Schizophrenia and Dementia: Recognizing Differences and Overlaps

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Schizophrenia and dementia are conditions commonly seen in nursing facilities. However, they are separate conditions with different causes, treatment, and prognoses.

Schizophrenia is a complex mental health disorder that involves a range of symptoms affecting a person's thoughts, emotions, and behaviors. It is characterized by delusions, hallucinations, disorganized speech and thinking, unusual movement, catatonic behavior, withdrawal, and reduced ability to care for daily needs. The cause of schizophrenia is unknown; however, research suggests environmental factors, genetics, abnormal brain structure, and abnormal function may contribute to its development.

Typical Age at Onset: Schizophrenia can occur at any age. The average age of onset tends to be in the late teens to the early 20s for men, and the late 20s to early 30s for women. Additionally, there is a subset—usually women—who are diagnosed later in life.

Disease Development: It is episodic and recurring. Symptoms can vary in severity and type.

Affected Population: It is slightly more common in males.

Average Duration: It is lifelong.

Dementia is an umbrella term used to describe numerous brain disorders that involve decline in brain function in areas of memory, thinking, language, and reasoning that impair daily functioning and activities. Dementia is caused by damage to or loss of nerve cells and their connections in the brain. Dementia is not a normal part of the aging process.

Typical Age at Onset: Most individuals with the disease are age 65 and older. Risk increases with age, especially after the age of 85.

Disease Development: It is progressive and worsens over time. Dementia varies in severity, from the early stages when it starts to impact daily functioning, to the most advanced stages when individuals rely entirely on others for essential tasks. Progression varies based on the type of dementia.

Affected Population: It is slightly more common in females.

Average Duration: From onset to death is 3–11 years, though this can vary depending on the specific type of dementia (Alzheimer's Disease, vascular, Lewy body, frontotemporal, and mixed).

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Overlapping Symptoms Between Schizophrenia and Dementia

Schizophrenia and dementia share certain symptoms, which can sometimes make distinguishing between the two conditions challenging. Recognizing both the similarities and differences allows nursing facility staff to provide care that is tailored to each resident's specific needs.

This list is not all inclusive, and symptoms may vary from resident to resident.

Schizophrenia	Schizophrenia and Dementia Overlap	Dementia
Typical Cognitive/Perceptual Symptoms • Memory problems: Variable, mild, and fluctuate, but are not progressive. • Delusions: Systematic, well-formed and organized, consistent, complex, long-term, often bizarre, and present throughout the day. Delusions have a grandiose theme and often include paranoia. • Auditory hallucinations are more common than visual hallucinations. They are complex, persistent, often include paranoia, and are commanding.	**Cognitive/Perceptual Symptoms** • Subjective memory complaints (reports worsening thinking and memory that cannot be confirmed) • Impaired decision-making • Delusions and hallucinations • Confusion and paranoia • Problems with logic • Inability to focus and pay attention	**Typical Cognitive/Perceptual Symptoms** • Progressive decline in memory/increased forgetfulness • Delusions: Simple, transient (short-term), and more likely in the afternoon, evenings, or night • Delusions of theft • Inability to identify common objects • Losing objects • Disorientation • Visual hallucinations are more common than auditory hallucinations. They are transient and often pleasant.
Typical Speech/Language Symptoms • Disorganized and spontaneous speech that tends to be difficult to follow/understand. • Speech includes nonsensical words that are not related or unimportant to the overall sentence, context, or topic. • May speak less, say fewer words, or only speak in response to others (poverty of speech, also known as alogia).	**Speech/Language Symptoms** • Inability/difficulty with speech • Reduction in speech	**Typical Speech/Language Symptoms** • Difficulty finding words • Repeating questions • Difficulty composing sentences • Difficulty understanding, reading, writing, and speaking (also known as aphasia)

Schizophrenia

Schizophrenia and Dementia Overlap

Dementia

Physical/Motor Symptoms

- Unsteady gait
- Repetitive movements

Typical Physical/Motor Symptoms

- Catatonia (immobility) and/or involuntary movement

Typical Physical/Motor Symptoms

- Apraxia (difficulty with certain movements or tasks)

Emotional/Behavioral Symptoms

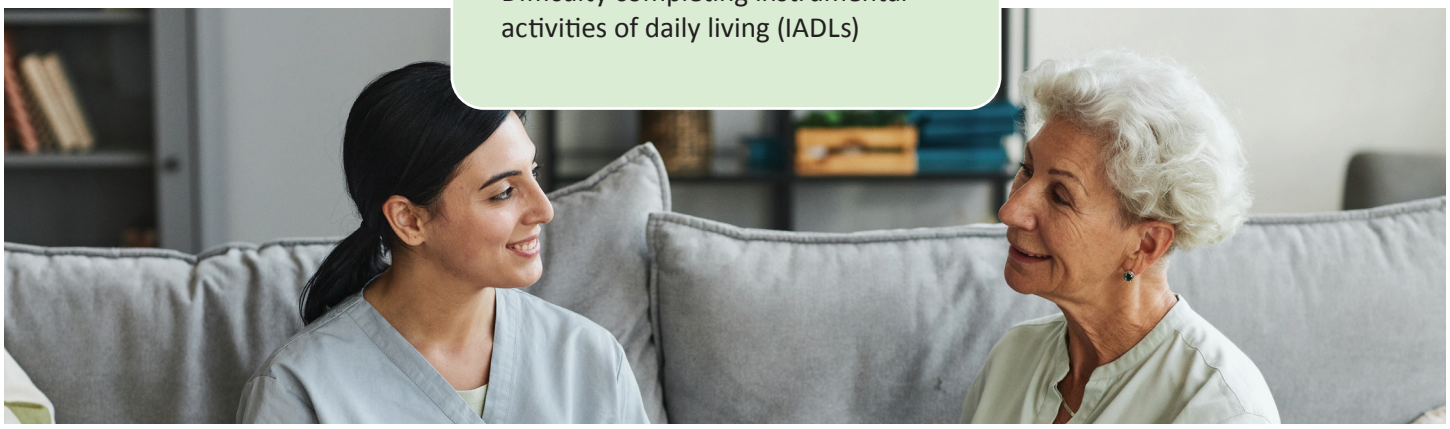
- Social withdrawal or isolation
- Agitation/aggression/hostility
- Suicidal ideations
- Excitability and yelling
- Disinhibition and social impairment
- Deterioration in hygiene
- Personality changes
- Disturbed or unusual sleep
- Depression and anxiety
- Difficulty completing instrumental activities of daily living (IADLs)

Typical Emotional/Behavioral Symptoms

- Disorganized and/or compulsive behavior
- Flattened affect
- Difficulty expressing emotions
- Self-harm/self-injurious behavior

Typical Emotional/Behavioral Symptoms

- Wandering and pacing
- Getting lost in familiar areas
- Misidentification of caregivers
- Calling out
- Resisting daily care
- Impulsivity



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