

SCHIZOPHRENIA RESEARCH

CENTER

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If you are interested in finding our more information about any of these studies, or you or a family member are interested in participating, please call:

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Schizophrenia and Bipolar (manic-depressive) Disorder: Are they really different disorders?

For many years, bipolar disorder and schizophrenia have been thought to be different illnesses. Schizophrenia is associated with chronic symptoms - auditory and/or visual hallucinations, delusions,

“schizophrenia and bipolar disorder...are likely overlapping in causes, symptom presentation, and treatment.”

disorganized speech and social/occupational difficulties; bipolar disorder is more intermittent - distinct periods of elevated or irritable mood and periods of significant depression. Schizophrenia responds to neuroleptic medications, bipolar disorder responds to mood stabilizers. Both illnesses run in families, but in different families: bipolar disorder occurs more commonly in families with bipolar disorder but occurs no more often than chance in families with schizophrenia. Conversely, schizophrenia occurs more often in families with schizophrenia, but occurs no more often than chance in families with bipolar disorder. Although there has always been some disagreement, most researchers have used to findings to argue that schizophrenia and bipolar disorder are two different diseases.

More recently, this concept of two diseases is being re-examined. Many researchers are now suggesting that schizophrenia and bipolar disorder may actually be caused by the same, or at least some of the same, factors. Evidence for this is coming from a variety of directions:

1. Diagnosis. The diagnostic categories used by psychiatrists in the United States come from the Diagnostic and Statistical Manual. This manual has had several revisions. Older versions list

schizophrenia and bipolar disorder, but no diagnostic options for individuals who are have both sets of symptoms. In the early 80's, schizoaffective disorder was introduced, but without any definition. By the late 80's, schizoaffective disorder was formally defined, but included a reminder that that it was only to be diagnosed when one wasn't sure if it was schizophrenia or bipolar disorder. Only in the 1990's has there been increasing awareness that many people have some symptoms of both disorders and may lie somewhere in the middle in terms of diagnosis. Schizoaffective disorder has now become a commonly diagnosed disorder.

2. Response to medications. Medications to treat psychotic disorders have historically been placed in one of two categories. Neuroleptic medications, like Haldol (haloperidol), Stellazine (trifluoperazine), and Trilafon (perphenazine), were used long-term to treat schizophrenia but only on a short-term basis when treating bipolar disorder. Mood stabilizers, like lithium, Tegretol (carbamazepine), and Depakote (valproate), were used primarily in bipolar disorder and only rarely for schizophrenia. Thus, the presumed separation of disorders was reflected by differences in medication choices.

This separation of medications has been changing over the last decade. Combinations of neuroleptics and mood-stabilizers are now common. Perhaps most notably, one of the newer neuroleptic medications, Zyprexa (olanzapine) has been approved for use in both schizophrenia and bipolar disorders. Some people do best on a neuroleptic, some on a mood stabilizer, some on a combination (all medication changes should be discussed with a physician). However, there is increasing scientific evidence suggesting that one should consider both neuroleptics and mood stabilizers when treating either schizophrenia or bipolar disorder.

3. Family members. Some families have more than one member with schizophrenia. Some families have more than one member with bipolar disorder. But only rarely do both disorders occur in the same family. This family separation of disorders has been used as one of the strongest arguments that schizophrenia and bipolar disorder are

different disorders.

However, there has been increasing recognition that many psychiatric illnesses may run in the same family. For example, if one member of a family has schizophrenia, other adult members of the family are at increased risk for schizoaffective disorder, depression, anxiety, and substance abuse. Adolescent members are at increased risk for depression, substance abuse, and behavior problems; and children in the families are at increased risk for attention deficit disorder, anxiety, and depression.

1. This increased risk for a variety of other psychiatric symptoms also occurs in relatives of an individual with bipolar disorder. The list of symptoms is almost identical for the bipolar individual's family members as it is for schizophrenic individual's family members. These results have led many researchers to conclude that schizophrenia and bipolar disorder may have many similar biological causes, which may contribute to a number of similar psychiatric syndromes.

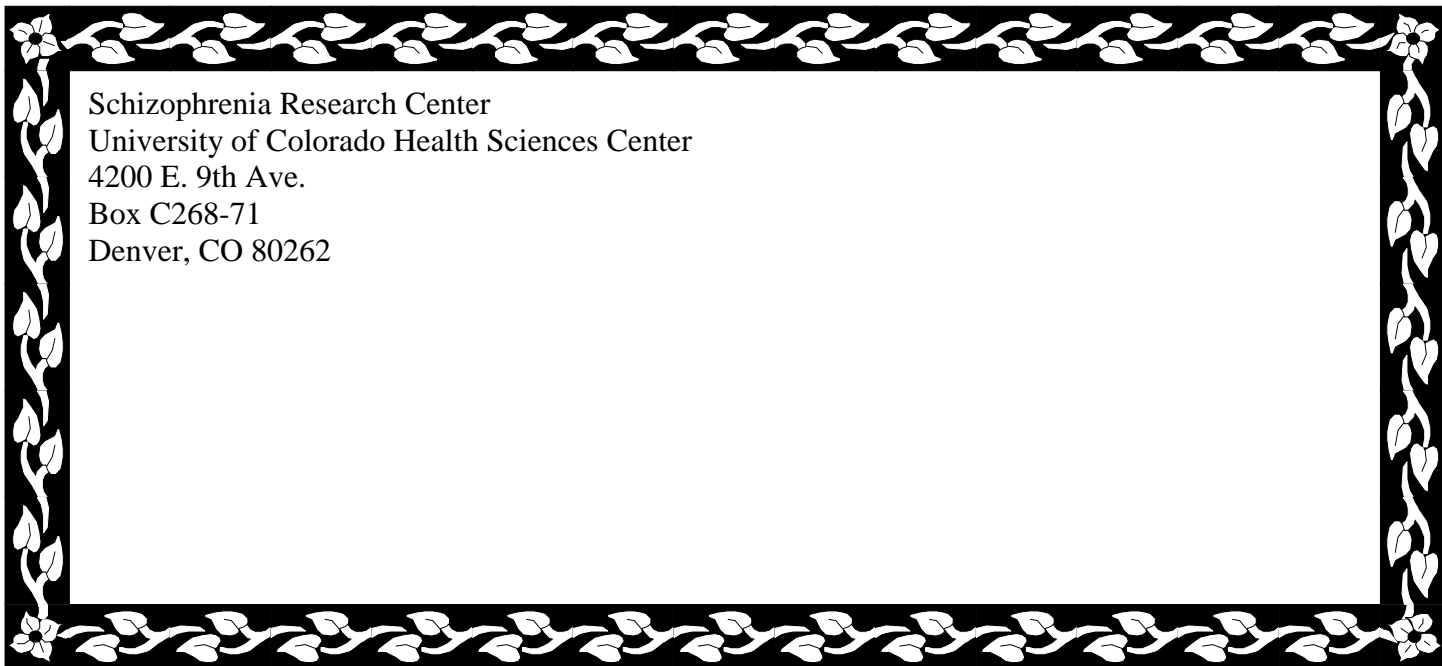
4. Genetics. At this point, no specific gene has clearly been identified which is involved in schizophrenia or bipolar disorder. However, several chromosomal regions (each region may contain hundreds of genes) have been strongly implicated in both disorders. Surprisingly, the same regions are being identified for both schizophrenia and bipolar disorder, suggesting that the same genes may be involved in both disorders.

Schizophrenia and Bipolar Disorder have traditionally been thought of as two separate disorders. Changes in diagnosis, medication treatment strategies, symptoms in family members, and genetic results are challenging this assumption. Schizophrenia and bipolar disorder probably are not completely the same illness, but are likely overlapping in causes, symptom presentation, and treatment.

The University of Colorado Institute for Children's Mental Illness and Schizophrenia Research Center are committed to further exploring the causes of major mental illnesses, especially as they relate to children. Our efforts are enhanced by the participation of people with mental illness and their families. A list of studies needing volunteers can be found below. The largest current needs are for individuals with schizophrenia or bipolar disorder who also have school-age children.

Current research subjects needed:

- Children of a parent with schizophrenia or bipolar disorder
- Children suspected of having ADD who have no relatives with schizophrenia or bipolar disorder
- Children with schizophrenia that developed before age 13
- Individuals with schizophrenia ages 15-25
- Siblings with schizophrenia
- Individuals with schizophrenia, ages 18-50, who smoke and are taking typical neuroleptic medications, such as Haldol
- Individuals with schizophrenia taking Resperidol



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We would like to keep up with friends who have helped support our research projects. If you have moved, gotten a new telephone number or just want to update us on your situation, please clip this form, fill it out and mail to:

Schizophrenia Research Center
 University of Colorado Health Sciences Center
 4200 E. 9th Ave., Box C268-71
 Denver, CO 80262

Name _____

Address _____ City _____ Zip _____

Phone _____

NOTE: _____

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