

Schizophrenia

A persistent and often disabling mental illness affecting how a person thinks, feels and behaves. While the exact cause is unknown, research indicates a combination of genetics, brain chemistry and environment contribute to the development of schizophrenia and individual variation of symptoms.

Measuring the impact of schizophrenia

Given the nature of the symptoms, schizophrenia can affect all areas of people's lives and is one of the TOP 15 leading causes of disability worldwide.²

Signs and symptoms of schizophrenia usually first appear in **teenage years or early adulthood.**

As such, people living with schizophrenia often struggle to meet expected developmental **adult milestones** such as maintaining employment, independent living and managing relationships.

This can have a detrimental impact, with an **increased likelihood of homelessness, poverty and inadequate self-care.²**

The **life expectancy of people with schizophrenia is reduced by 10–20 years** compared with the general population, which is largely attributed to comorbidities such as heart disease, diabetes and liver disease, that often remain undetected and undertreated.^{3,4,5,6,7}

The **financial burden caused by schizophrenia is disproportionately high** compared with other chronic conditions.⁸

Unfortunately, many people living with schizophrenia are also **burdened by the stigma associated with mental health conditions.**

Affects more than

21 million people worldwide

including

2.7 million people in the U.S.¹



Schizophrenia is comprised of three symptom domains:



Positive

Hallucinations, delusions and difficulty organizing and expressing thoughts



Negative

Difficulty enjoying life and withdrawal from others



Cognitive

Deficits in memory, concentration and decision making

Treatments exist, but differentiated options are needed

While there is no cure for schizophrenia, there are treatments available that focus on managing symptoms and navigating challenges related to day-to-day functioning, such as medications and psychosocial support.

ANTIPSYCHOTIC MEDICATIONS are the most commonly prescribed treatment.

While there are differences among antipsychotic therapies, all currently available treatments work primarily through a dopamine receptor blocking mechanism.



Current **antipsychotic therapies** can be effective in managing positive symptoms; however, they **do not address other symptom areas**, such as persistent negative symptoms or cognitive difficulties. Often, efficacy of available treatments is accompanied or limited by side effects (e.g., movement disorders, sedation, weight gain and other metabolic side effects).^{9,10}



Up to 74% of people with schizophrenia **cycle through multiple drugs** within an 18-month period, with many failing to find an effective and/or tolerable treatment.¹¹

10–30%

of people with schizophrenia experience **minimal improvement** in symptoms after multiple trials of first-generation antipsychotics, and a further **30–60%** show **inadequate improvement or unacceptable adverse effects** during antipsychotic treatment.¹²

Although many people living with schizophrenia have difficulty finding an effective treatment, with the help of a dedicated care team, **it is possible for people with schizophrenia to live full lives.** Clinical development efforts evaluating new therapeutic options that aim to address gaps in current medicines, such as treating all three symptom domains or providing relief from side effects associated with dopamine-blockade, are underway.

To learn more about Karuna's commitment to people living with psychiatric and neurological conditions, visit

karunatx.com

REFERENCES

- Charlson FJ, Ferrari AJ, Santomauro DF, et al. Schizophrenia bulletin. 2018;44(6):1195-1203.
- GBD. Charlson et al. 2018.
- Ibid.
- Laursen TM, Nordentoft M, Mortensen PB. Annu Rev Clin Psychol. 2014;10:425-448.
- Laursen TM, Munk-Olsen T, Vestergaard M. Curr Opin Psychiatry. 2012;25(2):83-88.
- Olfson M, Gerhard T, Huang C, Crystal S, Stroup TS. JAMA Psychiatry. 2015;72(12):1172-1181.
- Palmer BA, Pankratz VS, Bostwick JM. Arch Gen Psychiatry. 2005;62(3):247-253.

- National Institute of Mental Health. 2018.
- Lieberman, Jeffrey A., T. Scott Stroup, Joseph P. McEvoy, Marvin S. Swartz, Robert A. Rosenheck, Diana O. Perkins, Richard S.E. Keefe, et al. New England Journal of Medicine 353, no. 12 (2005): 1209-23.
- Lieberman et al. 2005, Raedler 2010, Patel et al. 2014.
- Patel KR, et. al. P T. 2014 Sep; 39(9): 638-645.
- Lehman et al. 2004, Patel et al. 2014.