

Schizophrenia treatment

Schizophrenia is not a curable illness. It can, however be treated and managed. Individuals with schizophrenia can increase their functioning levels and have fulfilling lives.

Schizophrenia is treatable. With the support of family, friends, and physicians, individuals with schizophrenia can live a happy and fulfilling life.

There are three phases of schizophrenia. Treatment is adjusted as the individual moves through each phase. The three phases are:

- **Acute phase:** The acute phase is the period when major symptoms occur that cause significant problems in functioning. Symptoms may gradually increase to serious levels, or appear without any warning. Almost always, symptoms in this phase are addressed with antipsychotic medication (see below). The primary goals of this phase are keeping the individual safe and reducing serious symptoms. Another goal is educating the family (or other caregivers) about schizophrenia and its treatment.
- **Stabilization phase:** During the stabilization period, the goals of treatment include controlling severe symptoms. Other goals are reducing stress, providing support to reduce the chance of relapse, and helping the individual feel comfortable in his/her living environment.

- **Stable phase:** During this phase, the goals of treatment include continued control of serious symptoms and addressing mild symptoms that may be negatively impacting the person's motivation and energy. Addressing the mild symptoms can result in improved functioning in family, social and work or school environments. Because schizophrenia is a chronic illness, there is no guarantee that serious symptoms will not recur. Therefore, treatment in the stable phase usually continues throughout the individual's lifetime.

The following treatments have been found to be useful in the treatment of schizophrenia:

Medications

Medication is necessary to treat schizophrenia. Doctors and their patients consider many things before choosing a medicine. Some things include the type and seriousness of the person's symptoms, other illnesses, potential side effects and responses to previous medications.



Antipsychotic medications are the most commonly used medications for schizophrenia. There are two categories:

- First generation antipsychotic medications. These are referred to as typical or conventional antipsychotic medications; and
- Second generation antipsychotic medications. These also referred to as atypical antipsychotic medications.

Both first and second generation antipsychotic medications are effective. They target different chemicals in the brain. They also have different side effects. Second generation antipsychotic medications are usually tried first because they have been shown to address some symptoms (such as depression, lack of motivation, social withdrawal) better than first generation antipsychotic medications.

Some common **first generation** antipsychotics:

Generic Name	Brand Name
haloperidol	Haldol
fluphenazine	Prolixin
perphenazine	Trilifon
thioridazine	Mellaril
thiothixene	Navane
trifluoperazine	Stelazine

Some common **second generation** antipsychotics:

Generic Name	Brand Name
olanzapine	Zyprexa
risperidone	Risperdal
ziprasidone	Geodon
quetiapine	Seroquel
aripiprazole	Abilify
clozapine	Clozaril

Sometimes a prescribing physician may recommend medications in addition to antipsychotics to either strengthen the effect of antipsychotic medications and/or better address symptoms of depression, social withdrawal and lack of motivation.

Side effects

Side effects are common with antipsychotic drugs. They range from mild side effects such as dry mouth, blurred vision, constipation, drowsiness and dizziness which usually disappear after a few weeks, to more serious side effects such as trouble with muscle control, pacing, tremors and facial tics. The newer generation of drugs has fewer side effects. However, it is important to talk with your mental health professional before making any changes in medication since many side effects can be controlled.



Taking your medications

If you do not know the following facts about each of your medications, ask your doctor. If you know these facts, but think you may forget them, you may want to review them with a family member or trusted friend and write them down for future reference.

- Name of medication
- Purpose of medication
- How long it takes to experience a benefit from the medication
- Prescribed dose of medication
- When/how often to take medication
- When to obtain refills
- Possible side effects of medication
- What to do if side effects of medication are experienced
- What to do if you forget to take medication
- What to do if you take too much medication
- How often doctor visits should occur to review effect of medication
- The next refill date
- What to do if you run out of medication before your next doctor appointment.

Tips to help you stay on track

Antipsychotic medications help your brain function better by balancing certain chemicals. If you stop taking your medications, your brain will function like it did prior to taking the medications. So, it is important to keep taking the medications. It may take several trials of medications before you and your doctor identify the best ones for you. But once you've done that,

you will be able to move on to other areas of recovery such as enjoying friends, working, going to school and learning leisure skills.

Medications work better if they are taken exactly as prescribed. Sometimes it is difficult to remember to take them. Some ideas to help you stay on track include:

- Take medications at the same time you complete a routine activity. Place your medication in a convenient location. For example, place your medications next to your toothbrush and take them after you brush your teeth.
- Place a reminder card in a visible place.
- Ask a family member or friend to remind you to take your medications.
- Use a medication box that holds an entire week's supply of medication.
- If you have a clock or watch with an alarm, set it for the time to take your medications.

If these tips do not help, talk to your doctor. He or she may be able to make your medication schedule simpler. Then it will be easier for you to keep up with your responsibility of taking your medications.

Remember: No antipsychotic medication should be discontinued without talking to the doctor who prescribed it. It should always be tapered off under a doctor's supervision rather than being stopped all at once.



Psychosocial treatment and support

Psychosocial treatments can help patients who are already stabilized on antipsychotic medications deal with certain aspects of schizophrenia. This includes:

- Difficulty with communication
- Motivation
- Self-care
- Work
- Establishing and maintaining relationships with others.

Illness management skills

You need to take an active role in managing your own illness. Once you learn basic facts about schizophrenia and the principles of schizophrenia treatment, you can make informed decisions about your care. When you learn how to monitor the early warning signs of relapse and have a plan to respond to these signs, you can learn to prevent relapses. You should also learn effective coping skills to deal with persistent symptoms.

Integrated treatment for co-occurring substance abuse

Substance abuse is the most common co-occurring disorder when you have schizophrenia. Unfortunately ordinary substance abuse treatment programs usually do not address the special needs of people with schizophrenia. Look for an integrated treatment program that addresses both schizophrenia and drug treatment.

Rehabilitation

Rehabilitation emphasizes social and vocational training that can help you function more effectively in your community. Schizophrenia often interferes with normal cognitive functioning. Plus, if you developed schizophrenia when you were young, during your critical career-forming years of life (ages 18 to 35), you may not have received the training required for skilled work. Rehabilitation programs can help you with vocational counseling; job training; money management counseling; assistance in learning to use public transportation; and opportunities to practice social and workplace communication skills. Supported employment is a service that provides support in locating appropriate job opportunities, improving interviewing skills, and keeping a job once it is found.

Family education

If you have been discharged from the hospital into the care of your family, it is important that your family members know as much as possible about the disease to help you prevent relapses. Your family members should be aware of different kinds of treatment adherence programs. They need to have coping strategies and problem-solving skills to help you manage your schizophrenia effectively. This can include receiving training in solving family related problems, managing stress, and improving communication. Your family should also know where to find outpatient and family services that can give you the support you need.



Cognitive behavioral therapy

This type of therapy is useful if you have symptoms that persist even when you take your medication. A cognitive therapist can teach you how to test the reality of your thoughts and perceptions; how to “not listen” to voices; and how to shake off the apathy that can be immobilizing. Cognitive behavioral therapy can be effective in reducing the severity of your symptoms and decreasing the risk of a relapse.

Self-help support groups

Self-help groups for individuals and families are becoming increasingly common. Although professional therapists are not involved, the group members are a continuing source of mutual support and comfort for each other, which is also therapeutic. When you are in a self-help group, you know that others are facing the same problems. It helps you not feel isolated by your illness. The networking that takes place in self-help groups can also generate social action.

Learn more about schizophrenia

- **National Alliance for the Mentally Ill (NAMI)** www.nami.org
- **Brain & Behavior Research Foundation** <https://bbrfoundation.org>
- **National Institute of Mental Health** www.nimh.nih.gov

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