

Clinical symptoms of Schizophrenia and other psychotic disorders

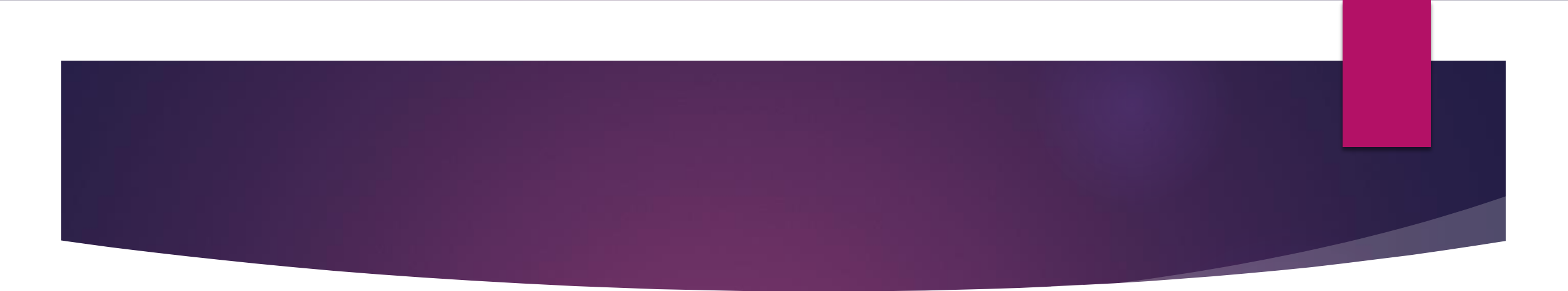
ALIREZA FARNAM

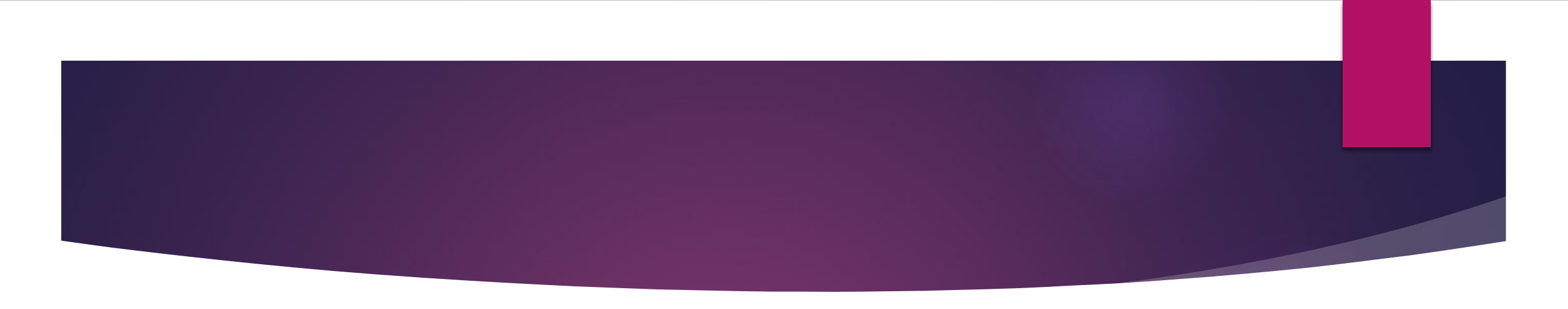
PROFESSOR OF PSYCHIATRY

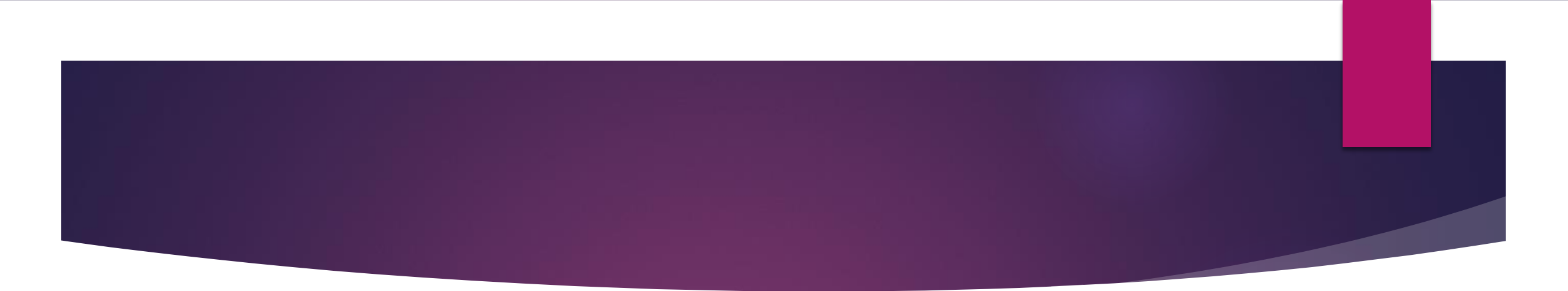
TUOMS

Schizophrenia symptoms

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

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- ▶ **Psychosis** emerged only as a medical condition worthy of scientific study and treatment during the 18th century in Europe.
 - ▶ Emil Kraepelin described two major groups of primary psychotic disorders:
 - ▶ The *manic depressive psychosis* and
 - ▶ **dementia praecox** (dementia of the young, a term coined earlier by Morel).

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

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- ▶ 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

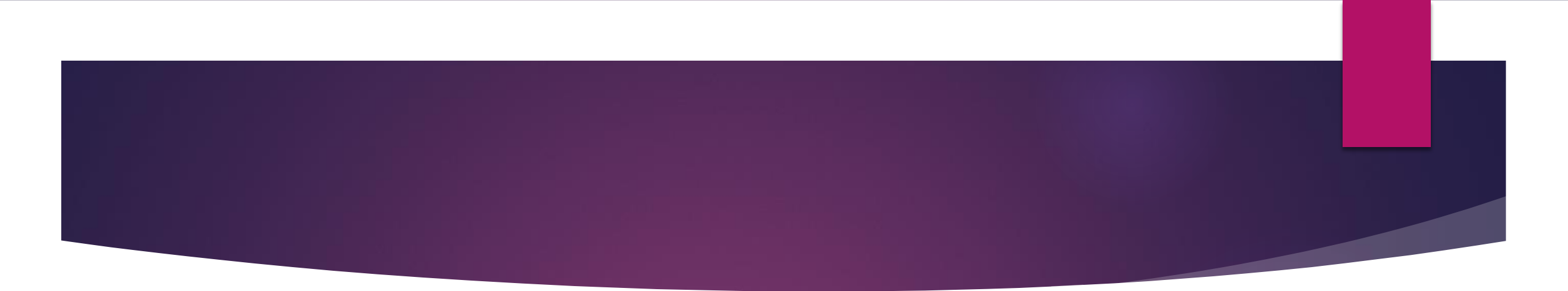
- ▶ delusion

Disorganization

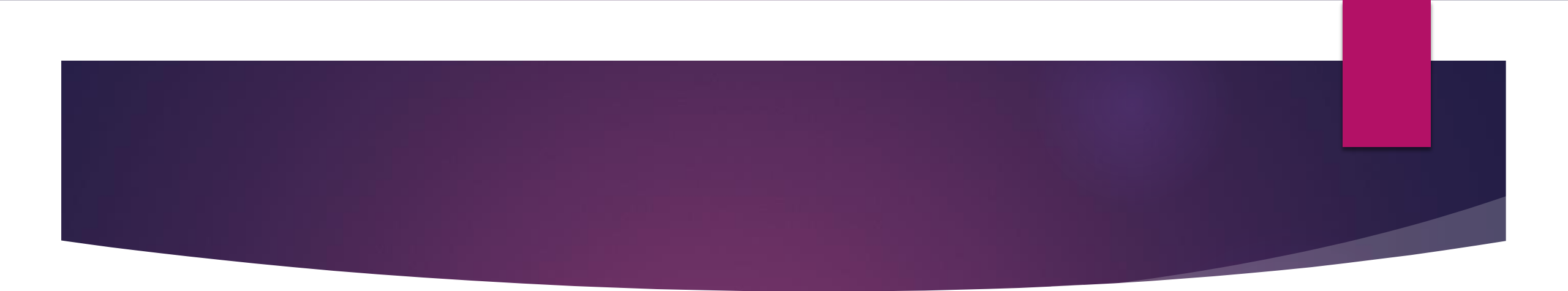
- ▶ **disorganization** of
- ▶ **thought** and
- ▶ **behavior**

Deficit (Negative)

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

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- ▶ Positive symptoms
 - ▶ Psychotic domain
 - ▶ Disorganized domain

 - ▶ Negative symptoms
 - ▶ Deficit domain

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- ▶ 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



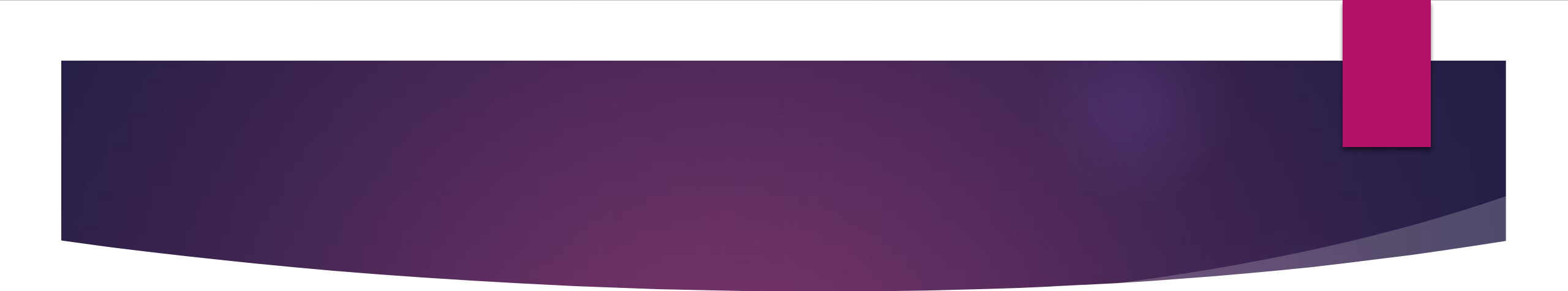
▶ Alogia

- ▶ 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

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- ▶ 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