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**
  - starting 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