show a lot of negative emotions, a young person in that family who is showing some mental health problems will be more likely to develop symptoms that look like schizophrenia. We don't believe that this causes schizophrenia, but it may make the symptoms worse.

Epidemiology

Schizophrenia is a common illness affecting people of all cultures and races across the globe. The disease manifests itself in late teenage and early 20s although it can occur at any age. About the same number of men and women have schizophrenia, although symptoms appear in men in their early 20s while in women the symptoms appear in late 20s or even later. Over 2.4 million people, representing 1% of United States population, live with schizophrenia.

Diagnosis of Schizophrenia

Currently, there are no specific laboratory tests for schizophrenia. When a person shows signs of schizophrenia, doctors perform various procedures like blood test and X-rays aimed at ruling out any other illness that might cause the same symptoms. If no illness is found after the tests, the patient is referred to psychologist or psychiatrist who uses various techniques to assess if the person has psychotic disorders. The person's behaviors and attitude are also part of the diagnostic report. If the person shows schizophrenia symptoms for more than six months, he/she is diagnosed as having schizophrenia.

Treatment of Schizophrenia

Treatment is aimed at reducing the symptoms. Treatment may be in form of medications, psychosocial therapy, and hospitalization if necessary.

Medications: Antipsychotics are the primary medications for treating schizophrenia. This medicine reduces disturbing symptoms like hallucinations and delusion. Some of the common medicines include Prolixin, Navane, Trilafon, Clozaril, Geodon and Zyprexa.

Psychosocial Therapy is considered the most effective way to address social, psychological and behavioral problems resulting from schizophrenia. [Therapy](#) includes rehabilitation which helps an individual to focus on skills and training to help an individual to be independent. Family therapy enables a person to interact effectively with family members.

Hospitalization may sometimes be needed. The aim of hospitalization is to prevent them from hurting or injuring themselves and gain stability as they take medication.

Diagnostic Criteria

1. During one month or more, a significant portion of time is taken up by bizarre delusions that are hallucinations consisting of two or more voices conversing with each other or of a voice that affects a person's behaviors or thoughts or at least two of the following:
 - [delusions](#)
 - [hallucinations](#)
 - [grossly disorganized behavior](#)
 - [catatonic behavior](#)
 - [negative symptoms](#)

2. For a significant portion of time, due to the disturbance, marked impairment is noticed in academics, interpersonal relationships, self-care, work or any other major area of functioning.
3. Symptoms are continuous and persist for at least six months.
4. The disturbance is not due to a Pervasive Developmental Disorder, substance abuse, general medical condition or another mental disorder.

COPING WITH SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER

Schizophrenia and schizoaffective disorder are nothing to be embarrassed about. For many people, medications help to reduce or eliminate symptoms. Therapy and psychosocial support also help many people. Taking a recovery oriented approach to your life will help you keep a positive outlook and avoid the pervasive feelings of stigma that people in our culture often associate with schizophrenia and schizoaffective disorder. You should be proud of your recovery and the life you are building. Find people who understand this and want to support and encourage you.

Schizoaffective disorder

Schizoaffective disorder is a mental condition that causes both a loss of contact with reality (psychosis) and mood problems. The exact cause of schizoaffective disorder is unknown. Changes in

genes and chemicals in the brain (neurotransmitters) may play a role. Some experts do not believe it is a separate disorder from schizophrenia.

Schizoaffective disorder is believed to be less common than schizophrenia and mood disorders. Women may have the condition more often than men. Schizoaffective disorder tends to be rare in children.

Symptoms

The symptoms of schizoaffective disorder are different in each person. Often, people with schizoaffective disorder seek treatment for problems with mood, daily function, or abnormal thoughts.

Psychosis and mood problems may occur at the same time, or by themselves. The course of the disorder may involve cycles of severe symptoms followed by improvement.

To be diagnosed with schizoaffective disorder, you must have psychotic symptoms during a period of normal mood for at least 2 weeks.

The combination of psychotic and mood symptoms in schizoaffective disorder can be seen in other illnesses, such as bipolar disorder. Extreme disturbance in mood is an important part of schizoaffective disorder.

This section is for everybody:

When should you call your care providers?

Here are some things you should definitely be talking to your doctor and therapist about if they are happening to you. Call your health care or mental health provider if you or someone you know is experiencing any of the following:

- Depression with feelings of hopelessness or helplessness
- Inability to care for basic personal needs
- Increase in energy and involvement in risky behavior that is sudden and not normal for you (for instance, going days without sleeping and feeling no need for sleep)
- Strange or unusual thoughts or perceptions
- Symptoms that get worse or do not improve with treatment
- Thoughts of suicide or of harming others