Schizophrenia Rundown

Schizophrenia is a split of reality. You develop delusions which are effectively beliefs that are irrational. You also see things which are usually somewhat related to your surroundings. It’s interesting; the most common hallucination for men is of a woman. This is true to me; I have hallucinations based off a lady in a white dressing gown. Auditory hallucinations often start with having songs stuck in your head, its different though as its on repeat and might last days on end, rather than “hearing” it in your head; you can sometimes hear the music as if it was right in front of you. They then manifest and become more disturbing and impacting on your life. My example is hearing friends at bars, thinking I’m in multiple universes, then those auditory hallucinations manifest into a delusion at the same time, likewise with visual hallucinations, they manifest.

Schizophrenia usually can’t go un-medicated and often can’t go without a hospital stay just due to the delusions and how severe they can be in terms of suicide. Schizophrenia has one of the highest rates of suicide out of any mental health disorder, 60% of schizophrenics will attempt suicide and between 10-15% succeed.

Age of Onset

Unlike the other mental health issues I’ve written about, schizophrenia has a much younger onset. Males have a higher chance of developing the disorder but also have a younger onset, on average. Males develop schizophrenia around 18 years old and most females develop symptoms several years later at the age of 25.

Symptoms of Schizophrenia

Schizophrenic symptoms are split into ‘Negative’ and ‘Positive’ symptoms. Schizophrenia’s cause isn’t well known, but the understanding is that it’s a dysfunction in the brain. It’s a disease.

Positive Symptoms

Hallucinations

People with schizophrenia may hear things, see things or feel things. These are staple symptoms but you don’t necessarily need to exhibit these to be schizophrenic.

- **Auditory Hallucinations**: Most commonly hearing voices inside their head. They can vary in whether it’s angry, whispers, urgent, murmur or be demanding. They are often related to situations the person are currently in and may be impacted by their surrounding environment.
- **Visual Hallucinations**: Someone might see lights, objects, people, or patterns. Often its loved ones or friends who no longer exist. There are also issues with depth perception and distance. These are often intimidating visual hallucinations and male visual hallucinations are often of women.
- **Olfactory Hallucinations**: These include taste and smell. They can sometimes be disgusting or pleasant. These tastes and smells are often reminiscent of something recent.

- **Tactile Hallucinations**: These are feelings of touch. They are often things moving across your body like hands or insects. Depending on the individual it can be things like scratches or even groping.

**Delusions**

Delusions are false beliefs which are clearly not correct, but there’s a strong belief system which is recurrent. These can be symptoms of controlling one’s brain, delusions of grandeur such as believing you’re someone important and people are out to get you. Yet again these are common symptoms yet do not need to be present to be schizophrenic.

- **Persecutory Delusions**: The feeling of someone is after you or being stalked, hunted or tricked. These often come alongside delusions of grandeur such as believing you know information no one else does and it may affect the system.

- **Referential Delusions**: This is when a person believes the television has a hidden message for them like the lyrics of a song or the way someone moves in public or on television.

- **Somatic Delusions**: These centre on the body. The person may feel like they are critically ill and about to die, as well as other forms of illness. These can correlate with being targeted by external factors, which other people can’t be affected; it’s just them such as bugs being under their skin.

- **Erotomanic Delusions**: These delusions focus on paranoia of loved ones cheating, someone being in love with them or people perusing them.

- **Religious Delusions**: Some may experience these delusions which centre on a false belief of religion, thinking they’re a deity or being possessed by a demon.

- **Grandiose Delusions**: A common one is a feeling of being on the main character of a TV show, similarly to the move “The Truman Show” where he’s unknowingly the star of a television show based on his life.

**Trouble Concentrating**

The trouble with concentration may be similar to ADHD and the thought patterns may be erratic.

- Some may lose track of their thoughts very easily and lose attention on for example a television show, movies or music. This is a very common.

**Confused thoughts and Disorganised Speech**

Slurred speech may occur as well as difficulty organising thoughts, may not be able to follow a conversation.

- People with schizophrenia may find it difficult to organise their thoughts, follow a conversation. It may seem like they zone out and can’t concentrate. Their words may be jumbled or not make sense.

**Movement Disorders**

These are considered reoccurring movements which may not be exhibited by the general population. Expert’s call this Catatonic Schizophrenia.
Some people with schizophrenia can be jumpy and often make the same movements over and over. People with catatonic schizophrenia may often lay perfectly still for hours without moving or stretching.

**Negative Symptoms**

**Lack of Pleasure**
- A person with schizophrenia similarly to depression may find themselves lacking pleasure in any activity they previously found entertaining. This is commonly called anhedonia across all mental health facets.

**Trouble with Speech**
- The speech may contain less emotion as well as not talking too much.

**Flattening**
- Yet again this symptom of schizophrenia which involves emotional flattening based off facial features, when talking the voice sounds flat and when speaking facial features will seem flat and void of emotion.

**Withdrawal**
- This is effectively agoraphobia which involves lack of outdoors. They may become a bit of a “hermit”, as well as a sense of apathy where you need to pry the conversation to get answers out of them.

**Struggling with the basic tasks**
- This includes hygienic when the sufferer may not shower, brush teeth or just take basic care of themselves.

**Not Following Through**
- The individual may not follow through with plans with friends, staying on schedule or not finishing tasks.

**Cognitive Issues**
- Effectively the cognitive issues are not dissimilar to autism surprisingly. These include how the brain learns, stores and uses information. This can be a matter of not being able to memorise phone numbers and other basic tasks. The other feature of the cognitive issues is thought organisation, this makes decision making and speech mumbled. Something that had occurred a couple of days ago can miss-match with what had happened today.
Classes of Schizophrenia

All of these schizophrenic subtypes can have similar symptoms. Despite having cross-matching symptoms, each of these subtypes comes with its own unique symptoms.

Paranoid Schizophrenia

Paranoid Schizophrenia became a subtype of schizophrenia, rather than its own counterpart in 2013, so this gives more insight into the correlation.

- Early symptoms for paranoid schizophrenia is called the “prodromal” phase of the illness, this may include changes in sleep, motivation, communication and ability to think clear. Often when the illness is diagnosed is during an “acute episode” which is commonly symptoms of panic, danger, anger and depression. The following symptoms for paranoid schizophrenia often fixate on delusions; these often include Erotomanic, Referential and Persecutory Delusions. Another set of symptoms related to paranoid schizophrenia is auditory hallucinations which often fall in line with the delusions above. Visual hallucinations may be present, less so than other schizophrenic subtypes.
- These symptoms leave the sufferer in emotional detachment, withdrawal, anger and anxiety.

Disorganised (Hebephrenia) Schizophrenia

- These are often related to train of though. Some suffers may not be able to speak a full sentence without jumbling words or switching topics aimlessly. There also may be trends of repeating the same word, making up words which are only true to the sufferer and rhyme words without any meaning. This can be severe; some sufferers may not be able to speak a full sentence without jumbling words, effectively rendering them inaudible.

Disorganised Behaviour

- A person with disorganised schizophrenia will have a decline in daily functioning, unpredictable or inappropriate emotional responses, lack of impulse control, behaviours that lack purpose and hygienic issues or cease to carry out these behaviours.

Catatonic Schizophrenia

- Catatonia only occurs in individuals with schizophrenia.
- Catatonic schizophrenia has the same risk factors as other schizophrenic subtypes. This subtype has unique symptoms which are different from other illnesses and schizophrenic subtypes. Overall as you will see below, these symptoms are based around motor function retardation.

Stupor – no interaction with the environment or psychomotor activity.

Catalepsy – Adapting unusual postures.

Waxy Flexibility – This is where one may lay still for hours on end until their arms are lifted for example.
**Mutism** – Lack of verbal response or activity.

**Negativism** – Little response to instructions or stimuli.

**Posturing** – Actively holds posture against gravity which would otherwise be uncomfortable.

**Mannerism** – Making weird and exaggerated actions.

**Stereotypy** – Repetitive movements without an apparent reason.

**Agitation** - Feeling agitated over nothing.

**Echopraxia** – Mimicking another person’s movements.

**Childhood Schizophrenia**

- Childhood Schizophrenia is diagnosed when the patient is between 7 – 13 years old, this also impairs development. It can be the same severity as other schizophrenia subtypes. Until 1980 this disorder wasn’t recognised as anything different to autism, now it has its own separate diagnoses.
- Due to the rarity of this mental health issue there is often a misdiagnoses with ‘conduct disorder’ which is antisocial traits and behaviours. Although antisocial behaviour is present in both, the diagnoses often come along with paranoid thoughts. The mental health issue much alike other schizophrenic subtypes is often due to genetics. The separate symptoms that childhood schizophrenia shows compared to adult schizophrenia is show below.

**Language Impairments** – Stutters, slow speech and mumbling words amongst others

**Motor (movement) effects** – Specific movements which may not appear to be normal.

**Social Deficits** – Antisocial behaviour

**Odd and eccentric behaviour** – Fascination in particular topics, and links to social deficits

**Confusing television and dream for reality**

**Extreme moodiness** – Alike teenage years, irrational behaviour which isn’t often seen during that age bracket

**Severe anxiety** – This anxiety is more of a generalised anxiety (read my anxiety article to understand)

**Difficulty relating to and keeping friends** - Related to antisocial behaviour, not understanding boundaries and apathy is also an impact

**Withdrawing and becoming increasingly isolated** – Becoming antisocial or hermit behaviour

**Hygienic issues** – Difficulty managing showers

* A major issue with childhood schizophrenia is the learning impairment and the effect it can have on development.
Schizoaffective Disorder

- Schizoaffective disorder comes under two brackets, bipolar type and depressive type. Schizoaffective disorder is a combination of a mood disorder and schizophrenic symptoms. Schizoaffective disorder is less known than other mental health issues, even more than the subtypes listed above. People with this disorder may experience the same symptoms above, but it varies in a couple different ways. There may be incidents of depression and mania. Often there will be bouts of mania, depression and the psychosis that comes along with standard types.
- Schizoaffective depressive type is quite obvious. There are intense feelings of depression and suicidal thoughts. This isn’t usual to standard schizophrenia, where there isn’t a diagnosis of clinical depression.
- Schizoaffective bipolar type is a string of mood swings which involve mania and depression. This includes elevated moods, heightened sexual tendencies and poor decision making.

Separate symptoms

**Depression** - Feeling empty and worthless, low self-esteem and sad. This is interesting; other forms of schizophrenia don’t have clinical depression as diagnoses.

**Periods of Manic moods** - This includes an elevation of mood that would usually be out of character.

Symptoms I Experienced

- Lack of pleasure
- Withdrawal
- Not following through
- Hallucinations
- Confused thoughts and disorganised speech
- Depression
- Periods of manic moods

Trouble concentrating

Treatment for Schizophrenia

The most common treatment for schizophrenia is antipsychotics. Antipsychotics treat psychosis, sleep problems and anxiety. Although incredibly effective once the correct medication is found, there may be other medications necessary. These include benzodiazepines, antidepressants and mood stabilisers. Below I will list these medications.
**Antipsychotic Treatment**

**Typical Antipsychotics – Older antipsychotics – Less commonly prescribed**

- Haldol (haloperidol)
- Loxitane (Loxapine)
- Mellaril (thioridazine)
- Moban (molindone,)
- Navane (thioridazine)
- Prolixin (fluphenazine)
- Serentil (mesoridazine)
- Stelazine (trifluoperazine)
- Trilafon (perphenazine)
- Thorazine (chlorpromazine)

**Atypical Antipsychotics – Newer antipsychotics – More commonly prescribed**

- Abilify (aripiprazole)
- Clozaril (clozapine)
- Geodon (ziprasidone)
- Risperdal (risperidone)
- Seroquel (quetiapine)
- Zyprexa (olanzapine)

**Antipsychotics I’ve tried and explanation**

As seen above, antipsychotics are on their 2\textsuperscript{nd} generation, atypical and typical. Typical antipsychotics were the first generation, very effective but come along with some nasty side effects, due to this atypical psychotics are prescribed far more.

- The antipsychotics I’ve tried are; Abilify, Risperdal, Seroquel, Zyprexa and Clozaril.

- **Seroquel** is the most commonly prescribed antipsychotics. This is due to its lack of unwanted side effects. It is very effective amongst most people with psychotic’s disorders. In regards to my experience with Seroquel, it was a very strong sleeping agent, worked as an anxiolytic and subdued my psychotics partially; I also had weight gain, more than most. I was tapered up to 1200mg and despite the dose, I couldn’t curb the psychosis.
- **Zyprexa** was the most effective medication I tried outside of clozapine. It worked well as a sleeping agent, had little to none weight gain while on the wafers. In regards to other side effects, I didn’t have the headaches like the abilify and didn’t get shakes.

- **Abilify** was an interesting one. This medication also works on D2 receptors and serotonin 5-HT1HA receptors as a partial agonist and as an antagonist on the 5-HT2A. This gives the medication a slight stimulant property and can help with cognitive deficits. This medication gave me a headache for the first couple of days and was barely effective for me.

- **Risperdal** was the worst medication I tried in regards to sleep, weight gain and lethargy. I gained a heavy amount of weight over the duration. Risperdal was also one of the worst prescribed medications in regards to atypical antipsychotics. There is a very common side effect of gaining a heavy level of prolactin which is a hormone. I would’ve grown man tits if I would continue to stay on that medication.

- **Clozapine** is now my medication. I am no longer psychotic at all and it’s changed my life, in regards to side effects I found I had slight chest pain, nausea and the strongest sleeping agent I’d tried. In regards to the medication, it is a very lengthy process. You need to be admitted into a hospital to start it and there is an intense first 18 weeks. Due to the severe side effects that can kill you. Following up to the first day of administration, I needed blood tests for the first 5 days in the psychiatric ward. On the day I was given my first dose of clozapine, I needed a blood test in the morning then heart rate monitored every 20 mins for 2 hours, following this it was a heart monitor every 40 mins for 4 hours then a heart check once every 2 hours for the following day. Once I was stable on clozapine, during the rest of my stay I had a blood test every day. After my stay in hospital I needed a blood test every week for 18 weeks. I’m now done with the blood tests, now it’s only once every month.

### Mood Stabiliser Treatment

- Lithium (Camcolit)
- Carbamazepine (Tegretol)
- Lamotrigine (Lamactil)
- Valproate (Depakote)
- Asenapine (Sycrest)

### Mood Stabilisers I’ve tried and explanation

The only mood stabilisers I’ve tried are lithium and lamotrigine. Mood stabilisers often come along with side effects. They are incredibly effective and they are often used in conjunction together because they act on different moods.

- **Lithium** is a medication which is most commonly used to stop manic episodes. This medication has the most side effects amongst others. The side effects I’d experienced were; extreme nausea when tapering shakes to the point I couldn’t hold a glass, headaches and sluggishness. In regards to how it worked, it was incredibly effective in stopping my manic episodes.
episodes, after the settling period I now have little to no manic symptoms, also partially due
to clozapine and its potentiation.
- **Lamotrigine** is most commonly used to treat depressive episodes. This medication had little
to no side effects that I’d experienced. In regards to how it treated my symptoms, it worked
well. It didn’t treat the manic episodes, which is reasonable given its treatment profile.

## My Personal Experience with Schizophrenia

A simple statement will probably sum up my mental health. My psychiatrist asked me “when do you
think you were last stable”, my response was when I was 10 years old; he told me I’ve probably
never experienced what it’s like to be normal.

Regarding the onset of mental health, my educated guess would have to be when I was 12. During
year 5 I exhibited severe symptoms of anxiety that left me homebound. When I would drive to
school I’d get so nauseous I would feel sick to my stomach. This period of time was rough for me; I
didn’t attend school during the period of half way through year 6 until term 3 year 7.

The onset of schizophrenia was in year 12 (2015) when I was 18 years old. The initial symptoms were
hearing bangs, a resurgence of anxiety, cognitive issues and paranoia. I found it incredibly hard to
form a sentence or a thought process in my mind, everything was confusing and muddled. The
anxiety came back and I found myself difficult to stay at school due to paranoid thoughts of people
talking about me in neighbouring class rooms. The auditory hallucinations hadn’t developed as much
as they will, yet I would hear explosions and bangs around the school, a notable day was when I
freaked out hearing an explosion, I turned to my friend at the lockers and told him, he said there was
nothing. This friend was actually the first person to express his concerns; he recommended that I
should go to the school counsellor.

Based on my psychosis and its progression, the counsellor told me he was concerned and he can’t
help me. He referred me to a clinical psychologist who I’d later see for the next 6 months. The
clinical psychologist, among other psychologists just explained cognitive behavioural therapy, deep
breathing, meditation and exposure therapy. During these 6 months of seeing the psychologist I
started abusing drugs such as marijuana, Ritalin, LSD, clonazepam and 25i; these drugs exacerbated
my mental illness gradually. I never mentioned my drug use to anyone outside of my friendship
circle, the psychologist kept on treating me.

The worsening of my mental health gave my dad a rise of concerns, so he organised appointments
with the psychiatrist I’d been seeing back in year 7. My psychosis developed into full blown auditory
and visual hallucinations. I was seeing a lady in a white dressing gown with blood, who I continue to
hallucinate. My auditory hallucinations usually revolved around friends, when out with friends I’d
hallucinate another conversation with them at another bar, I’d have to leave the bar and continue
home due to how debilitating it was, I would also think I could hear all conversations in the bar and
thought they were planning to hurt me which would prompt me to leave.

While at home I’d have the same hallucination of my friends. I believed I was in multiple universes
and to escape this I’d have to jump in front of a car, die or be put into a coma to find the real
universe and separate them.
The abuse of LSD amongst other drugs exacerbated my mental health issues and developed delusions in all corners of my mind. During the end of year 12 I was gradually slowing down with psychedelic drugs and graduated to abusing pharmaceuticals namely oxycodone, tramadol, codeine, morphine and a plethora of benzodiazepines. These drugs subdued my mental health issues by the relaxation and euphoria of the drugs. Opiates feel like a warm blanket embracing you alongside a wave of anxiolytic properties. Due to this I found it difficult to stop, the moment I stopped was when my friends voiced their concerns and pushed me to go into withdrawal. Although I stopped my use of opiates at that time, they’d later come back into the equation.

During this period of time I started drinking heavily whilst seeing my psychiatrist, this must’ve impacted my treatment. I went into a relationship with my girlfriend at the time and she stopped me from abusing opiates further. She was smoking weed every day, so to substitute it I was drinking heavily as I felt left out, and due to psychosis weed is by far the worst drug for psychosis. This period of time was moments of abstinence and relapse. I was abusing alcohol every weekend heavily, taking ketamine once every 2 weeks and abusing Xanax because her friend dealt pills alongside a cheap price. As you can understand, drug use was a big problem in my life and it definitely affected my mental health heavily.

Over the course of the years 2015 – 2019 I’d been put on a plethora of medication. My initial medication when seeing my first psychiatrist was temazepam, seroquel and sertraline. Due to my mood disorder the sertraline fucked up my moods so I was instantly taken off within 2 weeks. Seroquel helped immensely with sleep and temazepam was helpful in that it would relax me before sleep. Although the seroquel helped with sleep, it didn’t subdue my psychosis. The sleep was amazing when I was initially taking it, but eventually that subsided and I was left with a mediocre medication for my situation.

My psychosis gradually got worse during this period despite slowing down on drugs and being on medication. My next medication I tried were a plethora of antidepressants I cannot name, none of them working, risperidone and Valium.

Risperidone was an effective antipsychotic. It was very effective with the psychosis, although not stopping all. It was very good for sleep, even more so than seroquel and the anxiolytic effects were just okay. The issue with risperidone is that it often causes a spike it prolactin hormone levels. This is a female hormone which still occurs in males at a lower dose. This can cause a man to grow breasts amongst other side effects. A notable side effect I had from risperidone more than anything else is weight gain. I had a heavy gut and put on a considerable amount. The hormone increase gave some concern so I was taken off this medication roughly two or three months after starting. According to a further psychiatrist, risperidone isn’t prescribed as often as others due to this side effect being frequent.

My issues were still ongoing and not being touched by medication. The amounts of antipsychotics to try in the atypical category were slimming down. After 2 or 3 antipsychotic medications most people with schizophrenia will try clozapine, instead I was on abilify. Abilify was the least effective antipsychotic I’d tried. My mental health slipped terribly during this period and the only notable effect it had on me was a boost in energy. The downsides were, it had no effect on psychosis or sleep and I believe it impacted my anxiety negatively. This medication remains effective for other
people with psychotic issues as it’s an effective medication for the cognitive issues which come along side psychosis.

Another symptom I have and still remains less talked about is what I’d call “slipping”, this is where you hear the conversation around you and everything slows down. The conversation sounds more alien than anything and everything just blanks out. I find myself “waking” up and realising I was sitting there eating for a couple of minutes without a single neuron firing in a waking position. It’s almost like an ego death from psychedelics without the drug component, you find yourself back to where you were without recognising what’d happened for that period of time.

I was continuing to try more medication. I’d tried most antipsychotics that are commonly prescribed besides olanzapine. Out of all the previous medications, olanzapine was the most effective. It had the other entire antipsychotics beat in all categories yet didn’t cause too much weight gain while taking the strips instead of pills. Although this medication made life bearable at the time, it would later slip.

I slipped back into opiates once again; this was due to the existential crisis I’d been facing. I started off using the weaker opiates such as poppy seed tea and codeine. I would use these opiates almost every day and found myself not feeling these opiates. I found a heroin dealer that delivers and I promptly started this new drug. All I can say is it had every single other drug beat. It made everything fade away and feel amazing. You aren’t aware of your surroundings and you just sit these couched not responding.

I met a really cute girl over tinder during this period and slowed down once I’d met her, I didn’t want to use opiates in this relationship so I slowed down. My withdrawals hit me a bit so I started getting into ketamine, alcohol and Xanax again. This is one of my most guilty times as I introduced this girl to ketamine, Xanax, Valium and LSD.

During the first two weeks of dating her I was still abusing heroin, just on a lesser note. Once I felt connected to her I stopped completely. There was one night which made me feel the need to get clean. I bought two $50 bags of ketamine, brought around 150mg of my Valium and 2 bottles of wine. I gave her 50mg Valium and I had 70mg. On the way to a party I drank a bottle and a half of white wine and we almost got hit by a fucking train.

Once at the party we went into the bathroom and railed a bag of ketamine each. Even ketamine and any downer are dangerous, yet we had 2 severe downers in our system. The issue is with her and no tolerance she could’ve carked it. We made a shit appearance given we were so fucked up. The next step was a club. Her cousin had organised 2 100mg caps of MDMA each. I had mine and felt fuck all after 20 mins so I grabbed 2 pills off a dude in the club corner. Due to the drugs in my system I was left in the corner not being able to move or see. They expressed their worries for me.

This experienced forced me to stop using drugs, and I did so for a year. No alcohol. No benzodiazepines without prescription. No heroin. No ketamine. No LSD. No MDMA. Nothing.

I wasn’t seeing a psychiatrist anymore; I was seeing a doctor who had prescribed me suboxone for my drug cessation. My GP had me on lithium and bumped up my lamaclil. My mental health wasn’t improving as much as it should because this doctor wasn’t trained in psychiatry. This period of time is actually the worst period of my mental health. Due to my mental health my dad called my
previous psychiatrist and asked him for a recommendation. My new doctor was a leading psychiatrist specialising in schizophrenia. He does lectures to psychiatrist regarding psychosis. My dad called this psychiatrist prior to seeing him and told him the urgency of me going into the psychiatric ward.

I was very close to killing myself leading up to seeing the psychiatrist. I was expressing my want to kill myself almost every day to my dad. My psychosis was at its peak where I thought my dad was going to touch my veins if he hugged me. I believed my dad was high and was going to poison and kill us both. I thought I was a martyr and needed to kill myself otherwise everyone would be in horrific pain. I was seeing the lady almost every night and not sleeping, I was hearing voices and I had crippling anxiety.

I was booked in for 7 days’ time and had an appointment prior to going in. The psychiatrist recommended I go in under the terms of clozapine. I was told if I didn’t go on to clozapine I was going to be gone. I had to agree to stay for 3 or more weeks until the clozapine settles.

I started developing suicidal tendencies, psychosis which was disabling, mood swings and crippling anxiety. I was talking nonsense on a daily basis, expressing how I wanted to kill myself, came up with a plan and was incredibly agoraphobic to the point I wouldn’t leave the house.

My psychosis developed. I believed my dad was trying to poison me; I had to plan how I was going to walk to the service station for a drink and if I didn’t walk in a particular pattern I was going to be followed and killed. During this period of time I was completely out of touch with reality. I had beliefs I was a martyr and if I didn’t kill myself by 2020 everyone would suffer in agony and only I could stop it.

I was promptly admitted to the psychiatric ward with a minimum 3 week stay. The first three nights weren’t dissimilar to my prior nights at home. I didn’t sleep a wink despite PRN medications being fed to me. They were loading me up with seroquel, temazepam and olanzapine with minimal results. During the nights where I wasn’t sleeping I asked for a large amount of white A4 paper. I either sprawled out my thoughts in words which were very morbid or wrote down each thought I had. Over the course of one night I’d written and drawn on 50 pages. None of these pieces of paper made any sense. I didn’t trust the nurses because I believed they were all programs stopping the “free thinkers” (mentally unwell people) from stopping and breaking the system which was corrupt. So during this period I was trying to convince all patients that we need to do this and that.

The patients were very worried about me and expressed their concerns to nurses. The nurses didn’t allow me to attend group meetings, because I was too delusional. The patients were very understanding and tried to calm me down.

This resulted on a more adamant demand of me going onto clozapine. The first week in hospital was checking and monitoring whether I was healthy enough to start the treatment. I was having blood tests every day at 7am while I was still knocked the fuck out by my medication. These blood tests initially fucked with my head due to my hate of needles, yet over time I just couldn’t care less. On one occasion the nurse couldn’t find my vein and poked me 5 times just to get some blood.
The first day I started clozapine was very intense. I was put on 5mg and despite the dose being incredibly low; clozapine can have very serious adverse reactions. I needed to have my vitals checked once every 20 minutes for the first 2 hours. This time frame was so short that I’d just have a cigarette and once it was done I’d walk back. Rinse. Repeat. Once those first 2 hours were sorted it was once every hour for the next 2 hours. Having this luxury time I’d be talking to all the fellow patients about nonsense and the casual talk you have in hospital. After these 2 hours I’d have another bump up in time, which was every 2 hours.

The following consecutive days resulted in tapering. The tail end of my stay was tapering incrementally. I had my vitals taken once every 4 hours and it was nothing out of the ordinary. Once I reached 100mg which is a low dose, in conjunction with my olanzapine, I felt relatively sane. I still had delusions but nothing as intense and life threatening to prior.

Following through to an almost month stay I was finally released. My cross taper still continued and I was seeing my psychiatrist weekly. The first 18 weeks of clozapine treatment requires weekly blood tests and psychiatrist appointments. This is due to adverse reactions which may be caused by the clozapine. Something interesting about clozapine; it has a very short half-life which means, if I was to forget a night of clozapine, I’d have to start all over again. Making it difficult to continue treatment if for example I fell ill and couldn’t make it to my blood test.

During the second week out of hospital I got an urgent call to go to the hospital. The fat around my heart had increased which can cause altercations. I was quite panicked while I drove to the ER with my girlfriend at the time. Once there I was in the waiting room and due to the panic I started to waver in my thoughts.

When I was taken into my hospital room I fucking freaked out. I was in the bed convinced I was dying and no one was telling me. Everything sped up and I was calling out for my ex and my dad. I don’t know where they were but due to the lack of their presence I thought the nurses were going to kill me and the reason my family couldn’t come in was due to the severity of my situation.

After a blood test and vitals being taken I was moved out into the lobby and had to walk into a room with a doctor. It was the opposite situation than my reaction in the hospital room. Apparently people have varying levels of fat around their heart. My natural amount was normal for my body. So the situation was the least worry it could’ve been.

The remaining of the 18 weeks was breezy. I actually had a massive fear of needles prior to being put on clozapine, despite my heroin use, by the end of the 18 weeks I had no issue. The one thing I learned makes a massive difference is water. It is so much easier for the nurses to pull blood – my little recommendation.

My final dose of clozapine is now 350mg. I haven’t mentioned some things to my psychiatrist, which I will promptly explain next appointment. I’ve been having thoughts of parallel universes, how they translate with death and the idea of being in danger. I imagine the clozapine will be upped, yet I don’t know.

Schizophrenia is a very complex mental health issue. I thought I’d explain the story in depth to give an understanding of how it affected me but also how it arises. Medication as well as therapy will help as well as physical health and abstinence from drugs.