

Doctors 2021 - رّوح - Medicine - MU

PSYCHOLOGY SHEET

Schizophrenia

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Introduction;

The term **schizophrenia** was coined in 1908 by the Swiss psychiatrist Eugen Bleuler.

- The word was derived from the Greek “skhizo” (**split**) and “phren” (**mind**).
- Over the years, much debate has surrounded the concept of schizophrenia.
- Various definitions of the disorder have evolved, and numerous treatment strategies have been proposed, but **none** have proven to be uniformly **effective or sufficient**.

Two general factors appear to be gaining acceptance among clinicians.

- The first is that schizophrenia is probably **not** a homogeneous disease entity with a **single cause** but results from a variable combination of genetic predisposition, biochemical dysfunction, physiological factors, and psychosocial stress.

schizophrenia .. No single cause&no single treatment

The second factor is that there is not now and probably **never will be a single treatment** that cures the disorder.

- Instead, effective treatment requires a comprehensive, multidisciplinary effort, including pharmacotherapy and various forms of psychosocial care, such as living skills and **social skills training**, rehabilitation, and family therapy.

Schizophrenia is abroad mental disorder with disturbance in thought, perception, and affect.

if we want a good effect for treatment, we must use both psychotherapy and psychopharmacology.

In psychopharmacology, we talk about the first generation which is older, cheaper, and has effects on movement as a side effect (neuro)extra pyramidal, and the second generation which is new, more expensive, and has a metabolic side effects (not neuro, less severe)



Nature of the disorders:

Perhaps no psychological disorder is more crippling than schizophrenia

• Characteristically, disturbances in thought processes, perception, and affect invariably result in a severe deterioration of social and occupational functioning.

In the United States, the lifetime prevalence of schizophrenia is about 1 percent

• Symptoms generally appear in late adolescence or early adulthood, although they may occur in middle or late adult life (American Psychiatric Association.

• Some studies have indicated that symptoms occur earlier in **men** than in **women**.

*The premorbid personality often indicates social maladjustment or schizoid or other personality disturbances (Ho, Black, & Andreasen, 2003).

• This premorbid behavior is often a predictor in the pattern of development of schizophrenia, which can be viewed in four phases.

Core Concept

Psychosis

A severe mental condition in which there is disorganization of the personality, deterioration in social functioning, and loss of contact with, or distortion of, reality. There may be evidence of hallucinations and delusional thinking. Psychosis can occur with or without the presence of organic impairment.

phase 1; the schizoid personality



The DSM-IV-TR (APA, 2000) describes individuals in this phase as;

- indifferent to social relationships
- having a very **limited** range of emotional experience and expression.
- They do not. enjoy close relationships and prefer to be “loners.”
- They appear cold and aloof.

Deviation in character

• Not all individuals who demonstrate the characteristics of schizoid personality will progress to schizophrenia.

However, many individuals with schizophrenia show evidence of having had these characteristics in the premorbid condition.

Phase 2: the prodromal phase

Characteristics of this phase include:

- social withdrawal العزلة
- impairment in role functioning (the role of father in the house declines) يبطل (دوره فعال) اذا كان طالب جامعة ببلش تحصيله الاكاديمي يقل
- behavior that is peculiar or eccentric سلوكات غريبة
- neglect of personal hygiene and grooming
- blunted or inappropriate affect مزاجه سيء لما الدكتور يشرح عن شخصيتك في مادة سايكو:
- disturbances in communication
- bizarre ideas افكار غريبة
- unusual perceptual experiences تهيؤات خفيفة
- lack of initiative, interests, or energy. روح المبادرة تقل.
- The length of this phase is highly variable, and may last for many years before deteriorating to the schizophrenic state.



Phase 3: Schizophrenia.

In the active phase of the disorder, psychotic symptoms are prominent.

The DSM-IV-TR (APA, 2000) diagnostic criteria for schizophrenia:

Characteristic Symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

- **positive symptoms** (Delusions, Hallucination, Disorganized speech, Grossly disorganized or catatonic behavior).
- **Negative symptoms** (i.e. affective flattening, alogia, or avolition).

The positive symptoms include hallucinations, delusions, and any changes in thoughts or behaviors. (what existed) كانت موجودة وما كانت موجودة need psycho pharmacology more

Positive symptoms tend to respond better to antipsychotic medication than negative symptoms.

Negative symptoms of schizophrenia are those involving the **absence** of something common to most people. كانت موجودة وخسرها

Negative symptoms have negative responses to medication need psycho therapy more

This can include a lack of communication, social interaction, and motivation. The negative symptom domain consists of five key constructs: blunted affect, alogia (reduction in the number of words spoken), avolition (reduced goal-directed activity due to decreased motivation), asociality, and anhedonia (reduced experience of pleasure).

Social/Occupational Dysfunction:

For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relationships, or self-care are markedly below the level achieved before the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

Duration:

Continuous signs of the disturbance persist for at least 6 months.

- **This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet criterion 1 (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms.**
- **During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in criterion 1 present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).**

Phase 4: residual phase.

Schizophrenia is characterized by:

- periods of remission and exacerbation,**
- a residual phase usually follows an active phase of the illness.**
- Symptoms during the residual phase are similar to those of the prodromal phase, with flat affect and impairment in role functioning being prominent.**
- Residual impairment often increases between episodes of active psychosis.**

This phase is more chronicity and more negative symptom

Prognosis:

A return to full premorbid functioning is not common

- several factors have been associated with a more positive prognosis.
 - These include good premorbid adjustment, later age at onset, female gender, abrupt onset of symptoms precipitated by a stressful event (as opposed to gradual insidious onset of symptoms), associated mood disturbance, brief duration of active-phase symptoms, good interepisode functioning, minimal residual symptoms, absence of structural brain abnormalities, normal neurological functioning, a family history of mood disorder, and no family history of schizophrenia .

prognosis Depends on:

*age: the younger the age, the worse the disease

*mood disorders; fewer Consequences with depression

*Problem in brain structure & family history (genetics)

Etiological implications:

The cause of schizophrenia is still uncertain. Most likely no single factor can be implicated in the etiology; rather, the disease probably results from a combination of influences including biological, psychological, and environmental factors.

Genetics:



Studies show that relatives of individuals with schizophrenia have a much higher probability of developing the disease than does the general population.

Twin Studies :

– The rate of schizophrenia among monozygotic (identical) twins is four times that of dizygotic (fraternal) twins and approximately 50 times that of the general population

Adoption Studies :

– the children who were born of schizophrenic mothers were more likely to develop the illness than the comparison control groups (Ho, Black, & Andreasen, 2003) --> suggests the relation to genetic predisposition

The Dopamine Hypothesis :



DOPAMINE

- This theory suggests that schizophrenia (or schizophrenia-like symptoms) may be caused by an excess of dopamine-dependent neuronal activity in the brain .
- This excess activity may be related to increased production or release of dopamine at nerve terminals, increased receptor sensitivity, too many dopamine receptors, or a combination of these mechanisms.

In a normal body, there is a balance between Ach and dopamine.

- more dopamine -> schizophrenia /use antipsychotics -> more Ach .
Parkinson / use dopaminergic and anti cholonergic druges

Continuing to use the antipsychotics lead to a high decrease in dopamine(less Than Ach) which is called pseudoparkinsonism, so to avoid this we have both antipsychotics and anticholinergic the same in patient have parkinson, will appear schezphrenia symptoms cause of anticholinergic --> high dopamine

Physiological Influences :

* A number of physical factors of possible etiological significance have been identified in the medical literature. However, their specific mechanisms in the implication of schizophrenia are unclear

viral infection:



Sadock and Sadock (2003) report that epidemiological data indicate a high incidence of schizophrenia after prenatal exposure to influenza.

anatomical abnormalities:

Ventricular enlargement is the most consistent finding; however, sulci enlargement and cerebellar atrophy are also reported.

histological abnormalities:



A “disordering” or disarray of the pyramidal cells in the area of the hippocampus has been suggested (Jonsson et al, 1997).

Physical Conditions:

* Some studies have reported a link between schizophrenia and epilepsy (particularly temporal lobe), Huntington’s disease (death of brain cells), birth trauma, head injury in adulthood, alcohol abuse, cerebral tumor (particularly in the limbic system), cerebrovascular accidents, systemic lupus erythematosus, myxedema, parkinsonism, and Wilson’s disease.

Psychological Influences:

These early theories related to poor parent child relationships and dysfunctional family systems as the cause of schizophrenia.

Environmental Influences :

Sociocultural Factors:

Many studies have been conducted that have attempted to link schizophrenia to social class. Indeed epidemiological statistics have shown that greater numbers of individuals from the lower socioeconomic classes experience symptoms associated with schizophrenia than do those from the higher socioeconomic groups

Stressful Life Events:



Studies have been conducted in an effort to determine whether psychotic episodes may be precipitated by stressful life events. There is no scientific evidence to indicate that stress causes schizophrenia.

Types of schizophrenia:

Disorganized Schizophrenia

- Onset of symptoms is usually before age 25.
- The course is commonly chronic.
- Behavior is markedly regressive and primitive.
- Contact with reality is extremely poor.
- Affect is flat or grossly inappropriate, often with periods of silliness and incongruous giggling.
- Facial grimaces and bizarre mannerisms are common. مصعب
- Communication is consistently incoherent.
- Personal appearance is generally neglected, and social impairment is extreme.



Catatonic Schizophrenia (movement problems):

- Catatonic schizophrenia is characterized by marked abnormalities in motor behavior and may be manifested in the form of stupor or excitement.

Paranoid Schizophrenia:

- Paranoid schizophrenia is characterized mainly by the presence of **delusions of persecution** or **grandeur** and auditory hallucinations related to a single theme.
- The individual is often tense, suspicious, and guarded, and may be argumentative, hostile, and aggressive.
- Onset of symptoms is usually later (perhaps in the late 20s or 30s), and less regression of mental faculties, emotional response, and behavior is seen than in the other subtypes of schizophrenia.
- Social impairment may be minimal, and there is some evidence that prognosis, particularly with regard to occupational functioning and capacity for independent living, is promising

Undifferentiated Schizophrenia:

- Sometimes clients with schizophrenic symptoms do not meet the criteria for any of the subtypes, or they may meet the criteria for more than one subtype.
- These individuals may be given the diagnosis of undifferentiated schizophrenia.

Residual Schizophrenia:

- This diagnostic category is used when the individual has a history of at least one previous episode of schizophrenia with prominent psychotic symptoms.
 - Residual schizophrenia occurs in an individual who has a chronic form of the disease and is the stage that follows an acute episode (prominent delusions, hallucinations, incoherence, bizarre behavior, and violence).
- After active phase
 - negative symptoms is more in this phase.

Schizoaffective Disorder

- This disorder is manifested by schizophrenic behaviors, with a strong element of symptomatology associated with mood disorders (depression or mania). **Mood**
- The client may appear depressed, with psychomotor retardation and suicidal ideation, or symptoms may include euphoria, grandiosity, and hyperactivity.

TREATMENT MODALITIES FOR SCHIZOPHRENIA :

Psychological Treatments :

- Individual Psychotherapy, Behavior Therapy, Group Therapy , and Social Skills Training.



Social Treatment:

Social Treatment, Milieu Therapy, Family Therapy, and Assertive Community Treatment (ACT).

Organic Treatment

Psychopharmacology





Test Yourself



Quiz Bot

1-A 29-year-old client has been admitted to the psychiatric unit with diagnosis of paranoid schizophrenia because of strange behaviours that alarmed his neighbours. The doctor would expect him to exhibit which behaviour, Select one:

- A. psychomotor retardation and posturing**
- B. regressed, childlike behaviour**
- C. euphoric mood and sexual acting out**
- D. extreme suspiciousness, grandiose delusions, and hostile behaviour**
- E. all of the provided answers**

Answer : D

2-From a socio-cultural perspective, which accurately describes the etiology of schizophrenia: Select one:

- A. relatives of individuals diagnosed with schizophrenia have a much higher probability of developing the disease**
- B. structural brain abnormalities, such as enlarged ventricles, cause schizophrenia**
- C. disordering of pyramidal cells in the hippocampus contributes to the cause of schizophrenia**
- D. greater numbers of individuals from lower socioeconomic backgrounds are diagnosed with schizophrenia**
- E. none of provided answers**

Answer: D

3-Best diagnosis is seen with which symptom of schizophrenia:

Select one:

- a. apathy**
- b. anhedonia**
- C. auditory hallucination**
- D. poverty of thought**
- E. lack of initiation**

Answer: C



4-Schizophrenia is characterized by,Select one:

- A.emotional disturbances and high levels of anxiety**
- B.the presence of two or more distinct personalities**
- C.loss of memory or personal identity**
- D.a fragmentation of thought processes**
- E.all of the provided answers**

Answer: D

5- The three primary negative symptoms of schizophrenia include:

Select one:

- A.alogia, hallucination and delusion**
- B.social withdrawal, lack of affect, and reduced motivation.**
- C.hallucination, delusion and a volition**
- D.illusion, delusion and self care deficit**
- E.none of provided answers**

Answer: B

6-The prominent symptoms lasting for at least 1 month that are diagnostic for paranoid schizophrenia are:

Select one:

- A.delusions and hallucinations**
- B.poverty of speech with apathy**
- C.bizarre behaviours associated with drug use**
- D.disturbed relationships and poor grooming**
- E.none of provided answers**

Answer : A

مَا اكْتَسَبَ الْمَرْءُ فِي هَذِهِ الْحَيَاةِ كَنْزًا أَتَمَّنَ وَلَا أَجَلَ مِنَ الْعِلْمِ، يَهْدِيهِ إِلَى الْبِرِّ، وَيُرِّدُهُ
عَنِ الرَّدَى، يَنْبِرُ عَقْلَهُ، وَيَزْكَي نَفْسَهُ، وَيَمْلَأُ وَقْتَهُ، وَيُسْغِلُهُ بِغَايَتِهِ الْكُبْرَى الَّتِي خُلِقَ لَهَا،
وَيَسْمُو بِهِ عَنِ السَّفَاسِفِ، وَيَرْقَى بِهِ عَنِ السَّفَلَةِ وَالْأَوْبَاشِ .. وَيُؤَدِّيهِ إِلَى رِضْوَانِ اللَّهِ
وِظِلَالِ نَعِيمِهِ- إِنْ عَمَلَ بِمَا عِلْمٌ-

نختم معكم بأخر شيت لامتحان الميد وكما عودناكم أن نكون معكم في كل وقت،
نتمنى لكم التوفيق وأن تلمهوا الصواب في الجواب وأن لا يضيع مسعاكم أبدًا .

#الفريق_الأكاديمي

#لجنة_الطب_والجراحة

