Within 5 to 10 years, you may develop a unique pattern of illness that often stays the same throughout your life. It also is possible that you will have fewer relapses as you get older and may even not have symptoms.

**SCHIZOPHRENIA DIAGNOSTIC CRITERIA: DSM-V**

According to the DSM-V, two or more of the following must be present for a significant portion of time over a 1 month period (one of which must be from 1/3 of the core symptoms):

A)
- Delusions
- Hallucinations
- Incoherent speech – characterised by the loosening of associations
- Disorganised or catatonic (rigid/adjitated) behaviour

B) Functioning in areas such as social relations, work or self care during the course of the disorder is markedly below that achieved prior to the onset of the disorder

C) Symptoms have been continuous for 6 months including an acute phase of at least 1 month in which symptoms noted in A occur

D) Schizoaffective, mood disorder or pervasive developmental disorder exclusion

E) Symptoms cannot be attributable to effects of a drug or other medical condition e.g. malaria can cause similar symptoms such as hallucinations etc

**WHY DO WE CARE? - THE EXTENT OF THE PROBLEM**

We care because Schizophrenia is a universal issue/problem. Statistically, it affects more men than woman (4/1 ratio), however the onset of Schizophrenia is commonly seen later on in females.

It’s suggested that this is because female hormones are more protective - and once they hit the age of decline (around 35) then they are much more vulnerable to the disorder.

Males – 18-25 years
Female - 25-35 years

There have been studies that have shown that there are cultural differences regarding the symptoms of Schizophrenia. For example, in the West it is