



OUT OF THE SHADOWS

There are gentler ways of helping people with schizophrenia to reclaim their lives than fighting their delusions with drugs, says Clare Wilson

I WAS trembling all the time. I couldn't shave. I couldn't wash. I was filthy," says Peter Bullimore. "I had become the archetypal schizophrenic. People would write on my windows: 'Schizo out' and I had one member of the public slash my face."

Today, that period of Bullimore's life is long behind him. He runs a mental health training consultancy in Sheffield, UK, and travels the world giving lectures on the subject.

You might think that Bullimore's turnaround is thanks to a wonder drug that has brought his schizophrenia under control. On the contrary: it was the side effects of his medication that had brought him so low. Instead, he opted for a seemingly radical course of action – he was slowly weaned off his medications and started a new type of therapy.

Bullimore's experience may be an extreme case, but we have long known that the drugs used to treat schizophrenia are very far from ideal. The downsides have always been seen as a necessary price to pay for relief from the condition's devastating symptoms, but now that idea is being called into question. Not only are the side effects of these drugs worse than we thought; the benefits are also smaller. Although people need to be taken off their drugs slowly and carefully to avoid a relapse, it looks as though outcomes are better in the long run if medication is kept to a minimum.

Now, there is growing interest in less damaging ways of helping people with the condition – including talking therapies and even forms of brain training. "People are starting to think differently about schizophrenia," says Max Birchwood, a psychologist at the University of Warwick in the UK. "Attitudes are definitely changing."

Since it was first described by European psychiatrists in the late 19th century, schizophrenia has often been seen as the most fearsome of all mental illnesses. Those affected usually start behaving oddly in their teens or 20s: hearing voices or seeing things that aren't there, often coupled with paranoid delusions, such as that members of their family want to kill them. These periods of psychosis may come and go unpredictably over the years, and they can be life-wrecking; 1 in 10 people with schizophrenia commits suicide.

Bullimore was 29 when it first hit. Ostensibly his life was on track: he ran a manufacturing business and was married with three children. But during a period of stress and overwork, things started to go badly wrong. He became convinced that cars were following him, and heard voices calling him a pervert. He saw the horror-film

character Freddy Krueger looking back at him from mirrors. "It was a very frightening time," he says.

After a particularly terrifying hallucination one night, the next day, Bullimore smashed his business partner over the head with a telephone, then went home and curled up in a chair. "I stopped there for three weeks," he says. "All the voices were really, really bad."

The causes of schizophrenia are frustratingly mysterious. A long-standing theory is that the strange symptoms stem from a person's inability to distinguish between their own thought processes and inputs from the outside world. The imagined voices often say things the person could plausibly be thinking themselves, for instance. But that doesn't so neatly explain the hallucinations and delusions, nor the memory and concentration difficulties that often come with schizophrenia.

Many genes that raise the risk of schizophrenia have been discovered, most of which seem to affect brain development or functioning – suggesting that the condition arises when something goes wrong with the brain's wiring as it develops and matures during adolescence. The prevailing theory is that the problems lie in neural networks that use the brain chemical dopamine, in part because drugs such as LSD and amphetamines, which can cause symptoms of psychosis, are known to raise dopamine levels.

Until the 1950s, there was little that doctors could do for someone like Bullimore, other than lock them up in an asylum and sedate them with strong tranquillisers called barbiturates. But then a new class of drugs was developed that proved helpful in treating people in the grip of acute psychosis. These antipsychotics, as they became known, ➤

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