

Schizophrenia Spectrum and Other Psychotic Disorders

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Introduction

- The word schizophrenia is derived from the Greek words skhizo (split) and phren (mind).
- Schizophrenia is probably caused by a combination of factors.
 - Genetic predisposition
 - Biochemical dysfunction
 - Physiological factors
 - Psychosocial stress

Introduction (continued_1)

- There is not now and may never be a single treatment that cures schizophrenia.
- Schizophrenia requires treatment that is comprehensive and presented in a multidisciplinary effort.

Introduction (continued_2)

- Of all mental illnesses, schizophrenia probably causes more
 - Lengthy hospitalizations
 - Chaos in family life
 - Exorbitant costs to people and governments
 - Fears
- Risk for suicide is a major concern.
 - About one-third of people with schizophrenia attempt suicide and about 1 in 10 die from the act.

Nature of the Disorder

■ 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.
- May be evidence of hallucinations and delusional thinking
- Can occur with or without organic impairment

Nature of the Disorder (continued_1)

- Schizophrenia causes disturbances in
 - Thought processes
 - Perception
 - Affect
- With schizophrenia, there is a severe deterioration of social and occupational functioning.
- In the United States, the lifetime prevalence of schizophrenia is about 1 percent.

Nature of the Disorder (continued_2)

- Schizophrenia may be viewed in four phases
 - The premorbid phase
 - The prodromal phase
 - The active psychotic phase (acute schizophrenic episode)
 - The residual phase

Phase I-Premorbid Phase

- Personality and behavior indicators:
 - Shy and withdrawn
 - Poor peer relationships
 - Poor school performance
 - Antisocial behavior
- Current research is focused on the premorbid phase to identify potential biomarkers and at-risk individuals in an effort to prevent transition to illness or provide early intervention.

Phase II-Prodromal Phase

- Personality and behavior indicators (continued):
 - Significant deterioration in function
 - 50 percent have depressive symptoms
 - Social withdrawal
 - Cognitive impairment
 - Obsessive-compulsive behavior

Phase III-Active Psychotic Phase

- Personality and behavior indicators (continued):
 - Psychotic symptoms are typically prominent.
 - Delusions
 - Hallucinations
 - Disorganized speech and behavior
 - Decreased level of functioning in work, personal relationships, or self-care

Phase IV-Residual Phase

- Personality and behavior indicators (continued):
 - Active psychotic phase symptoms are either absent or no longer prominent.
 - Positive symptoms may remain.
 - Flat affect and impairment in role functioning are common.
- Current research indicates that negative symptoms can improve over time; residual impairment often increases with additional episodes of active psychosis.

Prognosis

- A return to full premorbid functioning is not common.
- Factors associated with a positive prognosis include:
 - Good premorbid functioning
 - Later age at onset
 - Female gender
 - Abrupt onset precipitated by a stressful event
 - Associated mood disturbance
 - Brief duration of active-phase symptoms

Prognosis (continued_1)

- Positive prognosis factors (continued):
 - Minimal residual symptoms
 - Absence of structural brain abnormalities
 - Normal neurological functioning
 - Family history of mood disorder
 - No family history of schizophrenia

Predisposing Factors

- Biological influences
 - Genetics
 - A growing body of knowledge indicates that genetics play an important role in the development of schizophrenia.
 - Lifetime risk in population studies (1%)
 - Sibling of identified patient risk (10%)
 - Child of identified parent risk (5% to 6%)

Predisposing Factors (continued_1)

- Biological influences (continued)
 - Biochemical influences
 - One theory suggests that schizophrenia may be caused by an excess of dopamine activity in the brain.
 - Abnormalities in other neurotransmitters have also been suggested.

Predisposing Factors (continued_2)

- Biological influences (continued)
 - Physiological influences
 - Factors that have been implicated include
 - Viral infection
 - Anatomical abnormalities

Predisposing Factors (continued_3)

- Psychological factors
 - These theories no longer hold credibility. Researchers now focus their studies of schizophrenia as a brain disorder.
 - Psychosocial theories probably developed early on out of a lack of information related to a biological connection.

Predisposing Factors (continued_4)

- Environmental influences
 - Sociocultural factors
 - Poverty has been linked with the development of schizophrenia.
 - Stressful life events may be associated with exacerbation of schizophrenic symptoms and increased rates of relapse.
 - Studies of genetic vulnerability for schizophrenia have linked certain genes to increased risk for psychosis and particularly for adolescents who use cannabinoids.

Other Schizophrenia Spectrum and Psychotic Disorders

- Delusional disorder

- Erotomanic type
- Grandiose type
- Jealous type
- Persecutory type
- Somatic type
- Mixed type

Other Schizophrenia Spectrum and Psychotic Disorders (continued_1)

- Brief psychotic disorder
 - Sudden onset of symptoms
 - May or may not be preceded by a severe psychosocial stressor
 - Lasts less than 1 month

Other Schizophrenia Spectrum and Psychotic Disorders (continued_2)

- Substance-induced psychotic disorder
 - The presence of prominent hallucinations and delusions that are judged to be directly attributable to substance intoxication or withdrawal

Other Schizophrenia Spectrum and Psychotic Disorders (continued_3)

- Psychotic disorder associated with another medical condition
 - Prominent hallucinations and delusions are directly attributable to a general medical condition.

Other Schizophrenia Spectrum and Psychotic Disorders (continued_4)

- Catatonic disorder due to another medical condition
 - Metabolic disorders (e.g., hepatic encephalopathy, diabetic ketoacidosis, hypo- and hyperthyroidism, hypo- and hyperadrenalism, hypercalcemia, and vitamin B₁₂ deficiency)
 - Neurological conditions (e.g., epilepsy, tumors, cerebrovascular disease, head trauma, and encephalitis)

Other Schizophrenia Spectrum and Psychotic Disorders (continued_5)

- Schizophreniform disorder
 - Same symptoms as schizophrenia with the exception that the duration of the disorder has been at least 1 month but less than 6 months

Other Schizophrenia Spectrum and Psychotic Disorders (continued_6)

- Schizoaffective disorder
 - Schizophrenic symptoms accompanied by a strong element of symptomatology associated with either mania or depression

symptomatology

■ Positive symptoms:

- Disturbances in thought content
 - Delusions: False personal beliefs
 - Paranoia: Extreme suspiciousness of others
 - Magical thinking: Ideas that one's thoughts or behaviors have control over specific situations

(continued_1)

- Disturbances in thought processes manifested in speech
 - Loose associations: Shift of ideas from one unrelated topic to another
 - Neologisms: Made-up words that have meaning only to the person who invents them
 - Clang associations: Choice of words is governed by sound

(continued_2)

- Disturbances in thought processes manifested in speech (continued)
 - Word salad: Group of words put together in a random fashion
 - Circumstantiality: Delay in reaching the point of a communication because of unnecessary and tedious details
 - Tangentiality: Inability to get to the point of communication due to introduction of many new topics

(continued_3)

- Disturbances in thought processes manifested in speech (continued)
 - Perseveration: Persistent repetition of the same word or idea in response to different questions
 - Echolalia: Echolalia refers to repeating words or phrases spoken by another

(continued_4)

- Disturbances in perception
 - Hallucinations may involve any of the five senses:
 - Auditory
 - Visual
 - Tactile
 - Gustatory
 - Olfactory
 - Illusions are misperceptions or misinterpretations of real external stimuli.
 - Echopraxia imitates movements made by others.

(continued_5)

■ Negative symptoms

- Disturbances in affect: Feeling state or emotional tone
 - Inappropriate affect: Emotions are incongruent with the circumstances
 - Bland: Weak emotional tone
 - Flat: Appears to be void of emotional tone
- Avolition: Inability to initiate goal-directed activity

(continued_6)

- Negative symptoms (continued)
 - Lack of interest or skills in interpersonal interaction
 - Lack of insight
 - Anergia
 - Lack of abstract thinking ability
 - Associated features
 - Waxy flexibility
 - Posturing
 - Pacing and rocking
 - Regression
 - Eye movement abnormalities

(continued_7)

■ Outcome criteria

- The patient:

- Demonstrates an ability to relate satisfactorily to others
- Recognizes distortions of reality
- Has not harmed self or others
- Perceives self realistically
- Demonstrates the ability to perceive the environment correctly
- Maintains anxiety at a manageable level

(continued_8)

- Outcome criteria (continued)
 - The patient (continued):
 - Relinquishes the need for delusions and hallucinations
 - Demonstrates the ability to trust others
 - Uses appropriate verbal communication in interactions with others
 - Performs self-care activities independently

Treatment Modalities

- Psychological treatments
 - Individual psychotherapy
 - Group therapy
 - Family therapy
- Behavior therapy

Treatment Modalities (continued_1)

- Psychopharmacological treatment
 - Antipsychotics
 - Used to decrease agitation and psychotic symptoms of schizophrenia and other psychotic disorders

Treatment Modalities (continued_2)

- Psychopharmacology (continued)
 - Indications
 - Antipsychotic medications are used in the treatment of schizophrenia and other psychotic disorders.
 - Action
 - Dopaminergic blockers

Antipsychotics

- Side effects
 - Anticholinergic effects
 - Nausea, gastrointestinal upset
 - Skin rash
 - Sedation
 - Orthostatic hypotension
 - Photosensitivity
 - Hypersalivation
 - Weight gain
 - Agranulocytosis
 - Extrapyrarnidal symptoms

Antipsychotics (continued_1)

- Extrapyramidal symptoms (EPS)
 - Pseudoparkinsonism
 - Akinesia (the inability to perform a clinically perceivable movement.)
 - Akathisia (inability to remain still)
 - Dystonia (person's muscles contract uncontrollably)
 - Oculogyric crisis (the involuntary upward deviation of both eyes due to spasms and increased tone in the extraocular muscles)
 - Antiparkinsonian agents may be prescribed to counteract EPS.

Thank You