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on the latest
treatment
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**“A diagnosis
can be a new
beginning!”**

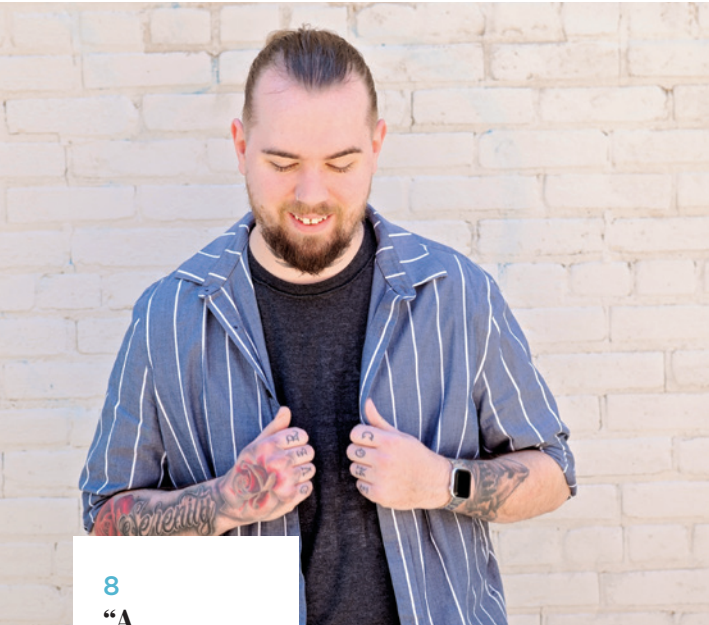
Schizophrenia

Kody Green found his balance with an effective treatment plan and is now devoted to inspiring and educating others.



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PES23

Cover photo by Melanie Renee



THE BASICS

YOU CAN LIVE THE LIFE YOU WANT!

Although schizophrenia is a lifelong disease, today’s treatments can help you meet the challenges it presents and shape a future that brings joy and fulfillment.

For Carissa, the stresses of her first job in the tech sector plus the pressure of having to pay off big student loans piled up. “I started thinking my co-workers were out to get me,” remembers Carissa, who was living with her parents at the time. “I was convinced they could hear my thoughts and were going to steal my ideas, which, by the way, were as brilliant as Steve Jobs!”

She didn’t tell anyone what she was feeling, but one morning, she woke up and saw bugs all over her bedroom. “I started running around trying to kill them,” says Carissa. “My mom ended up taking me to the ER.”

That first episode of psychosis marked the beginning of Carissa’s journey with schizophrenia. “Getting the diagnosis was like a sucker punch—like the door was closing on a ‘normal’ life,” she says. “I was lucky I found a great psychiatrist who helped me

learn about the disease. With her help and my parents’ tremendous patience, I eventually accepted treatment.”

Today, six years later, Carissa says she has accepted her diagnosis, too. It helps that she is taking a long-acting injectable medication that keeps symptoms like hallucinations and delusions at bay. “I work. I live on my own. I have good friends. I also talk openly about my diagnosis because I believe that keeping it secret reinforces the stigma,” she says.

“It took a while to get to this place. At one point I was taking seven pills a day. Not only was it hard to remember, but it was a constant reminder of the schizophrenia. Switching to the injection has been huge. I get it at my doctor’s just once a month, and I feel really good. Calmer. Focused. More confident.”

If you’re also living with



Help is at hand

These organizations can provide information and support for people with schizophrenia and their loved ones.

The Schizophrenia and Psychosis Action Alliance
sczaction.org

Mental Health America (MHA)
mhanational.org

National Alliance on Mental Illness (NAMI)
nami.org

schizophrenia, know that like Carissa, you too can get on a path that feels right. Read on to learn more about schizophrenia and how to reclaim your life with the help of your care team and your loved ones.

What is schizophrenia

Schizophrenia is a chronic brain disorder that affects the way you think and how you perceive reality. The disease affects men and women about equally; however, men usually start to experience symptoms in their late teens/early to mid 20s, while the onset for women tends to be in their late 20s/early 30s. Although researchers don't know exactly why some people develop schizophrenia, they believe a combination of genetics, brain chemistry and environmental factors may be to blame.

Schizophrenia can cause a range of symptoms, which can be divided into three categories:

1. Positive symptoms. These are problems that are present when schizophrenia is active, such as hallucinations (seeing, smelling or hearing things that aren't there—hearing voices is the most common hallucination), paranoia (feeling distrustful and suspicious of others, even those close to you), and delusions (exaggerated or distorted perceptions and beliefs; for example, believing you have special powers). Symptoms that cause you to disconnect with reality are called psychosis.

2. Negative symptoms. This describes qualities that schizophrenia “takes away.” For ex-

ample, you may be unable to show your feelings through facial expressions or tone of voice, or to take pleasure in activities you used to enjoy. You might start to close yourself off from family and friends and find it hard to carry out daily tasks, such as working, going to school or taking care of your home and personal hygiene.

3. Cognitive symptoms. These symptoms affect how you think and remember. It may take longer for you to process information—you might have trouble answering questions or get easily confused. Remembering directions or short lists might become challenging, and it may become difficult to stay focused. You may have trouble organizing your thoughts and expressing yourself clearly. Illogical thinking can make it hard to solve everyday problems.

Treatment can bring stability

The good news is that a number of treatments can now help tame the symptoms of schizophrenia—and the sooner you are treated the better. Early intervention is key to preventing or lessening the severity of future episodes of psychosis. Current options include:

Antipsychotic medications. These medications regulate brain chemistry to help reduce hallucinations, paranoia and delusions so you can feel more grounded in reality. Newer, so-called “second-generation” antipsychotics such as lurasidone, paliperidone and risperidone are usually preferred to older, “first-generation” antipsychotics such as chlorpromazine and haloperidol. Antipsychotics may be taken daily, in pill or liquid form, or in a newer long-acting injectable form that lasts about a

month. Long-acting injectables may be a good option for people who have trouble remembering to take their medication.

Psychosocial treatments.

These treatments are often used together with antipsychotic medication, with the goal of helping you manage your daily routine and foster stronger relationships. Psychosocial approaches include:

- **Cognitive behavioral therapy.** Helps you manage stress, problem-solve and learn how to identify and defuse triggers to prevent relapse.
- **Social skills training.** Helps with a wide range of skills, such as how to communicate with others, deal with money and take care of your basic needs.
- **Family therapy.** Educates loved ones about schizophrenia and ways they can help you.
- **Vocational rehabilitation.** Helps you improve work skills to make it easier for you to find and/or keep your job.

In addition, for people experiencing their first episode of schizophrenia, coordinated specialty care (CSC) programs offer a team approach that includes psychiatrists, psychotherapists, case managers and peer support. They have been proven effective at preventing relapse. To find a CSC program, visit <https://www.samhsa.gov/esmi-treatment-locator>.

Self-care.

The choices you make matter, too. Getting enough sleep and

eating balanced meals that help keep your blood sugar steady can help. If you smoke, ask your doctor for help in quitting since smoking can affect the way antipsychotics work in your body. And steer clear of alcohol and recreational drugs, which can also interact with your medication. It's also helpful to lean on your support system—the members of your care team and the trusted family and friends who love you.

If you are one of the 3.2 million Americans living with schizophrenia, finding the treatment plan that works for you—and sticking with it—is the greatest gift you can give yourself. It will help you avoid relapse, protect your brain and free you to enjoy work, play, fun and family. Keep reading this guide to learn more and share it with your loved ones so they can better understand what you're experiencing and how to help. ●

QUICK QUIZ: COULD YOU HAVE SCHIZOPHRENIA?

Check the answers that apply to you and review with your healthcare provider. The information can help confirm a diagnosis.

- 1. I see, hear, smell or feel things that other people don't.**
 Never Rarely Sometimes Often
 Almost all the time
- 2. I feel other people are controlling my thoughts and feelings.**
 Never Rarely Sometimes Often
 Almost all the time
- 3. I struggle with everyday tasks, like showering, cleaning, cooking and changing my clothes.**
 Never Rarely Sometimes Often
 Almost all the time
- 4. My thinking is all over the place; I can't really organize it.**
 Never Rarely Sometimes Often
 Almost all the time
- 5. I have trouble carrying on a conversation.**
 Never Rarely Sometimes Often
 Almost all the time
- 6. I'm having trouble keeping up with work, friends and family.**
 Never Rarely Sometimes Often
 Almost all the time
- 7. People don't seem to appreciate that I have unique powers.**
 Never Rarely Sometimes Often
 Almost all the time
- 8. People can't tell what I'm feeling from my facial expressions**
 Never Rarely Sometimes Often
 Almost all the time

THE CARE TEAM ON YOUR SIDE

As a person with schizophrenia, you can live a full, meaningful life with the assistance of these healthcare professionals.

Psychiatrist.

An MD who specializes in mental health, a psychiatrist can diagnose and treat schizophrenia. By working with your psychiatrist, you can find the treatments that help keep your symptoms at bay.

Primary care physician.

An MD, NP or PA who oversees your total healthcare. They can refer you to a psychiatrist and help make sure your schizophrenia treatment is a good fit with other medications you may be taking.

Psychiatric nurse practitioner.

A registered nurse specialized in assessing, addressing and monitoring mental health. They can prescribe medication, including antipsychotics such as long-acting injectables (LAIs).

Psychologist.

A mental health professional who can evaluate your condition and help you cope with schizophrenia through talk therapy, also known as psychotherapy. Psychologists cannot prescribe medications.

Social worker.

This mental health professional can do talk therapy and may also help you manage daily life with schizophrenia, including connecting you with social services, insurance, and housing and financial resources. Social workers cannot prescribe medication.

Case manager.

This professional can assess every aspect of your life, including housing, finances, cultural background, overall health and more, and help come up with a recovery plan that encompasses all these factors. They may help you access key resources and help ensure you stay on track with your treatment.



Know your triggers & early warning signs



Identifying your triggers and clueing into the early warning signs of a psychotic episode can help you avoid a relapse. Complete this worksheet and share with your healthcare provider. The information can help you both come up with an effective relapse prevention plan (see p. 11).

1. Think about the last time you experienced psychosis. Try to remember what was happening at the time. Was anything stressful going on? Any big changes? What about your overall lifestyle? Were you getting enough sleep? Using drugs or alcohol? Write down possible triggers here:

Common triggers include: stressful situations, like conflicts with family or friends, work or school troubles, a change in a relationship, moving or the loss of a loved one; not sleeping well; drug or alcohol use.

2. Is there anything you can do to avoid or control any of your triggers? Write down ideas here:

3. Often, there are early-warning signs before a psychotic episode—things like feeling more sensitive to sights and sounds, avoiding things you need to do and not going to work. Can you recall any early-warning signs before you last experienced psychosis? (You can also ask people close to you if they noticed anything.) Write them here, and be as specific as possible. For example, instead of writing “trouble sleeping,” it’s better to state, “I only slept four hours a night for five nights in a row.”

Common early-warning signs include: sleeping too much or too little, feeling down or sad, feeling tense and anxious, feeling excitable and irritable, avoiding friends and family, missing school or work, not enjoying things you normally like to do, feeling suspicious of others, being extra-talkative or talking less than usual, ignoring personal hygiene, difficulty concentrating.

IMPORTANT: Triggers and early-warning signs can change over time. If you notice any unusual changes, tell your healthcare provider and update your list as necessary.

“A DIAGNOSIS CAN BE A *NEW* BEGINNING!”



Kody Green found his balance with an effective treatment plan and is now devoted to inspiring and educating others.

—BY AMY CAPETTA

There is no doubt about it—Kody Green has made a name for himself as a wellness advocate. Over the last few years, the 28-year-old from Viroqua, WI, has been trained as a peer support specialist, recovery coach and suicide prevention specialist. When he is not working directly with those in need of help, Kody is likely either traveling around the country giving motivational speeches or producing videos for his numerous social media channels where he shares personal stories.

While all his platforms have an impressive number of subscribers, his TikTok account, *@schizophrenichippie*, is the standout with more than 1.3 million followers—and reaching over one billion views!

“It’s still so crazy to me!” he laughs. “The entire idea with my account, advocacy and motivational speaking is to offer hope to either someone who has been diagnosed with a mental illness or to a friend or family member of someone who’s been diagnosed. My goal is to help motivate them to not give up.”

After all, Kody is speaking from years of experience as someone who has struggled with drug addiction and been incarcerated before receiving a diagnosis of schizophrenia. His health journey began in his teen years when he became a caretaker for his mother who was suffering from her own mental health issues.

“She went through many years of being misdiagnosed and taking medication that was not meant for her,” he recalls. His mother was eventually diagnosed with schizoaffective disorder (a combination of symptoms of schizophrenia and a mood disorder, such as depression or bipolar disorder).

Then, soon after leaving for college and shortly before his 19th birthday, Kody started experiencing auditory and visual hallucinations, as well as paranoia and delusions.

“I thought I had a special gift”

Despite what he’d experienced with his mother, Kody did not think there was anything wrong. In fact, he suddenly felt powerful and special. “Early on, my delusions caused me to believe that I had the ability to hear the thoughts of the people around me. I did not identify these voices as hallucinations.”

The first concrete visual and auditory hallucination Kody can recall was the time he was talking to someone in the college library until the librarian asked him to leave. “She seemed terrified, but I didn’t understand why. And I was really confused as to why she didn’t ask the person I was sitting with to leave—until I realized there was no one there.”

During brief moments of clarity, Kody recognized his symptoms. “Despite convincing myself I had special powers, there were moments I could recognize that what I was experiencing was similar to what I’d watched my mother go through. But I didn’t want to accept it, which meant putting off getting officially diagnosed.”

“I thought everything was part of a dream”

Without treatment, the voices Kody heard continued to get worse. Still determined not to hear the words “you have schizophrenia,” he began self-medicating with illegal drugs.

“Unfortunately, this led to my addiction,” he says. Things continued to spiral out of control; Kody dropped out of school and then had a car accident while under the influence, which led to his being incarcerated for almost a year.

Since this was a turbulent time in Kody’s life, it’s difficult for him to offer an exact timeline of events. But he remembers that he had to come to terms with the fact that he needed help after being released from jail around the age of 21.

The drug addiction was addressed first. “The people around me, including my friends, family and my girlfriend, Allyson—who is now my wife and who

had been with me before I showed symptoms—helped me navigate everything.” Once Kody was recovering from addiction, he met with a psychiatrist and finally received his diagnosis: schizophrenia.

“The medication worked really well”

While Kody wasn’t shocked by his diagnosis, hearing the words scared him and left him feeling depressed.

“It took my mother so long to be treated properly that she was never able to live a fully functional life. So when I was diagnosed, I felt like my life was over.”

Yet thanks to the love and support from Allyson, he was able to start on a new path, which included taking an antipsychotic oral medication. “It worked really well.”

As he started to feel like himself again, Kody took jobs doing manual labor. Then, Allyson started sending him videos from TikTok. “At first I thought the app was stupid,” he laughs. “But then I thought it was cool how people were talking about illnesses and using their platforms to share about real problems.”

On a whim, he opened an account and began talking about living with schizophrenia. “I wanted to make people more comfortable with their diagnosis and help them see that there is something to look forward to in life,” he says. “One day I posted my first ‘Schizophrenic Story Time’ and shared the story about the college librarian.” His account blew up overnight—going from 300 followers to 10,000!

His online audience continued to grow, and the work offers came pouring in. “People wanted me to share my story at prisons, colleges and conferences and I had this huge, unique opportunity to become an advocate.”

“I am grateful every day”

Kody is incredibly thankful that the antipsychotic prescription has been effective—and a recent drug change has given him “outstanding” results. He has switched to a long-acting injectable medication he gets just once a month. “I travel a lot for work, and life is so much easier when you don’t have to worry about taking a daily medication. And I have even fewer symptoms than I did when I was on the oral med.”

These days, Kody (who can also be found at *kodygreen.com*) is still in awe of the positive impact he has made on countless lives. “I am grateful every day and try to do as much as I can without exceeding my limitations.”

If he can get one message across to anyone living with schizophrenia, it is to not look at it as a life sentence. “A diagnosis can be a new start—there are treatments to help you be healthy and functional again.” ●



TAKE BACK CONTROL—LIKE KODY DID!

Here, Kody shares the strategies that helped improve his mental health and overall well-being:

Be open to antipsychotic drugs.

“Having access to medication and treatment has been life-changing,” he states, emphasizing how switching from an oral med to a monthly injection has given him peace of mind. “I’d been using pill organizers to stay on track, and although there were some hiccups here and there, it went fairly well. However, the injection eliminates the opportunities for human error.” Kody further explains the dangers that can result from skipping doses. “It can lead to a huge setback in recovery with delusions and symptoms of paranoia. The injection became the better option because I get the benefits in a more convenient, streamlined way.”

Do a digital detox.

While Kody takes great pride in sharing information and connecting with his online community, there are times he needs to unplug from the world. “If I find myself struggling, I will take social media breaks,” he states. “So if that means I have to miss a speaking event or I can’t post content for a week, it is what it is. There’s the saying you can’t pour from an empty

cup—I must prioritize my own health before I can help others.”

Develop a support system.

After being released from prison, Kody attended two peer support groups offered by two respected organizations—Narcotics Anonymous (“It’s a lot like Alcoholic Anonymous for people with active addiction with drugs”) and the National Alliance on Mental Illness (NAMI). “It was not only helpful to share my struggles, but to hear other people having similar experiences was incredible,” he says. “It is very easy to feel isolated and think that no one understands what you’re going through.” Kody also discovered there is no shame in being diagnosed with schizophrenia. “We shouldn’t be afraid to talk about it, even though it’s stigmatized.”

Identify triggers.

Kody has learned to make lifestyle adjustments that help keep his mental health in check. For example, when he travels for work, he arrives a day before the event and leaves the following day. “I can’t make it a one-day trip because I need time to rest in between.” He also listens to his body’s cues and responds accordingly. “I am still a person living with mental illness and even though I take medication that works well, there are going to be good and bad days,” he continues. “I’ve recently been in a stable enough place where I was able to start driving again. But if I’m having a bad day, I won’t drive.”

Photos by Melanie Renee

YOU & YOUR CARE TEAM

Your relapse prevention plan

Fill out this worksheet with the assistance of your healthcare provider, and share it with loved ones who may be able to assist you if you need help.

If I notice early warning signs of schizophrenia:

1. _____
2. _____
3. _____
4. _____

I will let these people know:

(e.g., a relative or friend, your case manager, your psychiatrist or another member of your healthcare team, etc.)

- Name/Who they are/Number _____
- Name/Who they are/Number _____
- Name/Who they are/Number _____

I will also do the following to help avoid a relapse:

(e.g., try to get better sleep, make sure I take my medication, avoid alcohol, get exercise, meditate, increase contact with my clinician and the people close to me, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

In case of emergency, I will:

(e.g., let specific people know, go to a specific crisis center or emergency department, etc.)

1. _____
2. _____
3. _____
4. _____


Medications I take for schizophrenia:

- Name/Dosage _____
- Name/Dosage _____
- Name/Dosage _____

My healthcare provider/Number:

Location of closest emergency department/Number:




UZEDY[™]
(risperidone) extended-release
injectable suspension

50 mg 75 mg 100 mg 125 mg

150 mg 200 mg 250 mg



For adults living with schizophrenia,

RELAPSE PREVENTION WITH UZEDY.*

INNER STRENGTH BY YOU.

IMPORTANT FACTS ABOUT UZEDY (RISPERIDONE) EXTENDED-RELEASE INJECTABLE SUSPENSION

This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

What is UZEDY?

UZEDY (risperidone) extended-release injectable suspension is a prescription medicine used to treat schizophrenia in adults. It is given as an injection under the skin, only by a healthcare professional.

It is not known if UZEDY is safe and effective in children.

What is the most important information I should know about UZEDY?

UZEDY can cause serious side effects, including an increased risk of death in elderly people who are confused, have memory loss, and have lost touch with reality (dementia-related psychosis). UZEDY is not approved for use in patients with dementia-related psychosis.

Who should not use UZEDY?

Do not receive UZEDY if you:

- are elderly and have dementia-related psychosis. See **"What is the most important information I should know about UZEDY?"**
- are allergic to risperidone, paliperidone, or any of its components.

What should I tell my healthcare provider before using UZEDY?

Before receiving UZEDY, tell your healthcare provider about all of your medical conditions, including if you:

- have had Neuroleptic Malignant Syndrome (NMS). **NMS is a rare but very serious problem that can lead to death. Seek medical attention right away** if you have any of these symptoms: high fever, severe muscle stiffness, confusion, sweating, irregular heartbeat, fast heart rate, or changes in your blood pressure
- have or have had uncontrolled movements of your tongue, face, mouth, or jaw (tardive dyskinesia).
- have diabetes or have a family history of diabetes.
- have had dizziness or fainting or are being treated for high blood pressure.
- have had a low white blood cell count.
- have or have had seizures or epilepsy.

- are pregnant or plan to become pregnant during treatment with UZEDY. It is not known if UZEDY will harm your unborn baby. Use of UZEDY during the third trimester of pregnancy may cause side effects in the newborn infant, including agitation, abnormal muscle tone, tremor, drowsiness, difficulty feeding, and difficulty breathing. Seek medical attention if you notice these signs. If you become pregnant during treatment with UZEDY, talk to your healthcare provider about registering with the National Pregnancy Registry for Atypical Antipsychotics, or call 1-866-961-2388 or visit <http://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/>.
- are breastfeeding or plan to breastfeed. If you are receiving UZEDY and are breastfeeding, monitor your infant for sleepiness, inadequate weight gain, jitteriness, tremors, and abnormal muscle movements. Seek medical care if you notice these signs.
- have or have had kidney or liver problems.

Tell your healthcare provider about all of the medicines you take or plan to take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. UZEDY and other medicines may affect each other.

What should I avoid while taking UZEDY?

Do not drink alcohol during treatment with UZEDY.

What are the possible side effects of UZEDY?

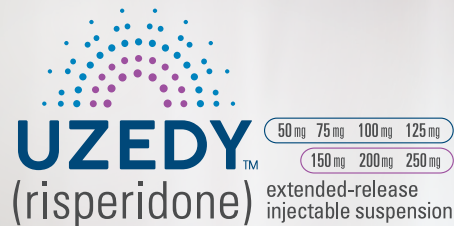
UZEDY may cause serious side effects, including:

- **Stroke in elderly people (cerebrovascular problems) that can lead to death.**
- **NMS.** See **"What should I tell my healthcare provider before using UZEDY?"**
- **Uncontrolled facial or body movements (tardive dyskinesia)** that may not go away, even if you stop receiving UZEDY. Tardive dyskinesia may also start after you stop receiving UZEDY.
- **Problems with your metabolism** that may include high blood sugar (hyperglycemia), diabetes mellitus, changes in the fat levels in your blood (dyslipidemia), and weight gain. Extremely high blood sugar can lead to coma or death. If you have diabetes or are at risk for diabetes (e.g., obesity, family history of diabetes), your healthcare provider should check your blood sugar before you start and during treatment with UZEDY.

Please see additional important facts about UZEDY on the next page.

*During the maintenance stage of the RISE study (which varied in length of time), receiving UZEDY once monthly or once every 2 months significantly reduced the risk of relapse vs placebo.





WHAT MAKES UZEDY DIFFERENT? IT'S IN THE DETAILS

UZEDY was researched in a clinical study that included 542 patients who were treated with either UZEDY or placebo. **This study was the largest and longest pivotal trial for a risperidone long-acting injectable in schizophrenia to date.**

80%

IN A CLINICAL STUDY*

UZEDY reduced the risk of relapse by up to 80% compared with placebo.

Of the patients receiving once-monthly UZEDY, 7% relapsed vs 29% of patients receiving placebo.

92%

IN A SURVEY†

92% of patients with schizophrenia (58 out of 63) were satisfied with UZEDY.

Patients surveyed received UZEDY as part of a clinical trial.

MORE STABILITY, FEWER SYMPTOMS‡

UZEDY can help you reduce your risk of relapse and maintain stability with your symptoms.‡



Ready to get started?
If you think UZEDY may be right for you, talk to your healthcare provider and go to UZEDY.com to learn more.

IMPORTANT FACTS ABOUT UZEDY (CONTINUED)

- **Problems with your metabolism (continued).** Call your healthcare provider if you have symptoms of high blood sugar including: feeling very thirsty, hungry, sick to your stomach, weak or tired, or confused; needing to urinate more than usual; or your breath smells fruity.
- **High levels of prolactin in your blood.** UZEDY may cause a rise in the blood levels of a hormone called prolactin that may cause side effects including missed menstrual periods, decreased fertility in women, leakage of milk from the breasts, development of breasts in men, or problems with erection.
- **Decreased blood pressure (orthostatic hypotension).** You may feel lightheaded or faint when you rise too quickly from a sitting or lying position.
- **Falls.** Antipsychotic medicines like UZEDY may cause drowsiness or dizziness when you are standing, which could increase your risk for falls and related injuries.

- **Low white blood cell count.**
- **Problems thinking clearly and moving your body.** Do not drive, operate machinery, or do other dangerous activities until you know how UZEDY affects you.
- **Seizures (convulsions).**
- **Difficulty swallowing that can cause food or liquid to get into your lungs.**
- **Prolonged or painful erection lasting more than 4 hours.** Call your healthcare provider or go to your nearest emergency room right away if you have an erection that lasts more than 4 hours.
- **Problems with control of your body temperature (too high or too low). Avoid getting overheated or dehydrated.**

The most common side effects of risperidone included slow movements, stiffness, shaking, restlessness, abnormal muscle contractions or movements, drowsiness, dizziness, anxiety, blurred vision, nausea, vomiting, indigestion, diarrhea, increased saliva, constipation, dry mouth, increased appetite, weight gain, tiredness, rash, and common cold symptoms. Injection site reactions including

a lump or itching were reported with UZEDY. These are not all the possible side effects of UZEDY. **Tell your healthcare provider if you have any side effect that bothers you or that does not go away.** For more information, ask your healthcare provider or pharmacist. **You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.**

What are the ingredients in UZEDY?

Active ingredient: risperidone

Inactive ingredients: dimethyl sulfoxide (45% w/w), methoxy-poly(ethylene glycol)-copoly(D,L-lactide) (15% w/w), and poly(D,L-lactide)-co-poly(ethylene glycol)-co-poly(D,L-lactide) (10% w/w) The UZEDY prefilled syringe cap is not made with natural rubber latex. The risk information provided here is not comprehensive. To learn more, talk about UZEDY with your healthcare provider or pharmacist. The FDA-approved product labeling can be found at www.UZEDY.com or 1-888-483-8279.

Manufactured for: Teva Neuroscience, Inc.
Parsippany, NJ 07054

This brief summary is based on the UZEDY full Prescribing Information (UZE-002).

For more information about UZEDY, please see the full Prescribing Information, including Boxed WARNING, at UZEDY.com, or talk to your healthcare provider.

*During the maintenance stage of the RISE study (which varied in length of time), receiving UZEDY once monthly or once every 2 months significantly reduced the risk of relapse vs placebo.

†Data were collected from 63 patients, 24 physicians, and 25 nurses in a prospective, cross-sectional companion survey assessing the perceptions regarding ease of use and satisfaction with UZEDY. The survey was administered after a minimum of 2 experiences prescribing, administering, or receiving UZEDY.

‡In a clinical study of UZEDY, stability was defined based on patients who stayed outpatient, had few symptoms from a list of specific psychotic symptoms, and had symptom and clinical functioning scores below certain cutoffs for at least 4 weeks.



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“Yes, we have schizophrenia—and lead fulfilling lives with purpose!”

From partnering with the right healthcare team to becoming an active member of the mental health community, Maddie and Katie share the techniques that have been helping them on the road to recovery. —BY AMY CAPETTA



“Don’t lose yourself to your diagnosis”

MADDIE JERICHO
INDIANAPOLIS

Keep searching for the right physician.

While Maddie (who uses the pronouns they/them) didn’t meet a mental health professional until they were in college, their symptoms began in early childhood. “It was reported that I was actively hallucinating around the age of 6,” they say. “Unfortunately, mental health isn’t really a focus in a lot of Black American households, so the condition went unrecognized, undiagnosed and untreated for most of my life.” Relatives, teachers and friends chalked up their “active imagination” to either being quirky or making up stories, yet in 2018 Maddie sank to a “horribly depressed” place where they continued to view this “weird version of life” they could not understand. “I went to counseling services on my college campus in a small, rural community and the therapists knew something wasn’t adding up.” It took a few months, but the department coordinated with an outpatient psychi-

atrist—someone who was located two hours away—who diagnosed Maddie with schizophrenia and prescribed medicine. Today, they are working with a local therapist, yet it took nearly three years to find this physician. “Some doctors are not comfortable treating someone with psychosis,” they continue. “It can be an exhausting process, but committing to the fact that I deserve help really kept me going.”

Develop coping mechanisms.

Maddie emphasizes the significance of relying on problem-solving strategies to improve your health. “I think meds are incredibly important and can help with recovery, but you can’t just take a pill and be done with it—you have to do the work.” Maddie, a former teacher turned registered behavior technician who works with children on the autism spectrum, has found that receiving trauma-based therapy and tapping into their cre-

ative side keeps them grounded. “Art is a huge release for me. I struggled with the fear of dying as a teenager, but I taught myself that someone can become ‘immortal,’ in a sense, by what they leave in the world. Putting my voice out there—through activism, podcasting, comic book writing, doing ABA [Applied Behavior Analysis] with kids—and making an impact on people gives me comfort.”

Pinpoint personal stressors.

“I believe it’s necessary to understand how the different parts of your identity intersect with your psychosis,” states Maddie. “Each day when I leave my home, I’m a Black American, a queer person, an agender person and a person who is experiencing psychosis. It’s a balancing act, and while it can be stressful having to turn parts of myself on and off, knowing this helps me figure out where my stress is coming from.” At the same time, they feel

having a sense of humor can release tension (“I joke about my psychosis with my friends”), along with refraining to identify as your mental health illness. “The important message is not to lose yourself to your diagnosis.”

dent leaders and advocates around the world, and today they serve on its executive board. “One of the biggest feelings I’d dealt with was loneliness, but having this community made me not want to isolate anymore.” They

“Putting my voice out there—through activism and comic book writing—and making an impact on people gives me comfort.”

Join a community.

“Psychosis can very much feel like a single person battle, but it definitely doesn’t have to be,” says Maddie who hosts the podcast “MadHaus” on Spotify. They enjoy listening to and learning from people like Kody Green, who posts about his schizophrenia on TikTok (see p. 8). In 2019, Maddie discovered Students with Psychosis, a nonprofit that empowers stu-

even recall watching an online TEDx Talk with Cecilia McGough, the executive director of the nonprofit, and becoming her biggest fan. “We are out there letting everyone know we are real people who have lives. We are not all the same, but we share something in common and have created this amazing space that is safe—and it gives me peace of mind.”

Continued on p. 18 ►

Photo by Shawna Marie Photography



“Take control by learning as much as you can”

KATIE SANFORD
EL DORADO HILLS, CA

Take medicine as prescribed.

“One of the most important things you can do is take meds as directed,” says Katie. Her initial symptoms, which surfaced in childhood, involved repetitive actions (such as touching the wall a certain number of times) and depression. Even though she began working with a therapist during her teen years, the symptoms intensified and led to Katie seeing, hearing and feeling things that didn’t make sense. At 17, she was diagnosed with depressive-type schizoaffective disorder. “If you don’t follow the directions given by your doctor and pharmacist, it could impact both your mental and physical health in a dangerous way,” she continues. If side effects are troublesome or you feel a medication isn’t working, speak up: “Work with your doctor to either adjust

the meds or find a different treatment method altogether. Never stop taking your medicine or make changes to your medication routine without talking to your doctor first.”

Remove the mystery.

“Learning more about my diagnosis was one of the best things I ever did,” says Katie. “The more I understood the condition and what was happening, the more in control I felt of my life.” In fact, her desire to educate herself led to her career path in the mental health field. Katie studied psychology (focusing on clinical research) at Northwestern University in Chicago. After graduating with honors, she started working in labs studying schizophrenia and she’s been writing and speaking publicly about mental health for over a decade. “I recommend talking to your healthcare providers, reading books and learning from the experiences of others who live with psychosis,” she says. “Removing the mystery helped remove a lot of the fear—and gave me hope for the future.”

Build your toolbox.

“Coping mechanisms can be very personal,” explains Katie who writes the mental health blog, “Not Like The Others,” on her site *katiesanford.net*. “Strategies that work for one person may not work for another, and something that works for you once may not work all the time.” She recalls feeling frustrated when specific strategies, such as going outside for a run, stopped being effective. “However, if a coping mechanism doesn’t work one time, it doesn’t mean it never will again,” she adds. “Having options—multiple coping mechanisms—can help better prepare you for experiences that may come your way.”

Find your people.

Putting together a solid support system was crucial for Katie, starting with her healthcare team. “When it comes to providers, it’s important not to settle,” she says. “Find someone you trust, someone who listens to you and who works well with you.” Sharing your diagnosis with close friends and family may take a little time and patience, yet Katie found solace from meeting others who faced similar challenges. “Maybe they didn’t share my diagnosis but having people—near or far—who understood what I experienced was life-changing.” Over the years, she has served as an advocate with the nonprofit Students with Psychosis and as an ambassador for the Chicago chapter of the National Alliance of Mental Illness. “I knew I wasn’t alone, which made me feel so accepted and supported.” ●

Health Monitor

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Photo by RJ Oswald Photo

FEEL YOUR BEST

Breakthrough symptoms? 3 ways to take back control

Even though you may be taking your medication the way you’re supposed to, there can be times when you feel symptoms coming on. You might start to hear or see things that aren’t there...or have unusual thoughts. Tell your healthcare provider and your support people, and see if these strategies can help.

1.

Get your mind off it.

Distracting yourself from imaginary sights and sounds or nagging thoughts might help them fade away. Think of activities that are easily accessible, such as listening to music, reading a book, watching a show or calling a friend. If you have the energy, try something more active—gardening, sketching or playing the guitar; or plan and prepare a nice meal. If you’re really motivated, go to the movies, spend some time in a coffee shop, or go to a museum.

Good to know: Experiment with various methods to see if one works better than another. And try combining methods, too. For example, listen to music while you cook.

Hearing things? Some people say that humming to themselves or using earplugs helps.

2.

Do a reality check

During psychosis, you may struggle with knowing what’s real and what isn’t. It can be scary and confusing, embarrassing even. If you ever feel this way, reach out right away to one or two of your support people and tell them what you’re going through. Ask them to help you figure out if what you’re thinking or experiencing is based on reality. Remind yourself that these are people you trust, and rely on them to help you determine next steps and to ease any fear or panic.

Good to know: Don’t wait for symptoms to progress. Act immediately whenever you suspect something is “off”—even if you have a tiny doubt, make the call.

3.

Challenge your thinking

If you have a distressing thought that makes you worry psychosis is starting to come back, ask one of your support people to help you with this exercise. On a piece of paper...

- **Describe the situation that triggered the thought.** Example: My partner got a text and was smiling.
- **Write down your thought about it.** Example: It was probably from another woman; he must be cheating on me
- **Now ask yourself key questions.** Example: What proof do I have? What is the likelihood that I’m right? How does thinking this way affect me? What does my support person think?
- **Write down a more realistic thought:** Example: One of his friends probably sent him a joke or a meme. He and his friends are always sending jokes to each other.

Good to know: Thinking about your thoughts in a more realistic way helps defuse their power over you, so you feel more in control. ●

ASK YOURSELF...

- Have I been taking my medications as prescribed?
- Have I been dealing with a stressful situation?
- Am I dealing with another physical or mental health condition right now?
- Have I been using alcohol and/or recreational drugs?

The answers may shed light on why you may have experienced breakthrough psychosis. Talk it over with your healthcare provider. A change in dosage or a switch in medication may help.



Q

A

Answers to your most pressing questions about schizophrenia

What to say? I've been dealing with schizophrenia for three years now. My symptoms are pretty well controlled, thanks to a long-acting injectable. However, I've just started dating again, and I don't know how or when I should tell the other person about my diagnosis or even what I should say. I don't want them to judge me. Do you have any advice?

A: This is always a nuanced and difficult decision, but this is a topic best approached as a relationship becomes more serious and you sense this is someone invested in you. The fact that you are stable will be very helpful, as will an explanation of how you've maintained that stability. Consider role playing the discussion with a therapist or other mental health professional to boost your confidence.

Isn't talk enough?

Q: I had my first episode of psychosis about a year ago, and I was diagnosed with schizophrenia. It's scary and upsetting. My doctor says I need talk therapy and medication. Can't I just start with talk therapy and, if that doesn't work, step up to meds?

A: The evidence from the past 70 years indicates that people with schizophrenia have poor functional outcomes without medication,

with high rates of relapse and psychiatric hospitalization. Discuss your concerns about medication with your treating clinician—there are many options these days.

Pills are a pain

Q: My brother has schizophrenia, and I check on him all the time. When he takes his meds, he is in a pretty good place, but when he doesn't, his delusions and hallucinations rear up. I think it's too

hard for him to remember to take his pills, and I can't always be there to monitor him. Is there an alternative type of treatment that doesn't require daily medication?

A: We have come to recognize that patients with many forms of chronic illnesses, psychiatric and nonpsychiatric, forget to take their oral medication. In fact, for people with schizophrenia, non-adherence rates average around 50%. Long-acting injectable (LAI) medications are an ideal solution to this problem. In fact, thanks to newer technologies, some injectables are required only once a month. What's more, studies have shown that LAIs are better than oral medications at preventing relapses and hospitalizations for people with schizophrenia.

My treatment worked!

Q: My family and friends had a hard time getting me to accept treatment. I didn't think anything was wrong with me. But finally, I got the help I needed. I have been taking medicine for two years now, and I haven't had a relapse in 14 months. I'm working and in a good relationship. Is it possible for me to stop taking the medication since I've been relapse free for so long?

A: Schizophrenia is a lifelong illness and one that requires ongoing medication management. Stopping medication is typically associat-

ed with high rates of relapse and psychiatric hospitalization, and also jeopardizes the functional gains you've made (for example, keeping a steady job and maintaining stable relationships). If taking a pill every day is inconvenient, or you don't like the fact that it reminds you about your illness, one option is to consider a long-acting injectable form of an antipsychotic.

Short-circuiting a relapse

Q: Even though overall I feel my treatment plan is effective, every once in a while I feel like I'm slipping into psychosis. I start to withdraw from others, my sleep becomes erratic and I feel like things are creeping all over my skin. When this happens, what can I do to avoid a full-blown psychotic episode?

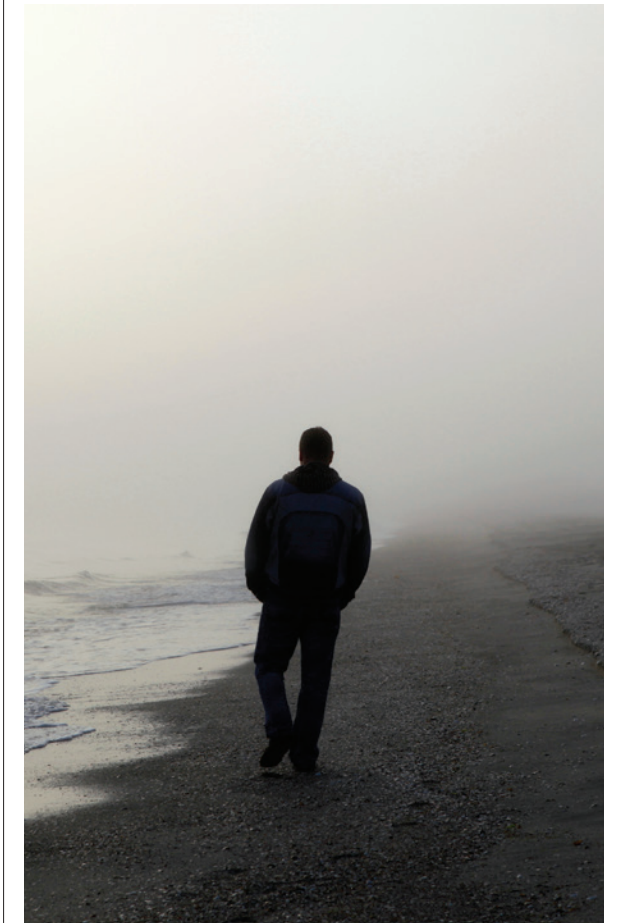
A: Every patient with schizophrenia should work out a plan with their treating clinician about how to head off a relapse when there are warning signs. In most instances this involves contacting the prescriber and arriving at an agreed upon solution (e.g. a temporary increase in the antipsychotic dose), but the approach will be individualized based on your needs and circumstances. If these breakthrough episodes happen several times a year even though you take your medication as prescribed, you

might need a higher dose of your maintenance antipsychotic. However, if you have trouble following your treatment plan because it's hard for you to remember to take your pills as prescribed, it might be a good idea to switch to a long-acting injectable antipsychotic. ●

OUR EXPERT

Jonathan M. Meyer, MD, Voluntary Clinical Professor, Department of Psychiatry, University of California, San Diego

“For people with this disease, non-adherence rates average around 50%. Long-acting injectable medications are an ideal solution.”





Caring for a loved one with schizophrenia

When someone you love has schizophrenia, being there for them can be a challenge and take a lot out of you. How can you do it all while maintaining your own joy and stability? To get some insight, we asked people who've been there—true experts like Deborah Fabos and Mary Palafox, both of whom have adult sons with schizophrenia. Mary is also a registered nurse, and both Deborah and Mary are members of the Schizophrenia and Psychosis Action Alliance. From their hearts and hard-won experience, here's what they have to share. —BY NANCY MORGAN

LEARN

Gain insight.

Schizophrenia is not something most people know much about—yet understanding is the key to helping. Take hallucinations (hearing voices when no one is there) and delusions (false, fixed beliefs), the primary symptoms of schizophrenia. While you know these things aren't real, it's important to know that to the person experiencing them, they are completely real. Then add in anosognosia—that is, lack of insight. The person simply doesn't understand they have an illness. Deborah says, "Until I learned about that, I didn't understand why I would suggest things and he just wouldn't do them. Now I know that he's not doing things to drive me crazy. He's not 'in denial.' It's his brain. It's part of schizophrenia."

Recognize that this is a brain disease.

The outdated notions about schizophrenia are just that: archaic. The old theories that parents caused schizophrenia by the way they interacted with their children are now understood to be absurd. We currently see that schizophrenia is a brain disease. "It's a disease just as much as heart disease is," says Mary. "It's a family of symptoms that you learn to recognize. Society has vilified schizophrenia in a way that we have never done with other illnesses. The closer you get to talking about it as a brain disease, the closer you get to the truth."

HELP THEM STAY THE COURSE

Understand the role of medication.

As a brain disease, schizophrenia requires medication for management. It's not an option; it's a necessity. Therapy can help people understand the illness and learn how to better manage their lives. But without medication, the symptoms simply will not subside. "With medication," asserts Mary, "you can change the trajectory of this disease."

Don't wait.

Mary points out that schizophrenia is now recognized as a neurodevelopmental disorder. And like any other brain disorder, the longer schizophrenia remains untreated, the more it can damage brain cells. "The longer you wait," advises Mary, "the worse it becomes. That's why early intervention is so important. It is now believed that we can prevent and even repair some of the potential damage."

Keep trying until you find the medication that works.

The range of medications for schizophrenia has expanded exponentially in the past few decades. But every person has a unique response to them, which may be particularly true for antipsychotic medications, so what works for one person might not work for another. The bottom line: Being patient—and open to trial and error—is key. Both Deborah and Mary say their sons "tried everything" before finding something that worked. But, they emphasize, "Don't stop trying. There *are* medications that work."

BUILD THE RELATIONSHIP

Learn to LEAP.

Deborah is an advocate of expert Xavier Amador, PhD's, acronym LEAP: Listen, Empathize, Agree and Partner. (Dr. Amador is the author of the book *I'm Not Sick, I Don't Need Help!* and has himself been a care partner for his brother who has schizophrenia.) The idea behind LEAP, says Deborah, is that, "You don't win on the strength of your argument; you win on the strength of your relationship."

"So let's say that the person you care for wants to get a job," continues Deborah. "Your best response probably isn't, 'You're not ready for that.' It would be more like, 'Okay. I understand you want to find a job. How can I support you in trying to do that?' And if the effort fails, your next response could be, 'What can we do together next to make it work when you try again?'"

For support from people who really understand, go to the Schizophrenia and Psychosis Action Alliance website at sczaction.org.

LOOK OUT FOR RELAPSES

Know the early signs.

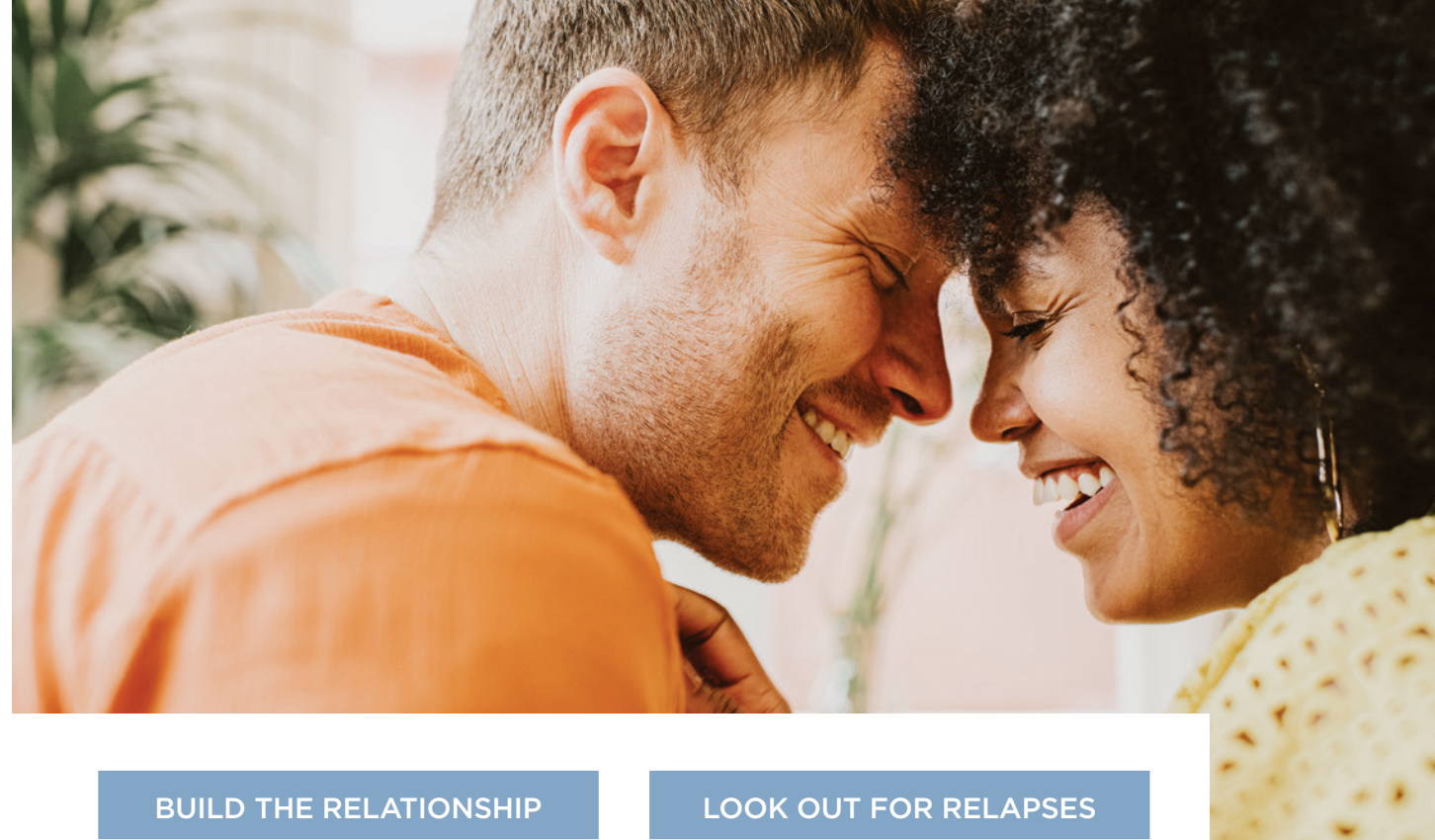
Like many diseases, schizophrenia is prone to relapse. Both Mary and Deborah say it's important to know your loved one's signs of escalation and to have a plan. In Deborah's household, they had a code phrase for when they saw signs and symptoms they recognized as relapse—"going squirrel." "That's when we knew it was time for decompressing, for making no demands and no arguments, for keeping everything as calm as we could."

Have essential information on hand.

Mary strongly advises keeping written information on hand in case you need to call for help. "Fear and paranoia may keep your loved one from giving accurate information. So write on a piece of paper, *This person has an emotional disorder* to help first responders understand and not misunderstand the situation. Deborah also recommends a more expanded "letter of concern. It gives them more information," she says, "in case hospitalization is necessary."

Emphasize safety first.

If symptoms are escalating, try not to be alone, advises Deborah. "If you must be alone," she says, "be in a public place, like outside. Have an escape route, or a safe room." She points out that if you don't feel safe, your loved one probably doesn't either. "So it's okay to ask, 'Do you feel safe? How can I help both of us to feel safe?'" It's another way to convey the conviction that neither of you is alone. That you are, indeed, partners in care. ●



Health Monitor Living

Questions to ask at today's exam



Scan this QR code for a free digital copy or home delivery

Do I have schizophrenia? How can we tell for sure?



What other support services can help me?



When should I come back to see you?



What treatment do you recommend and why?
Could I benefit from a longer-term therapy?



When and how will we know if the treatment is working?



What kind of psychotherapy could help me?



What should I do if I notice signs of a relapse?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.