Possible Early Warning Signs of Schizophrenia

Source: http://www.schizophrenia.com

The following list, compiled by one mental health consumer, contains some of the typical early warning signs of schizophrenia. Keep in mind that schizophrenia has a very narrow age of onset, typically between the ages of 15 and 25 (although it can affect children younger than fourteen, with a subtype known as childhood-onset schizophrenia).. The disease can come on over a period of years (called insidious onset) or be very rapid. It affects 1% of the general population. The list is subdivided into Physical Symptoms, Feelings and Mood, Behavior, Cognitive Problems, Delusions, and Hallucinations.

Disclaimer: The following symptoms overlap with many other diseases such as bipolar disorder, major depression, the various kinds of personality disorders (specifically paranoid and schizotypal personality disorders), and other problems such as brain tumors and temporal lobe epilepsy. There is no "typical" case of schizophrenia. Everyone has different symptoms. Seek the opinion of your doctor always.

Moreover, it is always important to keep the big picture in mind. Having just a few of these symptoms does not necessarily mean that a person has schizophrenia, or any other sort of psychiatric disorder. Almost all of the signs below can be present to a "normal" degree in people; it is when someone displays them to extremes that they can become psychiatric symptoms. Think if all of these behaviors as being on a continuum, in which the middle 99% of people displaying varying degrees of the behavior, but are still within the "normal" range. The 1% of people on the outer edges have the behaviors in extreme proportion, and/or a significant amount of the time, and that is when they can become debilitating.

A diagnosis of schizophrenia requires that continuous disturbance (i.e. debilitating symptoms) be present for at least six months, including at least one month of certain key symptoms (active symptoms: delusions, hallucinations, disorganized speech, disorganized/catatonic behavior, negative symptoms such as severe emotional flatness or apathy)

Please remember that **only a psychiatrist can properly diagnose schizophrenia**, or any other brain disease.

Examples of Physical Symptoms----

A blank, vacant facial expression. An inability to smile or express emotion
through the face is so characteristic of the disease that it was given the
name of affective flattening or a blunt affect.
Overly acute senses- lights are too bright, sounds are too loud.
Staring, while in deep thought, with infrequent blinking.
Clumsy, inexact motor skills
Sleep disturbances- insomnia or excessive sleeping

		Involuntary movements of the tongue or mouth (facial dyskinesias). Grimacing at the corners of the mouth with the facial muscles, or odd movements with the tongue. Parkinsonian type symptoms- rigidity, tremor, jerking arm movements, or			
		involuntary movements of the limbs An awkward gait (how you walk)			
		Eye movements- difficulty focusing on slow moving objects Unusual gestures or postures Movement is speeded up- i.e. constant pacing Movement is slowed down- staying in bed (in extreme cases, catatonia)			
<u>Ex</u>	am	ples of Feelings/Emotions			
		The inability to experience joy or pleasure from activities (called anhedonia)			
		Sometimes feeling nothing at all Appearing desireless- seeking nothing, wanting nothing Feeling indifferent to important events Feeling detached from your own body (depersonalization) Hypersensitivity to criticism, insults, or hurt feelings			
Ex	Examples of Mood				
		Sudden irritability, anger, hostility, suspiciousness, resentment Depression- feeling discouraged and hopeless about the future Low motivation, energy, and little or no enthusiasm Suicidal thoughts or suicidal ideation Rapidly changing mood- from happy to sad to angry for no apparent reason (called labile mood) Anxiety			
Ex	<u>am</u>	ples of Behavior			
		Dropping out of activities and life in general Inability to form or keep relationships Social isolation- few close friends if any. Little interaction outside of immediate family.			
		Increased withdrawal, spending most of the days alone. Becoming lost in thoughts and not wanting to be disturbed with human contact			
		Neglect in self-care- i.e. hygiene, clothing, or appearance Replaying or rehearsing conversations out loud- i.e. talking to yourself			
		(very common sign) Finding it difficult to deal with stressful situations Inability to cope with minor problems			

	Lack of goal-directed behavior. Not being able to engage in purposeful
	activity Functional impairment in interpersonal relationships, work, education, or
	self-care
	Deterioration of academic or job-related performance
	Inappropriate responses- laughing or smiling when talking of a sad event,
	making irrational statements.
	Catatonia- staying in the same rigid position for hours, as if in a daze.
	Excessive preoccupation with religion or spirituality
	Drug or alcohol abuse
	Smoke or have the desire to want to smoke (70-90% do smoke)
	Frequent moves, trips, or walks that lead nowhere
Exam	ples of Cognitive Problems
	Lack of insight (called anosognosia). Those who are developing
	schizophrenia are unaware that they are becoming sick. The part of
	their brain that should recognize that something is wrong is damaged by
	the disease.
	Racing thoughts In conversation you tend to say very little (called poverty of speech or
	alogia)
	Suddenly halting speech in the middle of a sentence (thought blocking)
	Ruminating thoughts- these are the same thoughts that go around and
	round your head but get you nowhere. Often about past disappointments,
	missed opportunities, failed relationships.
	Making up new words (neologisms)
	Becoming incoherent or stringing unrelated words together (word salad)
	Frequent loose association of thoughts or speech- when one thought does
	not logically relate to the next. For example, "I need to go to the store to
	buy some band-aids. I read an article about how expensive AIDS drugs
	are. People take too many street drugs. The streets should be clean from
	the rain today, etc" The need to go to the store to buy band-aids is
	forgotten. Directionless- lack goals, or the ability to set and achieve goals
	Trouble with social cues- i.e. not being able to interpret body language,
	eye contact, voice tone, and gestures appropriately.
	Often not responding appropriately and thus coming off as cold, distant, or
	detached.
	Difficulty expressing thoughts verbally. Or not having much to say about
_	anything.
	Speaking in an abstract or tangential way. Odd use of words or language
	structure
	Difficulty focusing attention and engaging in goal directed behavior
	Poor concentration/ memory. Forgetfulness

	Nonsensical logic Difficulty understanding simple things Thoughts, behavior, and actions are not integrated Obsessive compulsive tendencies- with thoughts or actions Thought insertion/ withdrawal- thoughts are put it or taken away without a conscious effort Conversations that seem deep, but are not logical or coherent					
Exam	ples of Delusions					
	The most common type of delusion or false beliefs are paranoid delusions. These are persecutory in nature and take many forms:					
	Overwhelming feeling that people are talking about you, looking at you Overpowering feeling hat you are being watched, followed, and spied on					
	(tracking devices, implants, hidden cameras) Thinking that someone is trying to poison your food					
	Thinking people are working together to harass you					
	Thinking that something is controlling you- i.e. an electronic implant Thinking That people can read your mind/ or control your thoughts					
	Thinking That your thoughts are being broadcast over the radio or tv					
	Delusions of reference- thinking that random events convey a special meaning to you. An example is that a newspaper headline or a license					
	plate has a hidden meaning for you to figure out.					
	Thinking that they are signs trying to tell you something. Religious delusions- that you are Jesus, God, a prophet, or the antichrist.					
	Delusions of grandeur- the belief that you have an important mission,					
	special purpose, or are an unrecognized genius, or famous person.					
	Delusions that someone, often a famous person, is in love with you when in reality they aren't. Also called erotomania or de Clerembault syndrome.					
Examples of Hallucinations						
	Hallucinations are as real as any other experience to the person with					
	schizophrenia. As many as 70% hear voices, while a lesser number have					
	visual hallucinations. Auditory hallucinations can be either inside the person's head or					
	externally. When external, they sound as real as an actual voice.					
	Sometimes they come from no apparent source, other times they come					
	from real people who don't actually say anything, other times a person will hallucinate sounds.					
	When people hear voices inside their heads, it is as if their inner thoughts					
	are no longer alone. The new voices can talk to each other, talk to themselves, or comment on the person's actions. The majority of the time					
	the voices are negative.					

Visual hallucinations operate on a spectrum. They start with the overacuteness of the senses, then in the middle are illusions, and on the far end are actual hallucinations.