Clinical symptoms of Schizophrenia and other psychotic disorders

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TUOMS

Schizophrenia symptoms

- **Psychotic domain**
- **Disorganized domain**
- **Deficit domain**

- **Psychosis** emerged only as a medical condition worthy of scientific study and treatment during the18th century in Europe.

- Emil Kraepelin described two major groups of primarypsychotic disorders:

  - The ***manic depressive psychosis*** and
  - **dementia praecox** (dementia of the young, a term coined earlier by Morel).

- He believed that **dementia praecox** was **a loss of the inner unity** of the activities of intellect, emotion, and volition.

- In 1911, the term ***schizophrenia***, Was introduced by Eugen Bleuler (1857 to 1939).
- He proposed the name to denote a "splitting" of **psychic functions**, which he considered to be the **core feature** of the illness.
- the **Four As** were *abnormal associations*, *autistic behavior and thinking*, *abnormal affect*, and *ambivalence*.

- Kurt Schneider
- **Ego boundaries**
- Julian jeans

- Factor analysis

- 3 domains

Psychosis

- Reality testing
- Reality
  - Time
  - Space
  - causality

- Psychosis

  Versus

- Psychoticism
  (Hans Ayzenk)

- Hallucination
- delusion

Disorganization

- **disorganization** of
- **thought** and
- **behavior**

Deficit (Negative)

- social withdrawal,
- blunting of
  - affect,
  - interest, and
  - motivation

- Positive symptoms
  - Psychotic domain
  - Disorganized domain

- Negative symptoms
  - Deficit domain

- Positive and Negative Syndrome Scale (PANSS)

- conducted across continents and cultures, and there has been a remarkable **consistency** in the finding of these same five factors.

Responsiveness to antipsychotics' rank

- **Psychotic domain**
- **Disorganized domain**
- **Deficit domain**

Positive Symptoms

- Hallucinations
  - a. Auditory hallucinations
  - b. Voices commenting
  - c. Voices conversing
  - d. Somatic or tactile hallucinations
  - e. Olfactory hallucinations
  - f. Visual hallucinations

- Delusions
  - a. Persecutory delusions
  - b. Delusions of jealousy
  - c. Delusions of guilt or sin
  - d. Grandiose delusions
  - e. Religious delusions
  - f. Somatic delusions
  - g. Delusions of reference
  - h. Delusions of being controlled
  - i. Delusions of mind reading
  - j. Thought broadcasting
  - k. Thought insertion
  - l. Thought withdrawal

- Bizarre behavior
  - a. Clothing and behavior
  - b. Social and sexual behavior
  - c. Aggressive behavior
  - d. Repetitive or stereotyped behavior

- Positive formal thought disorder
  - a. Derailment
  - b. Tangentiality
  - c. Incoherence
  - d. Illogicality
  - e. Circumstantiality
  - f. Pressure of speech
  - g. Distractible speech
  - h. Clanging

Negative Symptoms

- Affective flattening or blunting
  - a. Unchanging facial expressions
  - b. Decreased spontaneous movement
  - c. Paucity of expressive gesture
  - d. Poor eye contact
  - e. Affective nonresponsivity
  - f. Inappropriate affect
  - g. Lack of vocal inflections

- Alogia
  - a. Poverty of speech
  - b. Poverty of content of speech
  - c. Blocking
  - d. Increased latency of response

- Avolition—apathy
  - a. Grooming and hygiene
  - b. Impersistence at work or school
  - c. Physical anergia

- Anhedonia—asociality
  - a. Recreational interests and activities
  - b. Sexual interest and activities
  - c. Intimacy and closeness
  - d. Relationships with friends

- Attention
  - a. Social inattentiveness
  - b. Inattentiveness during testing