Schizophrenia, among the most disabling severe mental disorders, affects 1 percent of the population. It is a severe, persistent mental disorder that requires long-term health care. It has a dramatic, debilitating effect on most aspects of everyday functioning, behavior, and personal experience, and it can have a devastating effect on families as well. Symptoms of schizophrenia begin to emerge when a person is in young adulthood.

The long-term outcome for a person with schizophrenia varies. For older people who have experienced some relief from their symptoms with improved medications and who have strong family and/or social support systems, substantial improvement in their symptoms and functioning can occur. For older individuals who developed the disorder in their younger years, did not have the opportunity to use newer medications and community support systems, and who develop other medical problems, the outcome is more guarded.

A growing number of persons with severe and persistent mental disorders reach old age. Improvements in mental health and general medical care have resulted in more individuals with schizophrenia surviving into old age than ever before.

**What Is Schizophrenia?**

Schizophrenia is a syndrome characterized by disordered perceptions, thinking, and behavior that has a pervasive effect on personal, social, and work functioning. Some people first have difficulties in social adjustment and interpersonal relationships. Others do not show signs of significant problems until the onset of psychosis. Over a period of months, the person developing signs of schizophrenia may become socially withdrawn, depressed, and express unusual perceptions or thoughts. He/she may fail to show up for work or school and may spend long hours in seclusion. Contacts with family or friends may be punctuated by hostile, paranoid or bizarre comments.

Fully developed schizophrenia consists of cluster of symptoms which are described as positive, negative, or affective.

The positive symptoms are the active symptoms of psychosis, such as delusions (false beliefs or impressions) and hallucinations (perceiving or sensing that something is present when it is not). Other positive symptoms include severe problems in thought processes with illogical thinking and/or incoherent speech, and behavior problems including bizarre, repetitive or ritualistic behavior.

The negative symptoms reflect the problems in relating to others. They include a lack of emotional expression, a reduced amount of speech or speech that has no obvious content, social withdrawal, lack of interest or slowing down, and difficulty concentrating or performing tasks.
Affective symptoms, such as depression, are common in schizophrenia. Approximately 60 percent of people with schizophrenia suffer a major depression during the course of their illness and are at high risk for depression in their older years. This is especially true if the person has co-existing medical problems, or is taking medications which have risk of depression as a side effect or if the person has had a history of alcohol or other substance abuse.

Schizophrenia varies in the type and severity of symptoms across different individuals. However, at some time during the course of the illness, people with schizophrenia experience problems initiating and maintaining meaningful interpersonal relationships, fulfilling responsibilities (education or employment), or engaging in caring for themselves (grooming and hygiene, managing finances, etc.).

The Older Person With Schizophrenia

Older adults with schizophrenia can be divided into two groups. The most common group includes those people who have "early-onset schizophrenia." People in this group were diagnosed as young adults, have endured lifelong schizophrenia, and have grown old. Several factors influence how well people in this group are able to function in their older years. If the person is quite old, developed the disorder before the use of antipsychotic medication, and has spent many years in a psychiatric institution, his/her ability to function will have suffered. He/she may lack the skills to live independently, have poor social skills, and depend on a structured supervised setting to meet his/her needs. People who are comparatively younger, have been able to benefit from newer antipsychotic medications, and have been able to spend most of their adult lives in community treatment settings (with assistance of family or community mental health and social service supports), may be able to continue to function in this situation as they age.

The much less common are older individuals who are diagnosed with "late-onset schizophrenia." They may have been somewhat isolated, "odd or eccentric." and may have, at times, seemed to have paranoid thoughts, but had functioned independently and had developed some satisfying relationships in their earlier years. The development of the late-onset schizophrenia is likely to have followed a period of severe stress or physical illness. The ability of this person to return to more routine function, with the assistance of antipsychotic medication and family or social support, is greater than for persons with life long schizophrenia.

The symptoms of schizophrenia can become less intense for persons in later life. This could be due to biological changes in the brain, but may also be due to better self-management of the illness. Keeping stress low, seeking good medical care when indicated, avoiding alcohol or other substance use, and taking medications as prescribed improve the long-term functioning of any person with schizophrenia. Older people with schizophrenia who have family or social support to assist them tend to remain independent more successfully. Managing the disorder can be difficult for older persons who have never married, who do not have supportive family members, and who have not been connected to community-based mental health services.

Older adults who have schizophrenia also develop some of the medical disorders common among older persons. These medical problems can result in serious complications. In general, the physical health of individuals with schizophrenia in late middle age or early old age may be more
typical of the health status of much older individuals without mental illness. Factors that can contribute to poor physical health include frequent health-damaging behaviors such as smoking and substance abuse, limited access to good health care because of financial constraints, and delay in seeking medical treatment as a result of the high pain threshold found in many persons with schizophrenia. In addition, older adults are more sensitive to the side-effects of antipsychotic medications. One potentially serious side-effect is tardive dyskinesia, a neurological syndrome of abnormal involuntary movements.

Another problem that can occur for older adults with schizophrenia is the development of cognitive impairment or dementia. For some, the symptoms of the dementia can become the primary source of problems in late-life functioning and can determine the kind of care required.

TREATMENT OF SCHIZOPHRENIA IN LATE LIFE

The most effective approach to treating schizophrenia is to address the individual's biological, psychological and social needs. This strategy is particularly true for an older person.

Medication Therapy

Effective management of psychotic symptoms through use of antipsychotic medications is the first and most important aspect of treating persons with schizophrenia. For older adults who have a change in their metabolic system and for those people who have life-long schizophrenia, development of the newer atypical antipsychotics has been important. These medications cause less intense side effects, a particular benefit for older adults with schizophrenia who also take medications for other medical problems. Biological changes that occur as the body ages can directly affect the way medication is metabolized and can intensify side effects. Becoming toxic from combined medications, or failure to take medications as indicated, is a common problem for the older person. It can be difficult to evaluate the problems of the older person with schizophrenia if he/she is uncooperative because of delusions.

The older person with schizophrenia is already coping with difficulty in the ability to perceive and reason, which creates even more vulnerability if dementia develops. Mental health professionals must evaluate the older person's cognitive abilities, the ability to adequately perceive and understand, in order to know whether problems in this area are due to a schizophrenic process or to a developing dementia.

If the older person is living successfully in a community situation, relying on a system of family and social supports, changes in that system can put the individual at risk. Stress from life events commonly experienced by older adults - such as the death of a loved one - can be devastating to an older person with schizophrenia. She/he may be more vulnerable to an exacerbation of the disease because of difficulty with coping and life skills. If such stressful life changes occur, it may be necessary to evaluate whether the older person is able to continue living in the community.

Community Support Services
Since family members as support persons may be limited or non-existent, it is important that the older person with schizophrenia be connected to community support programs. Local mental health centers offer programs that can assist with medication management, crisis intervention, psychological programming, case management, and psychotherapy, as needed. (See Types of Treatment)