

Half of young people recover from schizophrenia

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Prospects are not as hopeless as previously thought, according to the researcher behind the study.

Until recently, medical professionals believed that only a minority of patients could recover from schizophrenia. But now, new Norwegian research suggests that more than half of the study participants are doing well.

After four years of treatment, 55 per cent of the young people were partially or fully recovered, and fully ten per cent of those who are fully recovered no longer use medication.

"Having such a high proportion be well-functioning shows that schizophrenic patients have a greater potential to get well than previous research has shown," says Professor Anne-Kari Torgalsbøen at the University of Oslo's Department of Psychology.

She believes too much pessimism has been associated with this diagnosis.

"The results of this study give hope not only to patients and their relatives, but also provide inspiration for everyone who treats young people with psychotic disorders," she says.

Hallucinations and delusions

Torgalsbøen specializes in clinical psychology and is following close to 30 young adults for ten years. This study shows how the participants are doing after four years, and was recently published in the *European Psychiatry* journal.

All the study participants were recruited within five months of being hospitalized or starting outpatient treatment for first-episode mental disorders.

The study required the first episode of psychosis to be on the schizophrenia spectrum, she says.

"Schizophrenia means that the patient has had serious delusions or hallucinations, and a big drop in their ability to function," says Torgalsbøen.

For example, some patients thought that a monitor had been implanted in their back or that their parents planned to poison them.

Others thought they were in Dante's inferno, and physically felt like their arms were being chopped off and their eyes torn out.

Prejudices are an additional burden

"These symptoms create a lot of anxiety and create a huge emotional strain," says Torgalsbøen.

The worst thing about having a psychosis for most patients is that they can't tell anyone because they worry about the reactions they'll get. They're afraid of being seen as a loser and deviant.

Societal prejudices still add a significant burden. As one participant expressed it:

"How well you do as a person has a lot to do with how you're treated as a person."

Close follow-up using several treatment methods

All patients received several forms of treatment as recommended in the Norwegian Directorate of Health's national professional guidelines.

An important part of the treatment is for patients to receive information about the diagnosis and what they themselves and the family can do to manage the mental disorder.

"This is called psychoeducational treatment, which according to the research yields the best results," says Torgalsbøen.

Patients have also participated in group discussions, and some received cognitive therapy. Cognitive therapy involves patients working to change their delusions as well as how they think about their own experiences and psychosis.

"They get training in thinking critically about how realistic their thoughts are," says Torgalsbøen.

Rebuilding resilience – and themselves

The majority of participants have received regular, systematic treatment over several years. Most have taken antipsychotic medication during the follow-up period.

They also received help with finding a vocation, at first through supported work and then regular employment.

One participant who was asked what she had found effective about the treatment, responded: "I got help building myself up again."

Torgalsbøen says the research focus has been to study the segment of participants who have fully or partially recovered. One of the criteria for full recovery is that the participants have regular employment.

In addition, she has explored what traits characterize those who have become healthy despite the upsetting and traumatic experiences that the psychosis poses.

"The participants who recover show greater resilience than those who are still struggling with their challenging symptoms and ability to function," says Torgalsbøen.

Resilience is a psychological trait that deals with a person's ability to adapt positively despite adversity – such as getting a serious mental illness.

People with good resilience can handle crises and stresses in a positive way.

Insight into psychological processes

To measure their resilience, participants responded in a questionnaire to what extent they agreed with

statements such as:

- "I'm not easily discouraged by defeat."
- "I'm working to reach my goals, regardless of the obstacles I meet on the road."

"We gained insight into the psychological processes that affect mental health in this group, which is at high risk of sustained loss of function," says Torgalsbøen.

She believes the study shows that individuals who manage to put the disease behind them and look ahead have more success in regaining their health.

May point to new future treatment

This study may point to a new approach in the treatment of schizophrenia, says Professor Kenneth Hugdahl at the University of Bergen.

"Torgalsbøen has turned the problem on its head and asked questions that haven't been asked before, like what helps someone get healthy," says Hugdahl, who is a professor of biological psychology.

While previous research has focused on why some patients don't get better and why treatment doesn't work, it may be more fruitful to focus on those who do get better, Hugdahl points out.

"We can imagine that future treatment would try to strengthen the resilience of people with low levels of resilience," he says. "And in any event, showing that schizophrenia is not a hopeless disease is a very important message."

Early treatment important

Why is it that more than half of these study participants have managed to become well functioning, as opposed to what previous research has shown?

"It's important to emphasize that these patients received early treatment. For example, we know that cognitive therapy works better when the patient gets help early so that the irrational thoughts don't get a foothold," says Torgalsbøen.

She stresses that we shouldn't compare these young patients with older schizophrenic patients who have not received the same early, research-based treatment that psychotic patients receive today.

Lower dropout rate

Another important factor is the low dropout rate.

Torgalsbøen notes that the close follow-up of participants explains why recovered patients have remained in the study.

"We've been conducting follow-ups once a year for ten years and have a low dropout rate of only 21 per cent," she says.

"Other studies have lost contact with these people, which has probably led to the number of completely healthy participants being underreported in the past."

This could indicate that previous research methods might have contributed more to the impression of a poor

prognosis, rather than the symptomatic behaviours of the schizophrenic patients.

"This and other new international studies show that schizophrenic patients have far greater potential for improvement than expected," says Torgalsbøen.

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[A.K. Torgalsbøen mf: Resilience trajectories to full recovery in first-episode schizophrenia. Summary. European Psychiatry, 3 May 2018. doi: 10.1016/j.eurpsy.2018.04.007. Epub 2018](#) [10]

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