

There is no single cure for schizophrenia. Treatment ideally should consist of a number of components, such as medication, education of family, social and psychological treatment.

■ Medication

Acute schizophrenic symptoms can usually be brought under control by medication known variously as antipsychotics, neuroleptics, or major tranquillisers. These drugs can be taken either as tablets, or syrup, or in injection form. Injections are often more convenient and easier to remember than tablets. Major types of antipsychotic medication include Largactil, Modecate, Depixol and Pipartil. These types of medication are often very effective in treating positive symptoms such as hallucinations and delusions, but less effective with negative symptoms (see p166). These medications often take a couple of weeks to reach full effect and, although relatives may see benefits, the actual sufferer may be less aware of them. Medication produces side-effects such as dry mouth, restlessness and tremor which can be controlled by other tablets like Procyclidine and Disipal. There are some new drugs known as 'atypical antipsychotics', such as Chorazil and Olanzapine, which have fewer side effects and are thought to help reduce negative as well as positive symptoms.

If a person with schizophrenia is taking medication, the risk of having a second attack within a year is reduced from approximately 75 per cent to 30 per cent. Medication not only helps recovery but has a preventative action.

■ Social & psychological treatment

Education: It is essential that any drug therapy goes hand-in-hand with education of the patient and family. Each patient needs the right balance of understanding, social stimulation and privacy.

Social therapy and structure: Social therapy carried out in drop-in centres or mental health centres is particularly good for people with negative symptoms such as lack of energy and motivation. Having a structured daily timetable is vitally important for those who find it so difficult to structure their days and might otherwise stay in their room all day and not look after themselves.

Psychological therapy: Individual counselling is often helpful and gives the sufferers an opportunity to talk about problems of everyday living, and to feel less isolated and more in control of their lives. Gaining insight and understanding of the illness can certainly help.

Self-monitoring and learning coping strategies: Teaching people to self-monitor their own symptoms, so that they can recognise early on when they are worsening, can help reduce the number of relapses. Developing coping strategies (distraction, relaxation etc) for dealing with symptoms also helps the sufferer to feel more in control and better able to cope.