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Psychotic Disorders

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Schizophrenia

- Schizophrenia
  - Affects people from all walks of life
  - Is about as prevalent as epilepsy
  - Usually begins in late adolescence or early adulthood
- Hallmark trait is psychosis

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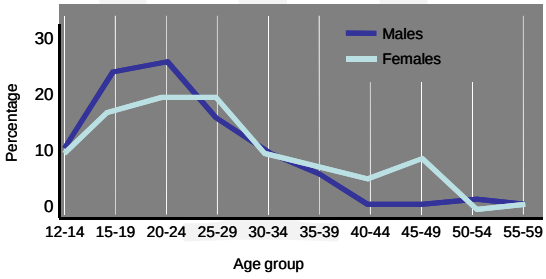
Age Distribution of Onset



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History

- Bleuler (1911) introduced the term schizophrenia
  - Provided diagnostic criteria as well
- Kraeplin (1913) differentiated between dementia praecox and manic-depressive psychosis
  - Also lumped in catatonia and paranoia

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History

- Schneider (1959) further refined the diagnostic criteria

Bleuler's Fundamental Symptoms	Schneiderian First Rank Symptoms
• Disturbances of association	• Thought echoing
• Disturbances of affect	• Thought broadcasting
• Disturbances of attention	• Thought intrusion
• Ambivalence	• Thought withdrawal
• Autism	• Somatic hallucinations
• Abulia	• Passivity feelings
• Dementia	• Delusional perception

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History

- In late 20th century, distinction between positive (Schneider) and negative (Bleuler) symptoms
- Multiple systems in use gave way to DSM criteria (influenced by Feighner and Spitzer)

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DSM-IV-TR Criteria

- Two (or more) of the following for a 1-month period
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Disorganized or catatonic behavior
  - Negative symptoms (flat affect, alogia, avolition)

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Positive Symptoms

- Delusions: disorder of thought content and presence of strong beliefs that are misrepresentations of reality
  - Grandiose = belief that one has special importance
  - Persecutory = belief that one is the subject of a master plot; feeling of being mistreated
  - Very common; not diagnostically specific

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Delusions

- Nihilistic = belief that something does not exist (e.g., one's brain; part of the world)
- Religious = involves some religious theme
- Very common; not diagnostically specific
- Bizarre = belief in something that could not be true based on the person's culture

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Positive Symptoms

- Disorganized speech = style of talking involving incoherence and lack of typical logical patterns
  - Clang association = rhyming words
  - Neologism = made-up words or phrases
  - Word salad = words/speech with no message
  - Derailment = deviation in the train of thought
  - Knight's move = going from point A to point C without making a connection through point B

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DSM-IV-TR Criteria

- Also must have
  - Social / occupation dysfunction
  - Signs persist at least 6 months
  - Other disorders ruled out
  - Not due to substances / medication

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DSM-IV-TR Criteria

- Classify course of the disease as:
  - Episodic with Interepisode Residual Sx
    - With Prominent Negative Sx
  - Episodic with no Interepisode Residual Sx
  - Continuous
    - With Prominent Negative Sx
  - Single Episode in Partial Remission
    - With Prominent Negative Sx
  - Single Episode in Full Remission
  - Other or Unspecified Pattern

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Subtypes of Schizophrenia

- Paranoid Type (295.30)
  - Preoccupation with one or more delusions OR frequent auditory hallucinations
  - None of the following is present
    - Disorganized speech
    - Disorganized / catatonic behavior
    - Flat / inappropriate affect

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Subtypes of Schizophrenia

- Disorganized Type (295.10)
  - All of the following are prominent
    - Disorganized speech
    - Disorganized / catatonic behavior
    - Flat / inappropriate affect
  - Criteria not met for Catatonic Type

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Subtypes of Schizophrenia

- Catatonic Type (295.20)
  - Dominated by two of the following
    - Catalepsy or stupor
    - Excessive motor activity
    - Extreme negativism or mutism
    - Odd voluntary movements (posturing, stereotyped movements, etc.)
    - Echolalia or echopraxia

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Subtypes of Schizophrenia

- Undifferentiated Type (295.90)
  - Schizophrenia criteria are met, but criteria are not met for other Types

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Associated Symptoms

- Cognitive deficits
  - Processing of visual stimuli
  - Verbal and spatial memory
  - Abstract reasoning
  - Psychomotor speed
  - Planning ability
  - Task switching

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Associated Symptoms

- Social deficits
  - Impaired ability to understand and solve social problems
- Emotional deficits
  - Abnormal expression of emotion
  - Impaired ability to recognize emotion in others

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Associated Symptoms

- Substance abuse
  - 80-90% use nicotine heavily
  - Many are polysubstance abusers
- High rates of comorbidity with anxiety disorders
- High suicide risks (10% succeed)

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What Causes Schizophrenia?

- Genetic factors are clearly implicated in schizophrenia
- Having a relative with the disorder significantly raises a person's risk of developing schizophrenia

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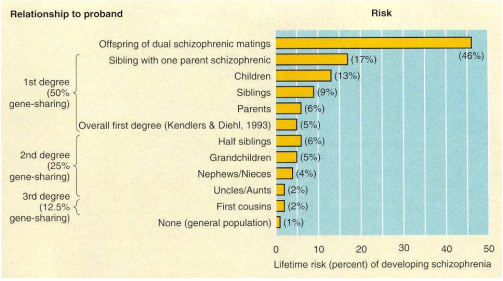
Causal Factors



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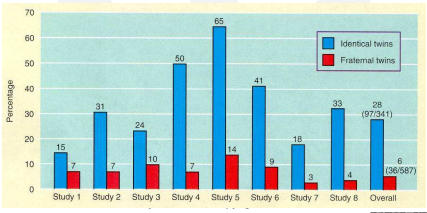
Causal Factors

- Monozygotic twins are much more likely to develop schizophrenia than dizygotic



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Causal Factors

- Other factors that have been implicated include
  - Prenatal exposure to the influenza virus
  - Early nutritional deficiencies
  - Prenatal birth complications
- Interplay between genetic and environmental factors seems to be crucial

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Biological Aspects

- Many brain areas are abnormal in schizophrenia including
  - Decreased brain volume
  - Enlarged ventricles
  - Frontal lobe dysfunction
  - Reduced volume of the thalamus
  - Abnormalities in temporal lobe areas such as the hippocampus and amygdala

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Biological Aspects

- Neurotransmitters implicated in schizophrenia include
  - Dopamine
  - Glutamate
- Neurocognitive deficits found in people with schizophrenia include
  - Attentional deficits
  - Eye-tracking dysfunctions

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Psychosocial Factors

- Communication problems may be the result of having a schizophrenic in the family
- Patients with schizophrenia are more likely to relapse if their families are high in expressed emotion
- Lower SES associated with higher rates of schizophrenia

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Psychosocial Factors

- Two theories have been presented to explain this:
  - The sociogenic hypothesis
  - The social drift hypothesis
- It appears that both theories may in fact be true

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Course of Schizophrenia

- Premorbid development of a number of subtle symptoms
  - Lowered cognitive functioning
  - Abnormal social behavior
  - Emotional expression problems
  - Delays in motor development & function

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Course of Schizophrenia

- Most are not diagnosed with any type of mental disorder as children
- Adjustment problems begin to show in adolescence (typical for many disorders)
- Many show behaviors typical of Schizotypal PD

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Course of Schizophrenia

- Illness onset usually proceeds a prodromal period
  - Can be either gradual or sudden
  - Typically in early 20's
  - Environmental factors can play a role in expression of illness
- Only 20-30% able to function "normally"

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Treatment of Schizophrenia

- No "cures" available
- Treatments are available to improve QoL and prognosis
- Before starting treatment, need to have medical workup to rule out other causes of Sx

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Treatment of Schizophrenia

- Antipsychotic medication is the main biological treatment
- Typical antipsychotics (1950's)
  - Block dopamine activity
- Atypicals (1990's)
  - Block dopamine, but also effect serotonin, glutamate, and other NTs

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Treatment of Schizophrenia

- Antipsychotic side effects
  - Motor side effects
    - Pseudoparkinsonism
    - Bradykinesia
    - Rigidity
    - Tardive dyskinesia
  - Seizures
  - Anticholinergic effects
  - Antihistaminic effects
  - Neuroleptic malignant syndrome

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Treatment of Schizophrenia

- Psychosocial treatments can also provide benefits for patient and family
- Family therapy (psychoeducation and behavioral components)
- Assisting with transition back to community

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Treatment of Schizophrenia

- Social skill training
- Cognitive therapy

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Epidemiology

- Lifetime prevalence is about 1% worldwide
- Gender ratio about equal (may be slightly higher in males)
- Sex differences in onset, presentation, and course
  - Median onset is early to mid-20's for men; late 20's for women
  - Women tend to have more mood symptoms
  - Women tend to have a better prognosis

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Adult vs. Child Onset

- Small number of schizophrenic patients have a childhood onset
- Use same criteria as adults
- Vast majority presenting with childhood onset will continue to have schizophrenia as adults

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Adult vs. Child Onset

- Treatment strategies are very similar to that of adults
- Have to be very careful with pharmacological treatments, little data at the current time on long-term outcomes

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Other Psychotic Disorders

- Other psychotic disorders include
  - Schizophreniform disorder
  - Delusional disorder
  - Schizoaffective disorder
  - Brief psychotic disorder
  - Shared psychotic disorder

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Schizophreniform Disorder

- Just like schizophrenia, but lasts 1-6 months
- Can be used as provisional diagnosis during first months of a psychotic illness
- Therefore, this diagnosis not infrequently changes to schizophrenia after 6 months have passed without complete recovery

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Schizophreniform Disorder

- Prevalence of approx. 0.2% in industrialized areas and approx. 1% in non-industrialized areas
  - May be explained by higher functioning and better prognosis for psychotic disorders in nonindustrialized areas
- Equal gender rates
- 1/3 recover within the 6 month period, 2/3 progress into Schizophrenia

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Delusional Disorder

- DSM-IV-TR criteria
  - Nonbizarre delusion(s), lasting 1+ months
  - Never met psychotic symptoms criterion
  - for Schizophrenia
  - Hallucinations absent – unless tactile or olfactory, and related to delusional theme
  - Rule out mood syndromes (or only brief)
  - Rule out substance-induced, GMCinduced

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Delusional Disorder Subtypes

- Erotomanic – somebody loves you
- Grandiose – you're somebody important
- Jealous – your spouse of lover is unfaithful
- Persecutory – everyone is out to get you
- Somatic – there's something wrong with your body
- Mixed or unspecified

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Epidemiology

- Rare, perhaps 0.03% in general population
- Age of onset: generally middle to later adult life
- Male : female ratio about 1:1 (may be slight excess of women)

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Shared Psychotic Disorder (Folie á Deux)

A. A delusion develops in an individual in the context of a close relationship with another person(s), who has an already-established delusion
B. The delusion is similar in content to that of the person who already has the established delusion
C. The disturbance is not better accounted for by another psychotic disorder or is due to a GMC or substance

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Shared Psychotic Disorder

- The delusions are shared between two people are in a close relationship (husband and wife, parent and child, siblings, etc.)
- Typically, the person with the original delusion is the more dominant personality in the relationship
- Generally the delusions are only shared by two people, but can be shared among large groups of people as well

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Brief Psychotic Disorder

A. Presence of one or more of the following symptoms:
   1. Delusions
   2. Hallucinations
   3. Disorganized speech
   4. Grossly disorganized or catatonic behavior
B. Duration of an episode of the disturbance is at least 1 day but less than 1 month, with eventual full return to premorbid levels of functioning
C. Disturbance is not better accounted for by another mental disorder and is not due to a GMC or substance

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