UNDERSTANDING YOUR DIAGNOSIS

# Schizotypal Personality Disorder

Also called Schizotypal Personality Disorder

A long-standing pattern of unusual thinking and difficulty with people. It names a pattern, not a verdict on who you are.

| HOW COMMON | OFTEN STARTS | TREATABLE | LONG TERM |
|---|---|---|---|
| About 1 to 4 in 100 adults | Late teens to early twenties | Yes - symptoms can ease | Steady for most people |

## What this is

- This names a long-standing pattern of unusual thinking, unusual experiences, and real difficulty being around people.
- It is not schizophrenia. You keep your grip on what is real, even when an experience feels strange or full of meaning.
- Being unusual is not the problem here. The problem is the distress, and the doors that keep closing because of it.
- Odd experiences can be turned down, being with people can get easier, and work becomes possible with the right support.

## What it can look and feel like

- Ordinary things feel aimed at you. A song, a headline or a stranger's remark seems to carry a private message.
- You may sense things other people cannot, or feel you have a sixth sense about who someone really is.
- You get unusual experiences, such as a felt presence in the room or a sense that your body is the wrong shape.
- People say they lose the thread when you talk, because the route you take is roundabout or full of images.
- Being with people stays uncomfortable however long you have known them, because you expect them to mean harm.
- You have been called eccentric for the way you dress, speak or move, sometimes since you were quite young.
- Concentration and memory feel unreliable, and that holds back school and work more than the odd beliefs ever do.

## What is happening in your brain and body

- Your brain marks things as personally important that other brains filter out. That is where the private-message feeling begins.
- Brain scans show slightly smaller volume in the areas that handle sound and meaning, like schizophrenia but much milder.
- The planning part at the front of your brain works well, which is likely why this stays short of psychosis, or losing touch with what is real.
- Dopamine, a brain chemical that flags what matters, runs a little high here, but nowhere near the level seen in schizophrenia.
- Cannabis pushes hard in the wrong direction, and stopping it is the single change with the biggest effect on how this goes.

## What can make it more likely

- Genes matter a great deal here. This pattern runs in families, especially families where someone has schizophrenia.
- Childhood trauma, neglect and growing up in a crowded city each raise the chance of the unusual experiences.
- Cannabis and stimulants raise the chance that this pattern tips over into a full psychotic illness later on.
- Nothing you did brought this on, and no single choice by the people who raised you caused it either.

## What to expect

- For most people this stays fairly steady over the years, with the distress rising and falling around life stress.
- About **1 in 5** people with this pattern go on to develop schizophrenia or a related illness, so it is worth watching.
- The odd beliefs often shape your life less than the trouble with concentration, memory and holding down a job.
- Long, low-intensity contact with one team works far better than a short, intense course of treatment that then ends.

## What helps

Treatment works. Most people get better.

### Talking therapies

- **Talk therapy** works best when it is structured and concrete, with a plan for each session and no vague drifting.
- Nobody should try to argue you out of a belief. The work is on the distress it causes and on what it makes you do.
- **CBT** borrowed from psychosis care gives you other ways to read an event and lowers how frightening it feels.
- **Social skills training** rehearses the practical parts of getting along with people, which lifts daily life.
- **Cognitive remediation** is training for attention and memory, and it often does more for work than symptom work.

### Medicines

- This is the one personality pattern with real trial evidence behind medicine, though nothing is officially approved.
- A low dose of an **antipsychotic** such as risperidone reduced unusual thinking and social discomfort in small trials.
- Watch for weight gain, drowsiness, stiffness and changes in blood sugar. Ask for regular weight and blood checks.
- **Antidepressants** treat depression, anxiety and repeating worries, and may soften the private-message feeling too.
- Use the lowest dose that helps. Doses are worked out with your prescriber, and the need should be reviewed regularly.

### Everyday things that help

- Stopping cannabis is the highest-value change you can make. The link to psychosis is strong and grows with the amount.
- **Supported employment** programs put you in a real job with a coach on hand, and they fit this pattern well.
- Keep sleep regular. Poor sleep sharpens unusual experiences faster than almost anything else on this page.
- Family programs that lower criticism and tension at home cut relapses and make the household easier to live in.
- Tell your team if the experiences get louder or more convincing. That is the change worth acting on early.

## Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- If voices become loud and clearly outside your head, or a belief hardens into certainty, get seen quickly.
- Go to an emergency room if you have stopped sleeping for days and things start to feel dangerous.

## Questions to ask your care team

- *What is my risk of this becoming schizophrenia, and what lowers it?*
- *Would a low dose of medicine be worth trying for me right now?*
- *Is there a work or study program near me that would support me?*
- *What signs mean I should call you sooner than my next visit?*

# 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.