Schizophrenia and other Psychotic disorders

Medical Student Teaching

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Goals of the lecture

- 1. What is psychosis?
- 2. Etiology- Stress-Vulnerability Model
- 3. Epidemiology
- 4. Diagnosis
- 5. Management

PSYCHOSIS

- A severe mental disturbance indicating gross impairment in reality testing.
- Manifestations of psychosis include delusions, hallucinations, looseness of associations, grossly disorganised and bizarre speech or behavior.

Positive Symptoms of Schizophrenia

- Delusions
- Hallucinations
- Formal Thought Disorder
- Bizarre Behavior

Other psychotic symptoms

- Ideas of reference
- Delusions of reference
- Illusions
- Overvalued ideas
- Derealisation
- depersonalisation

Psychosis

- Hallucinations-“A perception experienced in external space in the absence of normal stimuli”
- Delusions-”Fixed false belief, not amenable to reason, and not in keeping with that persons subculture”

Negative Symptoms of Schizophrenia

- Attention
- Alogia
- Avolition - Apathy
- Anhedonia
- Asociality
- Affective Disturbance

Cognitive Symptoms of Schizophrenia

- Verbal memory and learning
- Executive function
- Attention
- Spatial memory

Stages of Psychosis

- Prodrome - At Risk Mental State
- Acute or active psychotic state
- Recovery
- Prolonged recovery

Prodromal State

- Sleep disturbance
- Depressed mood
- Social withdrawal
- Drop off in function e.g. work / study
- Irritable / Oversensitive
- Odd beliefs / Odd Behavior
- Suicidal

Stress-vulnerability model

- Vulnerability

- Biological-Genetics,Organic brain injury
- Psychological-Cognitive Style
- Social-Minority ethnic

Stress-Vulnerability

- Stress

- Biological-Substances
- Psychological-Loss and grief
- Social-Relationship breakup

Schizophrenia

- Syndrome-based on a process of psychological disintegration manifesting itself ultimately as a fragmentation of the personality

Schizophrenia: Evidence of Pathological Neurodevelopment

- Increased incidence of minor physical anomalies
- Prenatal viral exposure
- Increased frequency of Obstetric complications
- Premorbid cognitive and neuromotor abnormalities
- Dyskinesias

Epidemiology

- **About 1:100 people develop schizophrenia**
- **Common age of onset 15 - 25yr, can have earlier / later**
- ***"What is the importance of the age of onset for the individual?"***

Epidemiology

- Similar incidence worldwide
- Men have earlier onset
- Illness characterized by a prodromal, active and residual phase

Prognosis

- 25% Complete Recovery
- 40% Recurrent Psychosis
- 35% Significant Disability

- 85% Unemployment
- Early Intervention

Prognostic Features

- **Abrupt Onset**
- **Later onset**
- **Absence of premorbid disturbance**
- **Acute Stress**
- **Large Social Network**
- **Family History Affective Illness**
- **Less delay in Treatment**

DSMIV

- A. Characteristic Symptoms 2+
- 1. Delusions
- 2. Hallucinations
- 3. Disorganized Speech
- 4. Disorganized / Catatonic Behavior
- 5. Negative Symptoms
- Or 1 if bizarre delusions or commentary hallucinations

Schizophrenia DSMIV

- **B. Social Occupational Dysfunction**
- **C Duration six months**
- **Exclusions**
- **Subtypes Paranoid, Disorganized, Catatonic, Undifferentiated**

Other Psychotic Disorders

- **Schizoaffective Disorder**
- **Schizophreniform Disorder**
- **Brief Psychotic Disorder**
- **Delusional Disorder**

Schizoaffective Disorder

- **A. An uninterrupted period of illness which has either a major depressive episode, manic episode or mixed episode concurrent with criterion A for schizophrenia**
- **B. During the same period of illness there has been hallucinations or delusions present for at least two weeks in the absence of mood symptoms**

Brief Psychotic Disorder DSMIV

- A. Presence of 1+ Delusions, Hallucinations, Disorganized Speech, Disorganized Catatonic Behavior
- B Duration . resolution within one month, return to premorbid function
- With or without marked stressor

Delusional Disorder

- **DSM IV**
- **A.** Non Bizarre Delusion of at least one month's duration
- **B.** Criterion A for schizophrenia has not been met
- **C** Apart from impact of delusion function not deteriorated

Types of Delusional Disorder

- **Grandiose**
- **Jealous**
- **Somatic**
- **Persecutory**
- **Erotomanic**
- **Mixed**

Etiology

- Paranoia is non specific
- Less prevalent than schizophrenia or mood disorders
- Later onset than schizophrenia
- Paranoid or avoidant personality disorder more common in relatives
- Premorbidly different to schizophrenia

Management

- 1. Safety
- 2. Clarify the Diagnosis
- 3. Biological Management
- 4. Psychological Management
- 5. Social and Family
- 6. Rehabilitation

Biological Management

- **Atypical Antipsychotics are preferable**
- **For first episode psychosis risperidone quetiapine or olanzapine can be used for first episode**
- **Clozapine only effective treatment for treatment resistant schizophrenia**
- **Depot antipsychotics as last resort - three months to steady state**

Psychological Management

- **Therapeutic Alliance and Recovery focus**
- **Psychoeducation**
- **Early Warning Signs**
- **Triggers and Stress**
- **Substance Abuse**
- **Cognitive Behavioral therapy for persistent symptoms of schizophrenia**

Rehabilitation

- Assessment must involve an understanding of:
- **Impairment - symptoms**
- **Disability - functional life domains**
- **Handicap - social roles**
- Skill retrieval, Skill development, Community Integration

Recovery

- Developmental focus
- Engagement- Therapeutic Alliance
- Family Involvement
- Occupational / Educational
- Social / Recreational / Relationships
- Identity / Autonomy

Recovery

- Goal- is to "lead a normal life"
- 'Recovery does not always mean that people will return to full health or retrieve all their losses, but it does mean that people can live well in spite of them'