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Schizophrenia: No Cure Yet, But Symptoms May Be Managed



Medically reviewed by Jeffrey Ditzell, DO — Written by James Roland on May 3, 2021

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Schizophrenia is a long-term mental disorder that it makes it difficult for an individual to focus, think clearly, interact easily with other people, and keep emotions in check.


There is currently no cure for [schizophrenia](#), though there are medications and other treatments that have proven effective in managing certain symptoms, allowing individuals with schizophrenia to achieve quality of life.

Treatment is a lifelong necessity for someone with schizophrenia, and assistance with certain aspects of daily living is required for many people with the illness.

Like depression or bipolar disorder, schizophrenia can sometimes present with very intense symptoms, while at other times signs of the conditions are much less obvious. Working closely with a mental health professional with experience treating schizophrenia is vital to helping people with the disorder live as healthy a life as possible.

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Can schizophrenia be cured?

Schizophrenia affects an estimated 0.25 to 0.64 percent of the U.S. population, according to the [National Institute of Mental Health](#) . But despite years of research, scientists have yet to come up with a cure for schizophrenia or a way to prevent it.

Great advances have been made, however, in the treatment and understanding of this serious mental illness.

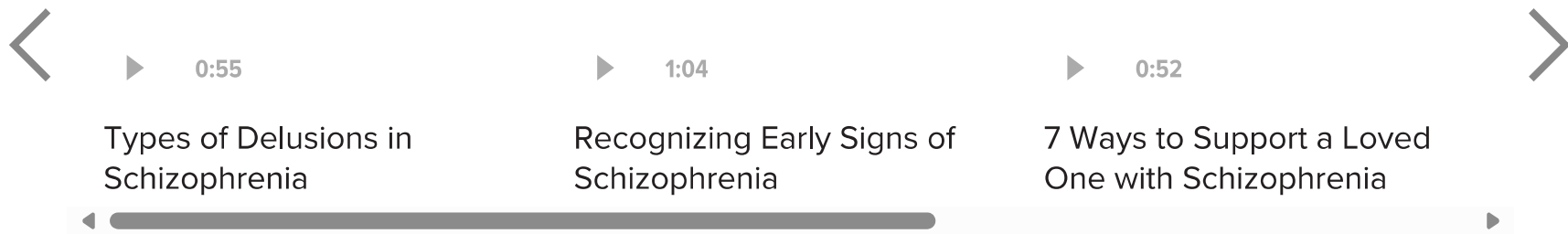
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This video explains the types of delusions you might have with schizophrenia.



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What about remission or functional recovery from schizophrenia?

Like some other types of mental illness, schizophrenia symptoms can sometimes wax and wane throughout a person's life. An individual may have an intense schizophrenic episode and go for months or years with little or no issue related to the disease. In most cases, however, even people receiving effective and consistent treatment must contend with at least some consequences of the disease.

But with a combination of medications, psychosocial therapy, and lifestyle adjustments, functional recovery and functional well-being are realistic goals for people with schizophrenia. Though an exact picture of what functional recovery looks like is still somewhat debated among clinicians, a survey of mental health experts reported in [BMC Psychiatry](#)  suggests that functional recovery involves concepts such as:

- quality of life

- functional autonomy
- cognitive health
- holding a job
- symptom management or remission
- maintaining social relationships

The goal of functional recovery is not just that serious symptoms such as hallucinations and delusions are held in check, but that an individual can live, work, and have positive family relationships and friendships, as well as live independently or with minimal assistance.

What is schizophrenia?

Schizophrenia is a potentially debilitating chronic psychiatric disorder. It's characterized by episodes of distorted reality, and often delusions or hallucinations. It also affects a person's perceptions of reality, interactions with others, and expressions of emotion.

Schizophrenia used to be classified into [five subtypes](#) in the widely used Diagnostic and Statistical Manual of Mental Disorders (DSM). However, the health experts who publish the guide eventually eliminated the classifications, because there were too many overlapping symptoms to make the subtypes helpful to clinicians.

The five traditional subtypes, which are still used to help explain the various forms of the disease, are:

- **Paranoid.** Marked by hallucinations, delusions, disorganized speech, concentration problems, and poor impulse control and emotional management

- **Hebephrenic.** No hallucinations or delusions, but speech disturbances, disorganized thinking, difficulties with daily functioning and flat affect (the inability to display emotions)
- **Undifferentiated.** The presence of symptoms from more than one subtype
- **Residual.** Less-intense symptoms displayed by someone who has had one or more previous episodes of schizophrenia, such as slowed speech, poor hygiene, and flattened affect (little ability to display emotions)
- **Catatonic.** Marked by mimicking behavior or maintaining a stupor-like condition

The causes of schizophrenia aren't well understood, though it appears that a [combination of factors](#) may increase the chances that a person will develop the disease. The factors include:

- **Physical.** A change in certain neurotransmitters may trigger schizophrenia, and research suggests that slight differences in brain structure may also play a role.
- **Genetics.** Having a [first-degree relative](#) with schizophrenia significantly increases a person's odds of developing the condition. No single gene has been identified as the main one responsible, but a combination of gene abnormalities may raise the risk.
- **Psychological.** For people who may be vulnerable to schizophrenia, major stressful life events — physical or emotional abuse, divorce, job loss — may trigger the condition. Similarly, drug abuse may bring on symptoms in some individuals.

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What are the symptoms?

Mental health professionals classify most [schizophrenia symptoms](#) as either positive or negative. Other symptoms involve cognition and inappropriate motor behaviors.

- **Positive symptoms** include hallucinations and delusions, both of which can often be managed with medications. They aren't considered positive because they are helpful or healthy, but rather because they appear because certain regions of the brain are activated.
- **Negative symptoms** appear to stem from diminished activation of certain parts of the brain, and don't usually respond as well to medical therapy as positive symptoms. Negative symptoms include those that interfere with normal, healthy functioning. They include problems interacting with other people and little desire to form social connections, as well as the inability to show emotions and feel pleasure and rewards.
- **Cognition challenges** associated with schizophrenia include confusion and disorganized speech. Thinking and verbal skills can become impaired, so, for example, an answer to a question may not make sense to the person asking the question.
- **Abnormal behaviors and motor skills problems** can range from agitation and impatience to silliness and other childlike traits. A person's body language may not match their words, while in other situations, someone with schizophrenia may not be able to formulate an answer or may be moving excessively, so communication and focus become even greater challenges.

How is schizophrenia treated?


While medications comprise a significant weight of [schizophrenia treatment](#), research published in [Frontiers in Public Health](#)  suggests that a more holistic approach that pairs medications with other non-pharmacological treatments — yoga, cognitive behavior therapy, etc. — may be best suited to help people manage their symptoms and their daily responsibilities.

It's important to note that schizophrenia requires [lifelong treatment](#), even if symptoms are well-managed or appear to have abated.

The following is a list of established treatments for schizophrenia, some of which are used together based on the needs of the individual:

Medications

The most commonly used medications to treat schizophrenia are antipsychotics. These medications appear to reduce symptoms by interfering with the action of dopamine, a neurotransmitter involved with reward and pleasure responses, movement, learning and several other functions.

[Antipsychotic medications](#) are especially effective at treating certain symptoms, such as hallucinations and delusions, but can sometimes worsen other symptoms, including social withdrawal and thinking skills, according to a review of schizophrenia treatments published in [Current Topics in Medicinal Chemistry](#) .

Newer antipsychotic drugs, known as second-generation or atypical antipsychotics, include clozapine, which is recommended by the [American Psychiatric Association](#) for use with treatment-resistant patients, or for those at a higher risk for suicide.

Psychosocial interventions

Psychotherapy is another mainstay of schizophrenia treatment, and [cognitive behavioral therapy \(CBT\)](#) in particular is recommended by the Society of Clinical Psychology. The goal of CBT is to change the way a person thinks about a situation in hopes of changing the emotional responses and behaviors regarding that situation.

In particular, CBT helps people become better aware of thoughts that are unrealistic and unhelpful. For people with schizophrenia, “reality testing” and better recognizing and managing unrealistic thoughts is quite important.


Social interventions are also helpful. They include family and group therapy, social skills training, and job training. Family training often focuses on reducing stress at home and helping family members cope and be more effective caregivers for those with schizophrenia.

Job training often involves vocational rehabilitation programs for people with a range of psychological, development, cognitive, and emotional disabilities. They lead to jobs in supervised settings that allow people to apply their skills in a positive environment where they can feel useful and personally rewarded.


Alternative treatments

Research into some [complementary and alternative treatments](#), such as supplementation with B vitamins and omega-3 fatty acids, has produced some encouraging but mixed results.

Yoga, an established benefit for people with depression or anxiety, was also shown to be helpful for individuals with schizophrenia, according to a study in the *International Journal of Yoga*. While it’s not clear exactly how yoga helps, researchers suggest that the exercise may induce changes in oxytocin levels, which may in turn improve a person’s social cognition.

Other forms of exercise, particularly aerobic activity, also appear to improve both positive and negative symptoms, quality of life, and cognition. According to a review of dozens of studies published in [Psychopharmacology Bulletin](#) , it's thought that exercise helps expand the volume of the hippocampus in the brain.

New treatments

Schizophrenia treatment is an active area of research around the world. Ongoing clinical trials are looking at the use of [ketamine](#) , a drug that has shown promise in depression treatment in recent years, and transcranial electrical stimulation, among other treatments.

Recent advancements in treatment also include long-acting injectable antipsychotic medications and transdermal patches to deliver those drugs, both of which help with adherence in people who may not reliably take oral medications.

The FDA also recently approved the drug [lumateperone](#) (Calyptra), which targets three key neurotransmitters involved in positive and negative symptoms: serotonin, dopamine, and glutamate. The drug is considered a breakthrough because traditional schizophrenia medications usually targeted dopamine only.

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How is schizophrenia diagnosed?

Schizophrenia is often diagnosed in a person's late teens through early 30s. Males tend to show signs of the disease a little earlier than females. Someone with schizophrenia may show some early signs of schizophrenia, such as cognitive troubles or difficulties with social interactions, years before a diagnosis is made.

While the symptoms of schizophrenia can sometimes be quite obvious and life-changing, diagnosing schizophrenia can often be difficult. The use of certain mind-altering drugs, such as LSD, can produce schizophrenia-like symptoms, for example.

Even more challenging is that many people with schizophrenia don't believe they have it or any other mental disorder. This not only means many people never get diagnosed in the first place, but that those who do begin treatment often stop taking medications or attending therapy because they insist they don't need it.

Diagnosing schizophrenia relies largely on the observation of symptoms over a period of months, while eliminating other potential causes of such symptoms — such as a brain tumor, a diagnosis of bipolar disorder, or other separate mental disorder.

To be formally diagnosed with schizophrenia, a person must have at least two of the following symptoms, and they must persist regularly:

- delusions
- hallucinations
- disorganized speech

- disorganized or catatonic behavior
- negative symptoms


Schizophrenia is sometimes divided into **phases** characterized by the presence and intensity of certain symptoms. The phases include:

- **Prodromal.** The early stage, sometimes not recognized until after the disorder has been diagnosed and symptoms are more apparent. A person in this phase may become more withdrawn and anxious, and may also have more problems making decisions and concentrating.
- **Active.** Known as acute schizophrenia, this phase is the most obvious, with symptoms including hallucinations, delusions, heightened suspicion, and abnormal communication and interaction with others.
- **Residual.** Though not always formally recognized, this phase occurs when symptoms are less obvious, though some signs of the illness may still be present. It's usually applied to a person who has had at least one episode of schizophrenia but isn't currently displaying symptoms of acute schizophrenia.

What's the outlook for an individual with schizophrenia?

The challenges facing people with schizophrenia are plentiful and often severe. But with proper treatment, some of the more severe symptoms, such as hallucinations and delusions, may be made more manageable.

Lifelong treatment is necessary and medication needs may change through the years. Dosages may have to be adjusted and certain medications may need to be changed, added, or subtracted, depending on how the individual responds.

A study in the journal [Revista Colombiana de Psiquiatria](#)  suggests that about one in seven people with schizophrenia can achieve functional recovery. With no cure in sight, that means the majority of people with schizophrenia will have to deal with symptoms for the rest of their lives.

Schizophrenia should be considered a treatable disease, though the effectiveness of treatment can vary dramatically from one person to the next. Access to proper healthcare is essential, as is commitment to a treatment regimen.

Individuals who are reluctant or unable to take their medications regularly and follow through on other components of their treatment may need a family member or health aide to assist them. The severity of schizophrenia also varies, so expectations of symptom management and quality of life need to be tempered based on the nature of the individual's condition.

Family members willing to deal with the challenges of living with a person with schizophrenia must be prepared for helping with everything from hygiene to meal preparation to transportation.

People with schizophrenia are more likely to have other mental health disorders, such as depression or anxiety, and physical health challenges such as cardiovascular disease and diabetes, than individuals in the general population. As a result, caring for a person with schizophrenia can involve a large team of healthcare professionals.

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The bottom line

Schizophrenia is one of the top 15 causes of disability around the world, affecting an estimated 20 million people globally, according to the 2016 [Global Burden of Disease Study](#)[✓]. Though it can be difficult to diagnose and treat, this serious mental health disorder can be treated — not cured yet — with a combination of medications and other interventions.

Though they face a lifelong challenge, with the support of a team of healthcare professionals, family members, and the community, people with schizophrenia can often attain a productive and socially fulfilling quality of life.

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