

Preview of the Medifocus Guidebook on: Schizophrenia

Updated November 4, 2009



This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Schizophrenia**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

To purchase the COMPLETE Medifocus Guidebook on Schizophrenia (126 pages; Updated November 4, 2009), please:

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1 - Background Information

Introduction

Chronic or life-threatening illnesses can have a devastating impact on both the patient and the family. In today's new world of medicine, many consumers have come to realize that they are the ones who are primarily responsible for their own health care as well as for the health care of their loved ones.

When facing a chronic or life-threatening illness, you need to become an educated consumer in order to make an informed health care decision. Essentially that means finding out everything about the illness - the treatment options, the doctors, and the hospitals - so that you can become an educated health care consumer and make the tough decisions. In the past, consumers would go to a library and read everything available about a particular illness or medical condition. In today's world, many turn to the Internet for their medical information needs.

The first sites visited are usually the well known health "portals" or disease organizations and support groups which contain a general overview of the condition for the layperson. That's a good start but soon all of the basic information is exhausted and the need for more advanced information still exists. What are the latest "cutting-edge" treatment options? What are the results of the most up-to-date clinical trials? Who are the most notable experts? Where are the top-ranked medical institutions and hospitals?

The best source for authoritative medical information in the United States is the National Library of Medicine's medical database called PubMed®, that indexes citations and abstracts (brief summaries) of over 7 million articles from more than 3,800 medical journals published worldwide. PubMed® was developed for medical professionals and is the primary source utilized by health care providers for keeping up with the latest advances in clinical medicine.

A typical PubMed® search for a specific disease or condition, however, usually retrieves hundreds or even thousands of "hits" of journal article citations. That's an avalanche of information that needs to be evaluated and transformed into truly useful knowledge. What are the most relevant journal articles? Which ones apply to your specific situation? Which articles are considered to be the most authoritative - the ones your physician would rely on in making clinical decisions? This is where *Medifocus.com* provides an effective solution.

Medifocus.com has developed an extensive library of *MediFocus Guidebooks* covering a wide spectrum of chronic and life threatening diseases. Each *MediFocus Guidebook* is a

high quality, up- to-date digest of "professional-level" medical information consisting of the most relevant citations and abstracts of journal articles published in authoritative, trustworthy medical journals. This information represents the latest advances known to modern medicine for the treatment and management of the condition, including published results from clinical trials. Each *Guidebook* also includes a valuable index of leading authors and medical institutions as well as a directory of disease organizations and support groups. *MediFocus Guidebooks* are reviewed, revised and updated every 4-months to ensure that you receive the latest and most up-to-date information about the specific condition.

About Your MediFocus Guidebook

Introduction

Your *MediFocus Guidebook* is a valuable resource that represents a comprehensive synthesis of the most up-to-date, advanced medical information published about the condition in well-respected, trustworthy medical journals. It is the same type of professional-level information used by physicians and other health-care professionals to keep abreast of the latest developments in biomedical research and clinical medicine. The *Guidebook* is intended for patients who have a need for more advanced, in-depth medical information than is generally available to consumers from a variety of other resources. The primary goal of a *MediFocus Guidebook* is to educate patients and their families about their treatment options so that they can make informed health-care decisions and become active participants in the medical decision making process.

The *Guidebook* production process involves a team of professionals with expertise in diverse areas including experienced medical database researchers and practicing physicians who serve as members of the *Medifocus.com* Medical Advisory Board (MAB). This team approach to the development and production of the *MediFocus Guidebooks* is designed to ensure the accuracy, completeness, and clinical relevance of the information. The *Guidebook* is intended to serve as a basis for more meaningful discussions between patients and their health-care providers in a joint effort to seek the most appropriate course of treatment for the disease.

Guidebook Organization and Content

Section 1 - Background Information

This section provides detailed information about the organization and content of the *Guidebook* including tips and suggestions for conducting additional research about the condition.

Section 2 - The Intelligent Patient Overview

This section of your *MediFocus Guidebook* represents a detailed overview of the disease or condition specifically written from the patient's perspective. It is designed to satisfy the basic informational needs of consumers and their families who are confronted with the illness and are facing difficult choices. Important aspects which are addressed in "The Intelligent Patient" section include:

- The etiology or cause of the disease
- Signs and symptoms
- How the condition is diagnosed
- The current standard of care for the disease

- Treatment options
- New developments
- Important questions to ask your health care provider

Section 3 - Guide to the Medical Literature

This is a roadmap to important and up-to-date medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest developments and breakthroughs in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new clinical developments, and advances in research. To facilitate your review and analysis of this information, the articles are grouped by specific categories. A typical *MediFocus Guidebook* usually contains one or more of the following article groupings:

- *Review Articles*: Articles included in this category are broad in scope and are intended to provide the reader with a detailed overview of the condition including such important aspects as its cause, diagnosis, treatment, and new advances.
- *General Interest Articles*: These articles are broad in scope and contain supplementary information about the condition that may be of interest to select groups of patients.
- *Drug Therapy*: Articles that provide information about the effectiveness of specific drugs or other biological agents for the treatment of the condition.
- *Surgical Therapy*: Articles that provide information about specific surgical treatments for the condition.
- *Clinical Trials*: Articles in this category summarize studies which compare the safety and efficacy of a new, experimental treatment modality to currently available standard treatments for the condition. In many cases, clinical trials represent the latest advances in the field and may be considered as being on the "cutting edge" of medicine. Some of these experimental treatments may have already been incorporated into clinical practice.

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Article title
- Author Name(s)
- Institution where the study was done

- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

Linking to Abstracts: Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the corresponding URL address that is provided for each cited article. If you purchased a printed copy of a *MediFocus Guidebook*, you can still access the article abstracts online by entering the individual URL address for a particular article into your web browser.

Section 4 - Centers of Research

We've compiled a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of the specific medical condition. The "Centers of Research" directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of the condition.

Inclusion of the names of specific doctors, researchers, hospitals, medical centers, or research institutions in this *Guidebook* does not imply endorsement by Medifocus.com, Inc. or any of its affiliates. Consumers are encouraged to conduct additional research to identify health-care professionals, hospitals, and medical institutions with expertise in providing specific medical advice, guidance, and treatment for this condition.

Section 5 - Tips on Finding and Choosing a Doctor

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver high-level, quality medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it. This section of your *Guidebook* offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

Section 6 - Directory of Organizations

This section of your *Guidebook* is a directory of select disease organizations and support groups that are in the business of helping patients and their families by providing access to information, resources, and services. Many of these organizations can answer your questions, enable you to network with other patients, and help you find a doctor in your geographical area who specializes in managing your condition.

2 - The Intelligent Patient Overview

SCHIZOPHRENIA

Introduction

What is Schizophrenia?

Schizophrenia is a chronic, severe, and disabling form of mental illness. It interferes with a person's ability to think clearly, manage emotions, make decisions, relate to others, and distinguish delusions or hallucinations from reality. The onset of schizophrenia can be either sudden or gradual over a period of a few years. There is a wide range of severity as well as duration of illness. Its impact on the quality of life of the patient is pervasive and it can cause severe disruption to activities of daily living. Schizophrenia is considered the most stigmatizing of all mental disorders and leads to discrimination, poor self-esteem, depression, demoralization, and sometimes even suicide. The treatment team for schizophrenia consists of a psychiatrist, psychiatric nurse, social worker, and others. Fortunately, most patients with schizophrenia respond to treatment.

Schizophrenia typically begins with a *prodromal period* during which impairment of function becomes noticeable as well as agitation or anxiety, followed by a *psychotic episode* during which the patient experiences severe psychotic symptoms such as delusions or hallucinations, and a *recovery period*, during which the patient may be relatively stable. Patients may experience exacerbations and remissions for many years. Schizophrenia is considered to be a life-long condition.

Types of Schizophrenia

There are 5 subtypes of schizophrenia, each characterized by the major symptoms that the patient experiences, including:

- Paranoid - the patient experiences auditory hallucinations, may hear a voice or multiple voices speaking to each other, or experiences delusions of grandeur or persecution. Since symptoms of this subtype tend to emerge later in life when patients are already at a higher level of functioning (such as social, or vocational), their affect (emotional state), cognitive functioning, and social relationships may remain relatively intact.
- Catatonic - the patient exhibits a disturbance in movement to the point where voluntary movement may completely stop so the patient looks like they are in a catatonic stupor. The patient may maintain whatever posture they are in or allow others to change it and will maintain that position (*waxy flexibility*). Other patients may imitate sounds (*echolalia*) or movements (*echopraxia*), or explode into a state of repetitive, purposeless movements.

- Disorganized - the thought processes of the patient are disorganized resulting in significant impairment of activities of daily living such as dressing, brushing their teeth, bathing, or communicating with others. In addition, patients may experience cognitive and emotional impairment and may appear unstable since their emotional responses in certain situations may be inappropriate. Speech may be quite disorganized and they may lack a range of moods (flat affect). The behavior of patients with this subtype of schizophrenia is often eccentric and they may wear unusual clothing, make strange gestures, or generally behave oddly.
- Undifferentiated - these patients do not have the classic symptoms that meet the diagnosis of schizophrenia but are clearly mentally ill and may experience various forms of psychotic behavior. Symptoms may fluctuate among different subtypes or may remain stable but not fitting into any particular subtype.
- Residual - patients exhibit a diminished form of symptoms such as hallucinations or delusions, disorganization in their daily living, or cognitive dysfunction. This type of behavior follows a psychotic episode.

With the progression of the disease, the subtypes of schizophrenia can vary from year to year within the same patient. The subtype of schizophrenia is determined by the characteristics of symptoms the patient is experiencing at any point in time so that throughout the course of one's lifetime, they could be diagnosed with different subtypes of schizophrenia.

Schizoaffective Disorder is a chronic, disabling condition similar to schizophrenia. It is characterized by a combination of symptoms of schizophrenia (noted above) and affective mood disorder (major depression or a manic episode). It is considered to be a form of schizophrenia and, according to the National Alliance on Mental Illness, may account for up to 33% of all people with schizophrenia. This Medifocus Guidebook, however, focuses on Schizophrenia alone.

Impact of Schizophrenia

As a result of their illness, patients with schizophrenia experience difficulties in many dimensions of their daily life, including:

- Functioning at work
- Performance in school or academic setting
- Daily living activities
- Parenting
- Self-care
- Independent living
- Leisure time activities
- Interpersonal relationships

In addition, other challenges faced by patients with schizophrenia include:

- Increased risk of substance abuse (alcohol and drugs)
- Higher risk of infectious diseases
- Post-Traumatic Stress Disorder (PTSD)

- Homelessness
- Victimizing other people (e.g., assault)
- Smoking-related illness
- Anxiety
- Depression
- Hostility
- Increased mortality from suicide, accidents, and illness

The impact of schizophrenia on quality of life is significant since symptoms can be so disruptive for the patient and for others close to them. For example, patients with schizophrenia may not make sense when they speak or they may make sense until they describe what they are thinking about. This can lead to isolation from family and other social contacts which may further exacerbate the symptoms. In addition, many people with schizophrenia suffer from depression and/or substance abuse - both of which elevate the risk of suicide. Further impact is noted in difficulties with employment, pursuing goals such as finishing education, forming relationships, and living an independent, meaningful life.

Fortunately, the majority of patients with schizophrenia are responsive to a specific class of medication known as *antipsychotics*. In addition, evidence strongly suggests that they also benefit from *psychosocial education* which helps the patients and their families cope with the myriad of problems they face and also aids their reintegration into society and into some type of employment, whether it is competitive or in a sheltered setting special for patients with mental illness. Unfortunately, schizophrenic patients often resist treatment and/or are noncompliant with therapy since they lack the awareness that they have a mental disorder and they believe their hallucinations or delusions are real. As a result, the family may only be able to get help for the patient if a crisis occurs or if the patient becomes dangerous to themselves or to others and may need to be hospitalized (voluntarily or not) with the help of the police.

The greatest challenge in managing schizophrenia once the patient has been treated is improving daily functioning at every level, including:

- Re-entering the work force - most schizophrenic patients want to work, although it is estimated that only 10-20% enter the competitive work force
- Reversing dysfunctional social relationships - schizophrenic patients have few friends and lack the tools for conflict resolution.
- Combating ignorance about their condition, treatment, and challenges
- Overcoming stigma among acquaintances, strangers, and coworkers

As progress in the diagnosis and treatment of schizophrenia has evolved and continues to be vigorously investigated, an emphasis is being made on identifying and treating symptoms as early as possible - either during the prodromal stage or with the first appearance of psychotic symptoms. This is based on evidence that psychosis takes longer to respond to medication if not initiated early in the episode. In addition, the level of impairment of the patient with schizophrenia is closely associated with their level of socialization at the time of onset - so that the younger the patient at onset, the impact of schizophrenia is more severe. Early intervention during the prodromal stage may delay the age at which the first psychotic episode takes place, thus potentially improving the long-term prognosis for the patient.

Behaviors Associated with Schizophrenia

There are several types of behaviors that are highly associated with schizophrenia, including:

- Suicide
- Substance abuse
- Smoking
- Violence or aggression

Suicide

Schizophrenic patients, both male and female, have a higher rate of attempted and completed suicide than the general population. According to the National Institutes of Mental Health, approximately 10% of those who attempt suicide succeed. The risk of suicide is highest in the early years of schizophrenia but the elevated risk continues throughout the lifetime of the patient. Data from a study of suicide and schizophrenia showed that following the first psychotic episode, 11% of the subjects with schizophrenia attempted suicide. Approximately 50% of patients attempt suicide within 10 years of the first psychotic episode. The major risk factors for suicide in patients with schizophrenia include:

- Severity of psychotic symptoms
- Presence of persecutory delusions (someone is out to get them), auditory hallucinations (hearing voices), paranoia, or hallucinations
- Prior suicidal attempts
- Depressive symptoms or depression
- Panic attacks or symptoms of anxiety
- Poor compliance with treatment
- High cognitive functioning before onset of schizophrenia
- Substance abuse
- Multiple brief hospitalizations
- Significant stress
- Poor support system (family, professionals)
- Drug induced *akathisia* (inner restlessness that manifests itself as restlessness of the arms and legs)
- Greater insight into the nature of schizophrenia and resulting difficulties

It is important to control psychosis and depression in order to reduce the risk of attempted suicide. Low self-esteem and the feeling of being a misfit are significant contributors to post-psychotic depression so that addressing these issues as early as possible helps reduce the risk of suicide.

Substance Abuse

People with schizophrenia abuse alcohol and drugs more than the general population, although the abuse itself is not known to cause schizophrenia. Substance abuse can interfere with drugs used to treat schizophrenia and the use of stimulants such as cocaine or amphetamines can actually exacerbate the condition. In addition, substance abuse reduces the probability of patient's following their treatment plan which, in turn, affects the severity of the symptoms. A history of

substance abuse also elevates the risk of attempted suicide.

Smoking

According to the National Institutes of Mental Health, approximately 75-95% of schizophrenic patients smoke, a rate which is three times that of the general population. Patients with schizophrenia appear almost as if they are driven to smoke, leading some researchers to investigate whether there is a biological need for nicotine in schizophrenics. A major concern about this relationship of nicotine and schizophrenia is that in addition to the general health risks related to smoking, it also interferes with the effects of antipsychotic drugs. As a result, the dose of medication for effective treatment of schizophrenic symptoms in some patients may need to be raised.

The relationship between schizophrenia and smoking may be so complex that some investigators think that smoking cessation may be particularly difficult for people with schizophrenia and may actually cause a temporary exacerbation of psychotic symptoms. As a result, alternative strategies for smoking cessation must be implemented for patients with schizophrenia, such as nicotine replacement methods. Patients must be carefully monitored by their physicians for any changes in behavior or any indication of psychotic symptoms. For this reason, it is very important for the patient with schizophrenia to inform their doctor if they are beginning to smoke or if they are attempting to stop smoking.

Violence or Aggression

Studies have shown that if patients with schizophrenia were not violent before the onset of disease and were not substance abusers, they are unlikely to be violent after they develop schizophrenia. Schizophrenics are not typically violent and often prefer to be left alone. The most common violence is self-inflicted, resulting in suicide or attempted suicide. However, if a patient does become violent, the violence is most likely to be directed against a victim known to the patient and often takes place at home where it is directed towards a family member. The reason for this is not clear but may be due to the patient seeing the caregivers as enemies because they enforce rules and are perceived as authority figures.

Predictors of violence in schizophrenics include:

- History of past violence
- Drug/alcohol abuse
- Male gender
- Poverty
- Unskilled
- Uneducated
- Unmarried
- Failure to take medications
- Paranoid schizophrenia with specific types of hallucinations where voices tell the patient what to do
- Presence of depression - a study by the American Psychiatric Association showed that the risk of violence is 6-7 times higher among patients suffering from both depression and schizophrenia.

What Causes Schizophrenia?

Schizophrenia is not attributable to one cause. Rather, it appears to result from a combination of genetic and environmental factors.

Genetic Factors

Although only 1% of the population develops schizophrenia, the following patterns have been noted in families:

- According to the American Psychiatric Association (APA), the risk of developing schizophrenia for a child with one parent who has the condition is 13%. If both parents have schizophrenia, the risk of a child developing the condition is 35-40%. The risk rises with increasing numbers of affected first or second-degree relatives.
- Second-degree relatives, (aunt, uncle, cousins, and grandparents) develop schizophrenia at a rate higher than the general population but lower than first-degree relatives. An identical twin of a person with schizophrenia has a 60-84% chance of developing the condition.

Research indicates that there are several genes involved with increasing the risk of schizophrenia but that each individual gene has a small effect and cannot cause schizophrenia by itself. When these genes act together with biological and environmental factors, clinical schizophrenia develops.

Environmental Factors

Environmental factors include:

Biological factors

- Viral infections
- Pregnancy-related events such as maternal flu, rubella, diabetes, smoking, or fetal malnutrition
- Birth-related difficulties, particularly any situation causing hypoxia (temporary oxygen deprivation) of the baby, or low birth weight
- Season of birth - rates of schizophrenia are higher in babies born in the winter of each hemisphere (between January and April in the Northern hemisphere and between July and September in the Southern hemisphere)

Psychosocial factors

- Poverty
- Lower social class
- Born in urban (rather than rural) areas
- Stressful home life or other highly stressful situations or events
- Drug abuse

Scientists continue to investigate the *pathophysiology* of schizophrenia where research has indicated:

- An imbalance of chemical reactions involving the neurotransmitters dopamine, glutamate,

and possibly others as well

- Positron Emission Tomography (PET scans) imaging studies indicate abnormal blood flow in some regions of the brain in schizophrenic patients while they are performing tasks involving executive functioning (problem solving) and other cognitive functions.
- Schizophrenic patients lack *glial cells* which are markers of brain injury or neurodegenerative disorders, indicating that these structural changes occurred early in neural development and not after birth.
- Enlarged ventricles and other structural changes in the brain of some patients with schizophrenia
- Reduction in volume of brain tissue in some schizophrenic patients

The last two observations are found not only in many newly diagnosed patients, but also in relatives who are at high risk of developing schizophrenia. These findings as well as others are leading scientists to believe that schizophrenia is related to abnormal structural changes in the brain that take place early in brain development, indicating the involvement of impaired genetic programming in the fetus.

Imaging studies in schizophrenia is an active area of research as scientists seek to learn more about brain anatomy and function in patients with the condition.

Based on all of this research and more, one of the prevailing theories regarding the etiology of schizophrenia is called the *Vulnerability/Stress Model* which proposes that abnormal brain development as a result of genetic predisposition or adverse effects during pregnancy and delivery set the foundation for increased risk for vulnerability in developing schizophrenia.

Epidemiology of Schizophrenia

Approximately 1% of Americans develop schizophrenia, which translates into more than 2 million people. More than 80% of schizophrenic patients have parents who do not have the disorder. It affects men and women equally and occurs at similar rates in all ethnic groups worldwide. Onset in women is later than in men. This may explain why women with schizophrenia tend to have a better prognosis than men relating to social functioning, since it is well known that the higher the level of social skills of the patient at onset of symptoms, the better the long-term outcome. Women also tend to have less severe cases of schizophrenia and have fewer hospitalizations. Psychotic symptoms tend to be the same for both genders.

Some Facts about Schizophrenia

- Schizophrenia is the most disabling of all psychotic disorders and results in a disproportionate amount of related mental health services.
- Schizophrenic patients occupy up to 25% of all psychiatric hospital beds and represent 50% of admissions to psychiatric hospitals.
- Schizophrenia is the most costly mental illness and represents approximately 2.5% of annual health care costs in the U.S.
- In 1995, the annual expenditure in the U.S. related to schizophrenia was \$65 billion, not including indirect costs to patients, families, caregivers, and society.

- Mortality in schizophrenia is 2-4 times that of the general population and lifespan is on the average 12-15 years shorter than the general population. This is ascribable to factors such as suicide, cardiovascular, and respiratory diseases.
- Approximately 4-10% of patients with schizophrenia die by suicide; the rate of suicide is highest among young males and in industrialized countries.
- Mean age of onset and age at first hospitalization is lower if the patient has a history of substance abuse.
- Patients with early onset schizophrenia are more likely to have suffered birth complications.
- The World Health Organization reports that the course of schizophrenia is typically more severe in developed countries than in developing countries but that the incidence of schizophrenia is similar in the 10 countries included in the study.

The **Intelligent Patient Overview** in the complete **Medifocus Guidebook on Schizophrenia** also includes the following additional sections:

- **Diagnosis of Schizophrenia**
- **Treatment of Schizophrenia**
- **Psychosocial Issues in Schizophrenia**
- **Quality of Life in Schizophrenia**
- **New Developments in Schizophrenia**
- **Questions to Ask Your Doctor about Schizophrenia**

To Order the Complete **Guidebook on Schizophrenia** [Click Here](#)
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

3 - Guide to the Medical Literature

Introduction

This section of your *MediFocus Guidebook* is a comprehensive bibliography of important recent medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest advances in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new developments, and advances in research.

To facilitate your review and analysis of this information, the articles in this *MediFocus Guidebook* are grouped in the following categories:

- Review Articles - 33 Articles
- General Interest Articles - 53 Articles
- Drug Therapy Articles - 16 Articles
- Clinical Trials Articles - 59 Articles

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Title of the article
- Name of the authors
- Institution where the study was done
- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

Linking to Abstracts: Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the URI that is provided for each cited article. If you purchased a printed copy of the *MediFocus Guidebook*, you can still access the abstracts online by entering the individual URI for a particular abstract into your computer's web browser.

Recent Literature: What Your Doctor Reads

Database: PubMed <January 2008 to November 2009>

Review Articles

1.

Are patients with schizophrenia insensitive to pain? A reconsideration of the question.

Authors: Bonnot O; Anderson GM; Cohen D; Willer JC; Tordjman S
Institution: Department of Child and Adolescent Psychiatry, Groupe Hospitalier Pitie-Salpetriere, AP-HP, Paris, France. olivier.bonnot@psl.ap-hop-paris.fr
Journal: Clin J Pain. 2009 Mar-Apr;25(3):244-52.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=PS010&ID=19333176>

2.

Clozapine combined with different antipsychotic drugs for treatment resistant schizophrenia.

Authors: Cipriani A; Boso M; Barbui C
Institution: Department of Medicine and Public Health, Section of Psychiatry and Clinical Psychology, University of Verona, Policlinico "G.B.Rossi", Piazzale L.A. Scuro, 10, Verona, Italy, 37134.
Journal: Cochrane Database Syst Rev. 2009 Jul 8;(3):CD006324.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=PS010&ID=19588385>

3.

Early intervention in patients at ultra high risk of psychosis: benefits and risks.

Authors: de Koning MB; Bloemen OJ; van Amelsvoort TA; Becker HE; Nieman DH; van der Gaag M; Linszen DH
Institution: Department of Psychiatry, Academic Medical Centre, Amsterdam, The Netherlands. m.b.dekoning@amc.uva.nl
Journal: Acta Psychiatr Scand. 2009 Jun;119(6):426-42. Epub 2009 Mar 10.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=PS010&ID=19392813>

The **Guide to the Medical Literature** in the complete **Medifocus Guidebook on Schizophrenia** includes the following sections:

- Review Articles - 33 Articles
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Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

4 - Centers of Research

This section of your *MediFocus Guidebook* is a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition. The *Centers of Research* directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of this disorder.

Use the *Centers of Research* directory to contact, consult, or network with leading experts in the field and to locate a hospital or medical center that can help you.

The following information is provided in the *Centers of Research* directory:

- **Geographic Location**

- United States: the information is divided by individual states listed in alphabetical order. Not all states may be included.
- Other Countries: information is presented for select countries worldwide listed in alphabetical order. Not all countries may be included.

- **Names of Authors**

- Select names of individual authors (doctors, researchers, or other health-care professionals) with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition, who have recently published articles in leading medical journals about the condition.
- E-mail addresses for individual authors, if listed on their specific publications, is also provided.

- **Institutional Affiliations**

- Next to each individual author's name is their **institutional affiliation** (hospital, medical center, or research institution) where the study was conducted as listed in their publication(s).
- In many cases, information about the specific **department** within the medical institution where the individual author was located at the time the study was conducted is also provided.

Centers of Research

United States

CA - California

<u>Name of Author</u>	<u>Institutional Affiliation</u>
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The **Centers of Research** in the complete **Medifocus Guidebook on Schizophrenia** includes the following sections:

- Centers of Research for relevant states in the United States
- Centers of Research listed for relevant countries outside the United States

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5 - Tips on Finding and Choosing a Doctor

Introduction

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver a high level and quality of medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it.

The process of finding and choosing a physician to manage your specific illness or condition is, in some respects, analogous to the process of making a decision about whether or not to invest in a particular stock or mutual fund. After all, you wouldn't invest your hard earned money in a stock or mutual fund without first doing exhaustive research about the stock or fund's past performance, current financial status, and projected future earnings. More than likely you would spend a considerable amount of time and energy doing your own research and consulting with your stock broker before making an informed decision about investing. The same general principle applies to the process of finding and choosing a physician. Although the process requires a considerable investment in terms of both time and energy, the potential payoff can be well worth it--after all, what can be more important than your health and well-being?

This section of your Guidebook offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

Tips for Finding Physicians

Finding a highly qualified, competent, and compassionate physician to manage your specific illness or condition takes a lot of hard work and energy but is an investment that is well-worth the effort. It is important to keep in mind that you are not looking for just any general physician but rather for a physician who has expertise in the treatment and management of your specific illness or condition. Here are some suggestions for where you can turn to identify and locate physicians who specialize in managing your disorder:

- **Your Doctor** - Your family physician (family medicine or internal medicine specialist) is a good starting point for finding a physician who specializes in your illness. Chances are that your doctor already knows several specialists in your geographic area who specialize in your illness and can recommend several names to you. Your doctor can also provide you with information about their qualifications, training, and hospital affiliations.

The **Tips on Finding and Choosing a Doctor** in the complete **Medifocus Guidebook on Schizophrenia** includes additional information that will assist you in locating a highly qualified and competent physician to manage your specific illness.

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6 - Directory of Organizations

American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Avenue, NW; Washington, DC 20016

202.966.7300; 202.966.2891 (fax)

clinical@aacap.org

www.aacap.org

American Association of Suicidology

5221 Wisconsin Avenue NW Washington, DC 20015

202.237.2280; 800.273.8255 (TALK) - hotline

info@suicidology.org

www.suicidology.org

American Foundation for Suicide Prevention

120 Wall Street; 22nd Floor; New York, NY 10005

888.333.2377; 212.363.3500

inquiry@afsp.org

www.afsp.org

American Psychiatric Association

1000 Wilson Blvd. Suite 1825; Arlington, VA 22209-3901

703.907.7300

apa@psych.org

www.psych.org

American Society for Clinical Psychopharmacology

POB 40395; Glen Oaks, NY 11004

718.470.4007

www.ascpp.org

Assertive Community Treatment Association

810 E. Grand River Avenue #102 Brighton, MI 48116

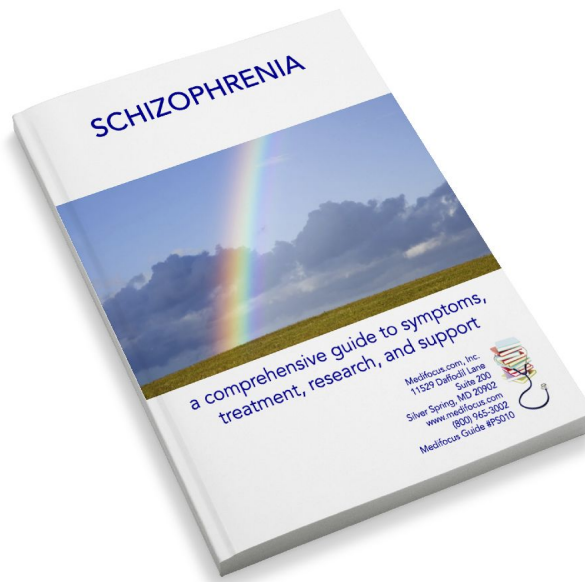
810.227.1859

acta@actassociation.org

www.actassociation.org

The **Directory of Organizations** in the complete **Medifocus Guidebook on Schizophrenia** includes a list of selected disease organizations and support groups that are helping people diagnosed with Schizophrenia.

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This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Schizophrenia**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

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