Early detection of Schizophrenie

Schizophrenia (Greek „splitting of the soul“) owes its name the German-speaking psychiatry. In the 20th century it was misleadingly assumed, that the disease was kind of a “split personality” since in the course of the disease psychoses occur during which the patients among others experiences delusional ideas, halluzinations (hearing of voices, presence of not existing persons or situations etc.) and disorders of thinking and identity perception.

In reality schizophrenia stems from a slowly developing complex brain disease on the basis of inheritance and minor birth complications (oxygen deficiency). Already during infantile slight changes in the brain and the behavior of the child (e.g. playing in a group) can be observed, although they usually are very marginal and can only be identified retroactively much later after the diagnosis of the disease was set.

The maturation process of the brain does not proceed correctly in certain areas which together with genetic factors lead to kind of an unstable condition of the metabolism. As experienced by the patients and assumed by the psychiatrist the symptoms occur during or shortly after puberty but mainly long before the age of 30 (women 3 – 4 years later than men, sometimes after the menopause). Patients show symptoms of inefficiency e.g. in school, retreat from friends and family, experience a lack of energy, concentration problems, mood changes and decreased emotionality. Thought processes are disturbed and first concentration disorders and a conspicuity in perception and interpretation of the environment add (so-called cognitive disorders, which often define the course of the disease). The intelligence is remains largely unaffected. This phase is called “prodrome”.
This phase until the first batch of the disease (psychosis) takes about 3 – 6 years, then again another 1 – 2 years until the diagnosis can be set. 4 – 8 important years have passed by during which irreparable damages on feeling, thinking, perceiving and efficiency were conditioned.

Some centers dealing with early detection of the disease (e. g. universities of Bonn, Cologone and Düsseldorf) search for new approaches. Very rarely parents, teachers, social workers, psychologists etc. come to the conclusion to present the noticeably changing adolescent or young adult to a psychiatrist. Initially it is often assumed that heartsickness, drug abuse (which often occurs together with the prodrome), problems with the parents are the reason for the changes and consequently capitulate. But in every 150th person the development of the disease happens more often the closer the consanguinity to another sick person is. This disease amounting to approx. 15 billion Euros belongs among seven others to the most expensive disease in the medical care system. If untreated the course of the disease is comparable to other periodic forms of diseases such as rheumatism, multiple sclerosis and neurodermatitis. Severe stress and pressure are known to deteriorate the course of the disease.

A spontaneous healing can occur in approx. 20% of patients, among the remaining 80% the course of the disease can be influenced effectively by medications (neuroleptics) and experts in this field. The earlier the treatment starts the more effective the outcome. Nowadays, certain severe progressions (catatonia) of the disease can practically be avoided.