



PSYCH 335
Psychological Disorders

Chapter 10
Schizophrenia and Psychotic Disorders



Outline/Overview

- Schizophrenia
 - Statistics/Impact/History
 - Criteria
 - Prognostic indicators/ suicide
 - Epidemiology/correlates
 - Treatments
- Schizophreniform disorder
- Brief psychotic disorder
 - Time frame of symptoms differentiates the above
- Schizoaffective disorder



Schizophrenia

- most devastating mental disorder
- touches social, economic, and personal spheres
- 10-25% of all American hospital beds
- 2002 cost - \$62.7 Billion
- Kraepelin - "dementia praecox" 1896
- Bleuler 1911 coined schizophrenia
- "split mind" thought, emotion, and behavior disorganized and incongruous
- Bleuler's four A's
 - affect, ambivalence, autism, associations

● ● ● | DSM 5 criteria
Schizophrenia

- A. Two (or more) of:
 - 1) delusions
 - 2) hallucinations (reported by 75% of new dx)
 - 3) disorganized speech
 - 4) grossly disorganized or catatonic behavior
 - 5) negative symptoms
- only one Criterion A symptom required in some cases (e.g. bizarre delusions/hallucinations w/running commentary)

● ● ● | DSM 5 criteria (cont.)

- B. Social/occupational dysfunction
 - work
 - interpersonal relations
 - self-care
- C. at least 6 months with at least 1 month meeting Criterion A
- D. No Schizoaffective or Depressive/Bipolar Disorder With Psychotic Features
- E. Substance/general medical exclusion
- F. Relationship to Pervasive Developmental Disorder

● ● ● | Course of Onset

- during adolescence/early adulthood
- 25% - abrupt onset of symptoms
- rest - onset slow and insidious
- negative symptoms usually first
- positive symptoms



Prognosis

- recovery does not seem related to severity of psychosis
- Good prognosis indicators:
 - acute onset
 - a clear precipitant
 - prominent confusion/disorganization
 - systematized and focused delusions
 - being married
 - good premorbid functioning
 - a family hx of depression or mania
 - no family history of schizophrenia
 - a cohesive, supportive family
 - minimal negative symptoms



Schizophrenia & Suicide

- 10-15% eventually kill themselves
- 20%-40% attempt
- occurs after:
 - gain awareness of illness
 - feel depressed
 - treatment is futile
 - future hopeless



Schizophrenia (cont.)

- Variability by setting
 - Rural settings - less severe episodes
 - can function at ability level
 - Wisconsin dairy farm - bachelor hand case
- Lower SES - explanations
 - social causation vs. drift
 - social causation - poverty causes stress vs.
 - drift theory - devastation of social/occupational functioning
 - evidence supports drift theory
 - 15-20 x risk of homelessness



Schizophrenia (cont.)

- Epidemiology
 - lifetime prevalence 0.8 - 1%
 - annual incidence 0.03-0.06%
 - MZ-40-50%, DZ 10-17%
 - clear genetic component
- Neurological Signs
 - "Soft-signs" (e.g. abnormal reflexes and EEG changes)
 - frequently occur in schizophrenia
 - not uncommon in the general population
- Anatomy/physiology
 - ventricle enlargement
 - cortical wasting
 - dopamine system



Psychosocial correlates

- Expressed Emotion (EE)
- consistent finding
- high EE family - more likely to relapse
- 56% vs. 21% over 9 mos.
- Vaughn & Leff (1976) 9 month relapse rates
- HEE + no meds = 92%
- LEE + took meds = 12%



Treatment

- medications
 - snoring during acute psychosis
 - lowest possible dose after this
 - Atypical antipsychotics vs. older antipsychotics
- group homes, supported living, intensive case management, vocational training, psychoeducational groups, supported living and employment, assertive community treatment teams
- emerging evidence of effectiveness of cognitive therapy

● ● ● | Schizophreniform disorder

- 1 mos.-<6 mos.
- Identical criteria except that social/occupational function does not need to be impaired
- Roughly 50% diagnosed with schizophreniform disorder improve or recover
- good prognostic features (any 2 of):
 - prominent psychotic symptoms within 4 weeks of first noticeable change in behavior
 - confusion/perplexity at height of psychotic episode
 - good premorbid social/occupational functioning
 - absence of blunted/flat affect

● ● ● | Brief psychotic disorder

- 1 day to < 1 mo.
- person snaps after a stressful event
- delusions, hallucinations, disorganized speech, or grossly disorganized or catatonic behavior
- one symptom necessary to diagnose
- rapid shifts of mood, perplexity or confusion.
- negative symptoms not usually seen
- most recover entirely.
- rule of thumb: faster onset of symptoms = faster remission
- symptoms for few hours = Other Specified Schizophrenia Spectrum and Other Psychotic Disorder - Attenuated psychosis syndrome

● ● ● | Schizoaffective disorder

- disagreement about whether a distinct disorder or "fudge factor"
- uninterrupted period of illness while criteria are met for major depressive, manic, or mixed episode along with symptoms meeting criterion A for schizophrenia
- same period of illness must be at least 2 weeks of delusions or hallucinations without prominent mood symptoms
- mood disorder symptoms present for substantial portion of the illness
- bipolar type or depressive type
- treatment antipsychotics and antidepressants or lithium
