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The Mystery of Schizophrenia

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[David H. Strauss](#), M.D., began his “Mind, Brain, and Mental Illness” lecture with full disclosure: “I am not a neuroscientist, nor a neurosurgeon. You may view me as an odd choice to give a neuroscience lecture, since I’m someone who firmly believes that ‘clinical phenomena’ often should drive the research agenda,” he said.

But Strauss, a psychiatrist, very much acted and sounded like a neuroscientist, citing studies, clinical trials, and the workings of the brain—especially as they relate to schizophrenia.



Speaking with the confidence of someone who had trained his entire career in the cognitive world, a closer look reveals why Strauss decided to look at mental illness through the prism of schizophrenia. Before he became director of psychiatric research at the New York State Psychiatric Institute (NYSPI), where he oversees 23 research divisions and 10 research centers, he once served as chief of its Schizophrenia Research Institute.

His tie to Columbia University’s [Zuckerman Mind Brain Behavior Institute](#), host of the popular lecture series held at the Carlyle Hotel in Manhattan and sponsored by the Dana Foundation, is through his role as vice chair for research administration, ethics, and policy at Columbia’s Department of Psychiatry and as associate professor of psychiatry at Columbia Medical Center.

Strauss echoed a similar theme one hears at some point during the course of almost every neuroscience lecture: While we have made great strides in the last 20 years in understanding schizophrenia, the more we learn, the more we realize how far we still have to go.

In other words, there is no cure or even effective treatment for the 24 million American adults who are clinically diagnosed with what he called “our most misunderstood disorder”; 100,000 of whom will experience a first episode in 2014. Five percent of those 100,000 will commit suicide.

But he pointed out that, as the institute’s benefactor Mort Zuckerman once said, “There is a path forward.”

Great strides have been made on both the biological and behavior sides, he said. We now have a better handle in identifying sufferers, whose symptoms include hallucinations, delusions, and neurological impairment: problems with learning, paying attention, interpreting social cues, an inability to experience pleasure, and loss of motivation. He added that part of the dilemma in treating schizophrenia—similar to the dilemma in treating a host of mental illnesses—is the presence of various underlying mechanisms. Put another way, people suffering from schizophrenia are likely to be suffering from more than one disorder.

And while no new drug has come along in 50 years that effectively treats schizophrenia, he talked about three promising clinical drug trials that are underway. He cited two studies that have tied increased risk for schizophrenia. One involved maternal influenza during pregnancy and the other used fMRI to show schizophrenia may occur when there is a loss of tissue in a part of the hippocampus known as CA1.

Strauss emphasized the importance of integrating what he called a “bedside-to-bench” approach—an often trumpeted philosophic theme of the Zuckerman Institute—and believes that the real key to progress lies in genetic advances. Knowing one’s genetic makeup before treatment would be enormously helpful, he said.

During the Q&A, one audience member asked how schizophrenia doesn’t reveal itself until someone’s late teens. One of Strauss’s colleagues said schizophrenia doesn’t reveal itself until someone’s late teens. One of Strauss’s colleagues said schizophrenia doesn’t reveal itself until someone’s late teens. One of Strauss’s colleagues said schizophrenia doesn’t reveal itself until someone’s late teens.

Strauss wasted no time in answering the question, “Is it a billion-dollar question?”

—Bill Glovin

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