

## **CHAPTER 8: SCHIZOPHRENIA AND RELATED PSYCHOTIC DISORDERS**

**I. Schizophrenia-** most common and puzzling forms of psychosis.

### **II. SYMPTOMS, DIAGNOSIS AND COURSE**

- a. Positive Symptoms-** delusions, hallucinations, disorganized thought and speech and disorganized or catatonic behavior.
- b. Formal thought disorder-** disorganized thinking of those with schizophrenia
- c. Catatonia-** disorganized behavior that reflects unresponsiveness to the work.
- d. Delusions-** are ideas that an individual believes are true but are highly unlikely and often simply impossible.
  1. Self deceptions are at least possible whereas delusions often are not.
  2. People harboring self-deceptions may think about these beliefs occasionally but people harboring delusions tend to be preoccupied with them.
  3. People holding self deceptions typically acknowledge that their beliefs may be wrong but people holding delusions often are highly resistant to arguments or contradicting delusions.

#### **ii. Types of Delusions:**

1. **Persecutory-** false belief that oneself or ones loved ones are being persecuted watched or conspired against by others
2. **Delusion of reference-** random events are directed at oneself
3. **Grandiose delusion-** one has great power knowledge or talent or that one is famous and powerful person
4. **Delusions of being controlled-** by an external force
  - a. Thought broadcasting-** ones thoughts are being broadcasted from their mind to another's so they can hear
  - b. Thought insertion-** another person or object is inserting thoughts into one's head
  - c. Thought withdrawal-** thoughts are being removed from one's head by someone else
5. **Delusion of guilt or sin-** belief that one has committed a terrible act or is responsible for a terrible event
6. **Somatic Delusion-** one's appearance or part of one's body is diseased or altered.

**iii. Hallucinations-** unreal perceptual experiences that tend to be bizarre and complex

1. **Auditory hallucination-** most common hallucination and it is more common in women than in men
2. **Visual hallucination-** accompanied by auditory hallucinations

- 3. **Tactile hallucination**- perception that something is happening to the outside of the person's body (bugs)
    - 4. **Somatic hallucination**- perception that something is happening inside the persons body
  - e. **Negative Symptoms**- losses or deficits in certain domains
    - i. **Affective flattening**- reduction or absence of affective responses to the environment. Cannot express emotion though they may be feeling it
    - ii. **Alogia**- poverty of speech or reduction of speaking and may not initiate speech with others or give brief responses when asked direct questions
    - iii. **Avolition**- inability to persist at common, goal directed activities like school, work, or at home
  - f. **Cognitive defecits**- deficits in basic cognitive processes like attention and memory
  - g. **Prodromal symptoms**- symptoms that are present before people ego into the acute phase of schizophrenia
  - h. **Residual symptoms**- present after they emerge from it.

### III. CRITERIA FOR DIAGNOSIS

- i. A. Two or More for a 1 month period:
  - 1. Delusions
  - 2. Hallucinations
  - 3. Disorganized speech
  - 4. Grossly disorganized or catatonic behavior
  - 5. Negative symptoms
- ii. B. Since the onset of the disturbance one or more major areas of functioning are markedly below the level expected for the individual or achieved prior to the onset
- iii. C. Continuous signs for at least 6 months including 1 month of symptoms or prodromal or residual symptoms
- iv. D. Schizoaffective disorder and mood disorder with psychotic features have been ruled out.
- v. E. Disturbances not due to substances
- b. **Types of Schizophrenia**
  - i. **Paranoid**- best prognosis. Delusions and hallucinations with themes of persecution and grandiosity
  - ii. **Disorganized**- incoherence in cognition, speech and behavior and flat or inappropriate affect (do not bathe, dress or eat)
  - iii. **Catatonic**- nearly total unresponsiveness to the environment as well as motor and verbal abnormalities
    - 1. Catatonic stupor
    - 2. Catatonic excitement
    - 3. Rigid positions or completely mute for a long time
    - 4. Odd mannerisms
  - iv. **Undifferentiated**- when a person experiences schizophrenic symptoms but doesn't meet the criteria

- v. **Residual**-history of at least one episode of acute positive symptoms but currently no prominent positive symptoms

c. **Prognosis**

- i. Life expectancy is 10 years shorter
- ii. 50-80% of people hospitalized will be rehospitalized
- iii. 10-15% commit suicide
- iv. women hospitalized less often and for briefer periods than men with fewer deficits and milder symptoms
- v. culture and social environment play a strong role and explains variations

d. **Other Psychotic Disorders:**

- i. **Schizoaffective**- schizophrenia and mood disorder where they simultaneously experience schizophrenic symptoms and mood symptoms. Requires at least 2 weeks of hallucinations without mood disorders.
- ii. **Schizophreniform**- requires that individuals meet criteria A, D and E for schizophrenia but show symptoms only in the last 1-6 months
- iii. **Brief Psychotic disorder**- sudden onset of delusions, hallucinations, disorganized speech and or behavior which last between 1 day and a month after which symptoms vanish completely.
- iv. **Delusional Disorder**- delusions lasting at least 1 month regarding situations that occur in real life like being followed or poisoned (females more than males)
- v. **Shared psychotic disorder**- delusion that develops from a relationship with another person who already has delusions

**IV. BIOLOGICAL THEORIES**- biological factors are a key to schizophrenia

- a. **Genetic Contributors**- different genes are responsible for different symptoms. Closer related you are the higher your chances are of getting it
- b. **Structural and functional brain abnormalities**- neurodevelopmental disorder where a variety of factors lead to abnormal development of the brain in the womb or early in life.
  - i. **Enlarged ventricles**- suggests atrophy or deterioration in brain tissue and reductions in the prefrontal areas of the brain and abnormal connections to the amygdala and hippocampus. (social, emotional and behavioral deficits before onset)
  - ii. **Prefrontal cortex**- smaller and less active
  - iii. **Limbic system**- emotion and cognition
  - iv. **Hippocampus**- memory
  - v. **Birth complications**
  - vi. **Prenatal viral exposure**
- c. **Neurotransmitters**- Dopamine plays a role. Drugs that reduce its level are more effective because there is an excess of activity in dopamine in those with schizophrenia.