key points

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Schizophrenia often runs a chronic course and is associated with considerable morbidity and mortality. While psychotic symptoms are the most obvious manifestations of the condition, negative symptoms (e.g. apathy and withdrawal) and cognitive symptoms (especially deficits in executive function) are often more disabling. It generally presents in late adolescence or early adulthood. Schizophrenia typically develops insidiously, potentially over several years. This period is characterised by subtle symptoms and social decline, and when concerns are raised it is generally by friends or family.

Recognition of the importance of prompt initiation of treatment for schizophrenia has resulted in considerable focus on early detection. The GP is ideally placed to respond to family concerns, identify prodromal symptoms, screen for psychotic symptoms and initiate either a mental health review or active monitoring in primary care. NICE recommends immediate referral to a mental health service if a patient is distressed, exhibits a decline in social functioning and has: transient or attenuated psychotic symptoms or other experiences or behaviour suggestive of possible psychosis or a first-degree relative with psychosis or schizophrenia.

Diagnosis of schizophrenia is based on symptomatology and exclusion of other diagnoses. The differential diagnosis is broad, including drug intoxication and withdrawal, other psychiatric conditions and medical/neurological diagnoses. Diagnosis should be confirmed by a psychiatrist, and centres on clarification of psychopathology and investigations to exclude other causes.

Antipsychotic medication is the cornerstone of treatment. NICE states that antipsychotic medication should only be initiated in a first presentation of psychosis (not in an at-risk mental state) by, or following discussion with, a psychiatrist. The introduction of antipsychotics is a therapeutic trial, and as such response to treatment and side effects should be carefully documented.

Following a first episode of psychosis 20% of patients will have no further episodes, 20% will have treatment resistant psychosis and the rest will have significant recovery but further episodes. To minimise the chance of relapse antipsychotics are continued for a minimum of 18 months and discontinued gradually. A second episode will often necessitate prolonged and possibly lifelong treatment. Patients with schizophrenia should also be offered CBT and family therapy. GPs are able to place a psychotic episode within the context of what is 'normal' for that person.

People with schizophrenia die up to 20 years prematurely, the most common cause of death being cardiovascular disease. They often have manifold risk factors, including smoking, alcohol and drug use, poor nutrition, obesity and a sedentary lifestyle. A key role of the primary healthcare team is provision of physical healthcare and screening. Health promotion and smoking cessation are also important.