Schizophrenia affects about 1 percent of the population. Hallucinations and delusions may start between the ages of 16 and 30, with men exhibiting symptoms earlier than women. About 4 percent of those diagnosed with schizophrenia have an onset after age 60. When late-onset is combined with those who age with schizophrenia, it is estimated that 0.5 percent of the senior population has the disorder.

A person with schizophrenia may hear voices or believe other people are reading their minds or controlling thoughts. They may lack motivation to complete tasks or form relationships. They also may have problems with attention and memory.

One of the most perplexing issues with schizophrenia is it is preceded by a time in which a person exhibits psychotic symptoms. But these symptoms can be present in those who never develop a mood disorder like schizophrenia. That leaves medical professionals unable to determine who would benefit from interventions that would delay the onset of the disorder.

Schizophrenia can take on a number of forms, as defined by the Brain and Behavior Research Foundation:

- **Paranoid schizophrenia**, in which the person is extremely suspicious, feels persecuted or acts grandiose. Sometimes, it can be a combination of the three.
- **Disorganized schizophrenia**, in which the person has incoherent thoughts, but is not delusional.
- **Catatonic schizophrenia**, in which the person is withdrawn and isolated and may have marked psychomotor disturbances (such as pacing or wringing of the hands).
- **Residual schizophrenia**, in which delusions or hallucinations disappear, but motivation does not return.
- **Schizoaffective disorder**, in which the person exhibits symptoms of both schizophrenia and a major mood disorder, such as depression.

It can be difficult to treat people with schizophrenia. Because they believe the hallucinations or delusions are real, they do not seek treatment. Hospitalization may be required if the patient is in the midst of an acute episode, or to introduce new medications or doses. In most cases, hospitalized patients will be treated with antipsychotic medication and involved in individual and/or group therapy sessions.

Initial diagnosis in an older adult will need to ensure that symptoms are not due to a comorbid condition, metabolic problem or medication. Older adults may require lesser doses of the medication and are more susceptible to extrapyramidal effects of antipsychotic medicines, such as muscle spasms, rigidity, shuffling and involuntary movements.

New research into the disorder is occurring, though schizophrenia in the elderly is not studied as frequently. Researchers also have called for specific research into pharmaceutical treatments in elderly patients with schizophrenia.

People with schizophrenia may have illnesses such as substance abuse, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder or major depression. Treating schizophrenia often improves the co-occurring illness—and vice versa.

**Sources:**