UNDERSTANDING YOUR DIAGNOSIS

Schizophreniform Disorder

Also called Schizophreniform Disorder

Psychosis that has lasted 1 to 6 months. It is treatable, and your team will confirm or change the name as time passes.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 1,000 people	Late teens to early 30s	Yes - treatment works well	A common first diagnosis

What this is

- Schizophreniform disorder means you have had psychosis, or losing touch with what is real, for one to six months.
- It is a time-based label. The only thing separating it from other diagnoses right now is how long symptoms have lasted.
- Your team may call it provisional. That word means they are still watching the clock, not that they doubt what you tell them.
- Some people recover fully and the label goes away. For others it becomes schizophrenia. Either way, treatment starts now.

What it can look and feel like

- You may hear voices no one else hears, and they can sound as clear and real as a person standing in the room.
- You may feel certain that people are watching, following, or plotting against you, even when loved ones disagree.
- Your thoughts may jump around, so your sentences come out mixed up and others cannot follow what you mean.
- You may pull back from friends, school, or work, and lose interest in things you used to care about a lot.
- You may feel flat inside, and your face and voice may show less than you feel, which others misread as not caring.
- Focus, memory, and planning may get harder, and everyday tasks may take a lot longer than they used to.
- You may not feel sick at all. Not seeing the illness is part of the illness, not stubbornness or dishonesty.

What is happening in your brain and body

- Dopamine, a brain chemical that flags what matters, runs too high. Ordinary things then feel loaded with meaning.
- Brain cells fall out of step with each other, so signals about what is real and what is imagined get crossed.
- Areas of the brain used for memory and planning work less smoothly, which is why thinking can feel slow or foggy.
- The longer psychosis goes untreated, the harder it is to treat, which is why starting care now matters so much.
- In people who go on to recover fully, brain scans usually stay steady over the years that follow.

What can make it more likely

- Genes matter. Having a close relative with psychosis raises the chance, but most people with that history never get it.
- Cannabis in the teens and twenties, especially strong products, raises the chance for people already at risk.
- Stress, trauma, moving countries, and growing up in a hard environment add to the risk that genes already carry.
- Problems before or during birth, such as low oxygen or an infection, slightly raise the chance later in life.

What to expect

- Symptoms often settle within weeks of starting treatment, though the full picture takes months to become clear.
- At **six months** your team will confirm or change the diagnosis. A new name means better information, not worse news.
- About **two in three** people go on to a longer-term diagnosis. That still leaves a real chance of full recovery.
- The first year sets the tone. Staying in care, in school, or at work protects the life you want over the long run.

What helps

Treatment works. Most people get better.

Talking therapies

- **Coordinated specialty care** is a team - therapist, prescriber, job and school coach - built for a first episode.
- **Talk therapy for psychosis** over 16 to 24 sessions helps you handle voices, check beliefs, and rebuild your story.
- **Family education** lasting nine months or longer lowers the chance of another episode and calms everyone at home.
- **Motivational interviewing** helps you cut back cannabis and stimulants, the biggest drivers of symptoms returning.
- Supported school and work programs keep you moving forward instead of putting your whole life on hold.

Medicines

- **Antipsychotics** are the main medicines. They turn down the volume on voices and fearful beliefs over 2 to 6 weeks.
- First episodes usually respond to smaller amounts. Common choices include risperidone and aripiprazole.
- Plan to stay on the medicine at least **1 to 2 years** after you feel well. Stopping early often brings symptoms back.
- **Long-acting shots** given every few weeks are worth asking about early, not only after things have gone wrong.
- Report restlessness, stiffness, sleepiness, or weight gain. Your prescriber sets each dose with you and can adjust.

Everyday things that help

- Keep sleep steady. The same bedtime and the same wake time protect your thinking more than almost anything else.
- Skip cannabis and stimulants, and go easy on alcohol. They can trigger symptoms and blunt your medicine.
- Move your body most days and eat regular meals. This protects your heart, which some medicines can strain.
- Stay connected to a few people you trust, and keep one thing to do each day, even on the flat and heavy days.
- Write down your early warning signs and who to call. Share that plan with someone before you ever need it.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Get help right away if voices tell you to hurt yourself or anyone else.
- Call your care team today if you stop sleeping or eating, or if fear and suspicion suddenly jump.

Questions to ask your care team

- *When will we know whether this diagnosis changes, and what happens then?*
- *How long should I stay on this medicine, and which side effects matter?*
- *Is a long-acting shot a better fit for me than daily pills?*
- *What programs near me can help me stay in school or at work?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.