



Psychosis and Schizophrenia Spectrum Disorders



Brief historical overview

Descriptions of schizophrenic symptoms can be traced far back in history but not considered to be symptoms of a single disorder until late in the nineteenth century.

Kraepelin (1921) – “Dementia Praecox”

Chronic psychotic illness with a slow declining course.

Bleuler (1911): the disorder did not always end in profound deterioration or always began in late adolescence.

Bleuler suggested a new name for the disorder—*schizophrenia*:
The splitting of mental associations

Classifying “schizophrenia”

Generally considered to be a psychoses comprising a number of related disorders around **distorted thinking** and **perceptual processes**.

Characterised by:

- delusions

- hallucinations

- disorganised thought and behaviours

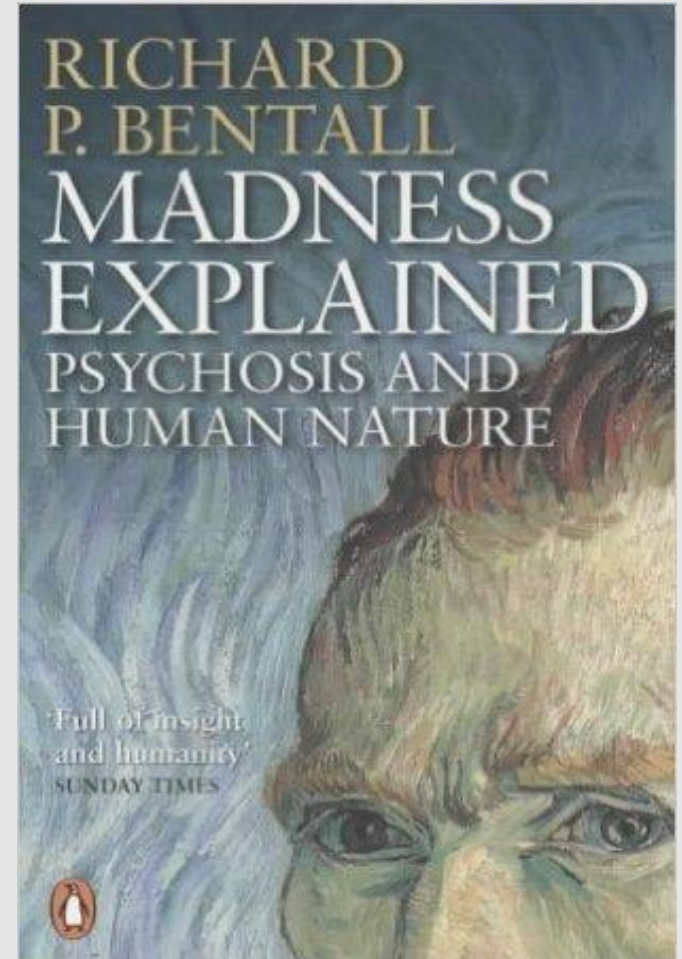
Classifying “schizophrenia”

Lack of agreement as to exact nature of schizophrenia.

Classification of schizophrenia has proven difficult: current debate around whether it actually exists as a specific diagnosis

DSM-III criteria differed from DSM-IV, which differs from new DSM-V classification:

- Indicates difficulties in accurate classification.



The nature of psychotic symptoms

Positive symptoms

Excess of normal function:

Delusions

Hallucinations

Disorganized thinking (speech)

Abnormal motor behaviour

Negative symptoms

Diminution of normal function

Delusions

Positive symptoms

Persecutory

Grandiose

Delusions of control

Delusions of reference

Nihilistic delusions

Erotomanic delusions

Hallucinations

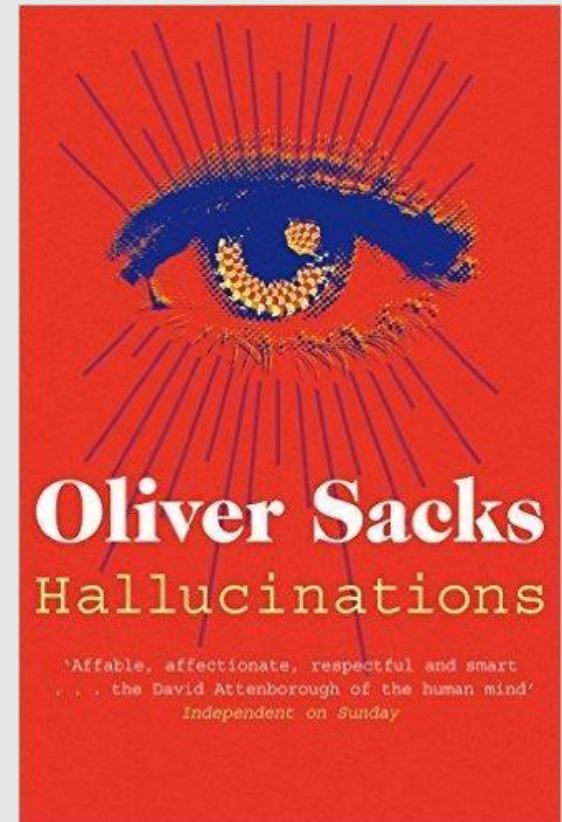
Hearing voices are the most common form of hallucination.

Voices may be experienced as describing the individuals activities, warning of impending dangers, ordering them to behave in certain ways.

Suggestion of

Reality monitoring deficit

Self monitoring deficit



Disorganized thinking (speech)

Derailment

Tangentiality

Clanging

Neologisms

Word salads

Clanging

TH: 'What colour is your dress?'

CL: 'Red . . . Like a bed.'

TH: 'Why is it like a bed?'

CL: 'Because it's dead.'

TH: 'Why is a bed like being dead?'

CL: 'I dunno . . . maybe it's a med.'

TH: 'What's a med?'

CL: 'A bled.'

Neologisms

Many individuals suffering psychotic symptoms often make up words.

These *neologisms* are frequently constructed by condensing or combining several words.

Sniggeration - A giggle or sniggering

Relaudation - Praising over and over

Circlingology - Study of a rolling circle

Word salads

'Everything is going around in slow motion. The boxes are clanging and chattering to be let out. Behind my forehead the past is surfacing mixing a bottle of acid solution. A stake jams a door that leads to a mirage of broken appearances. Inside a box, pounding fists try to pull down my imagination. The ground work is split into hundreds of pieces; each fragment is separate as if it had some kind of individual purpose. The truth is locked up in a unit.'

Abnormal motor behaviour

Disorganized behaviour may include:

- Childlike and silly behaviour

- Behaviour inappropriate to the context (e.g. masturbating in public)

- Unpredictable and agitated (e.g. shouting and swearing in the street)

- Catatonic behaviours are characterized by decreased reactivity to the environment, rigidity and immobility

Negative symptoms

Common within a diagnosis of schizophrenia, less so in other schizophrenia spectrum disorders

Negative symptoms include:

- Diminished emotional expression

- Avolition

- Alogia

- Anhedonia

- Asociality

The prevalence of schizophrenia spectrum problems

Lifetime prevalence is around 0.3-0.7%

24 million diagnosed worldwide

Largely between 15-35 years old

Mortality is 50% higher than normal

Significant lifelong impairment

Cultural differences in course of disease progression
and prevalence

Immigration

Ethnicity

The “schizophrenia” controversy

- The experience and symptoms of schizophrenia vary markedly
 - Two people with schizophrenia may present in very different ways and report very different experiences
- Degree to which symptoms effect daily functioning also vary
- People diagnosed with schizophrenia respond to different medications (some fail to respond to any)
- Suggests individual symptoms may have different causes and require different treatment
- Suggests that there is not one underlying cause of schizophrenia – but different disorders?

The “schizophrenia” controversy

Bentall (1993): the diagnosis of schizophrenia is not valid & should be abandoned.

Bennett (2003):

better to look at the various symptoms of schizophrenia and each be treated as a disorder in its own right (but overlap between symptoms and ‘disorders’)

need to better understand causes of schizophrenia

Van Os (2009): should be re-named “salience disorder” to avoid stigma

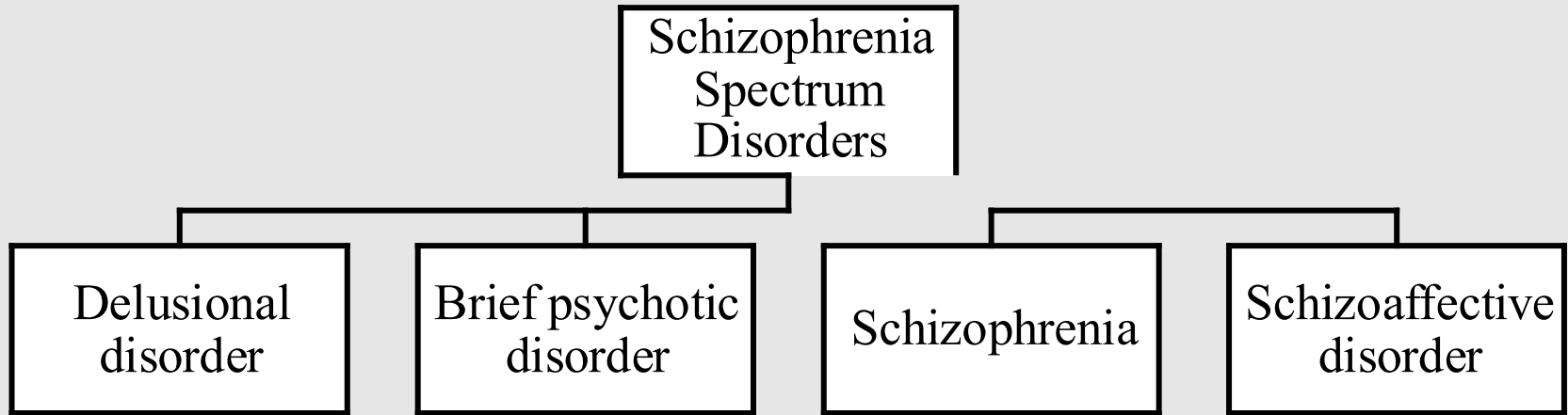
Paris (2013) – “we will have to wait for a better understanding of the illness before we are in a position to give it a better name” (p.95)

DSM-V classification of “schizophrenia”

As with DSM-IV, only two of many possible symptoms needs to be present for at least one month in order to meet the DSM criteria for Schizophrenia

- Delusions
- Hallucinations
- Disorganized speech
- Grossly disorganized or catatonic behavior
- Negative symptoms

The diagnosis of schizophrenia spectrum disorders



Delusional disorder

- New diagnostic category in DSM-5
- Lifetime prevalence rate is around 0.2%
- Persecutory type (most common)
- Erotomantic type
- Grandiose type

Brief psychotic disorder

- New diagnostic category in DSM-5
- May account for 9% cases of first-onset psychosis
- Sudden onset of at least 1 of main psychotic symptoms
- Change in state occurring within 2 weeks
- Associated with emotional turmoil or overwhelming confusion

Schizophrenia

- Range of symptoms covering cognitive, behavioural and emotional dysfunction and impaired occupational or social functioning
- Prodromal, active and residual phases

Schizoaffective disorder

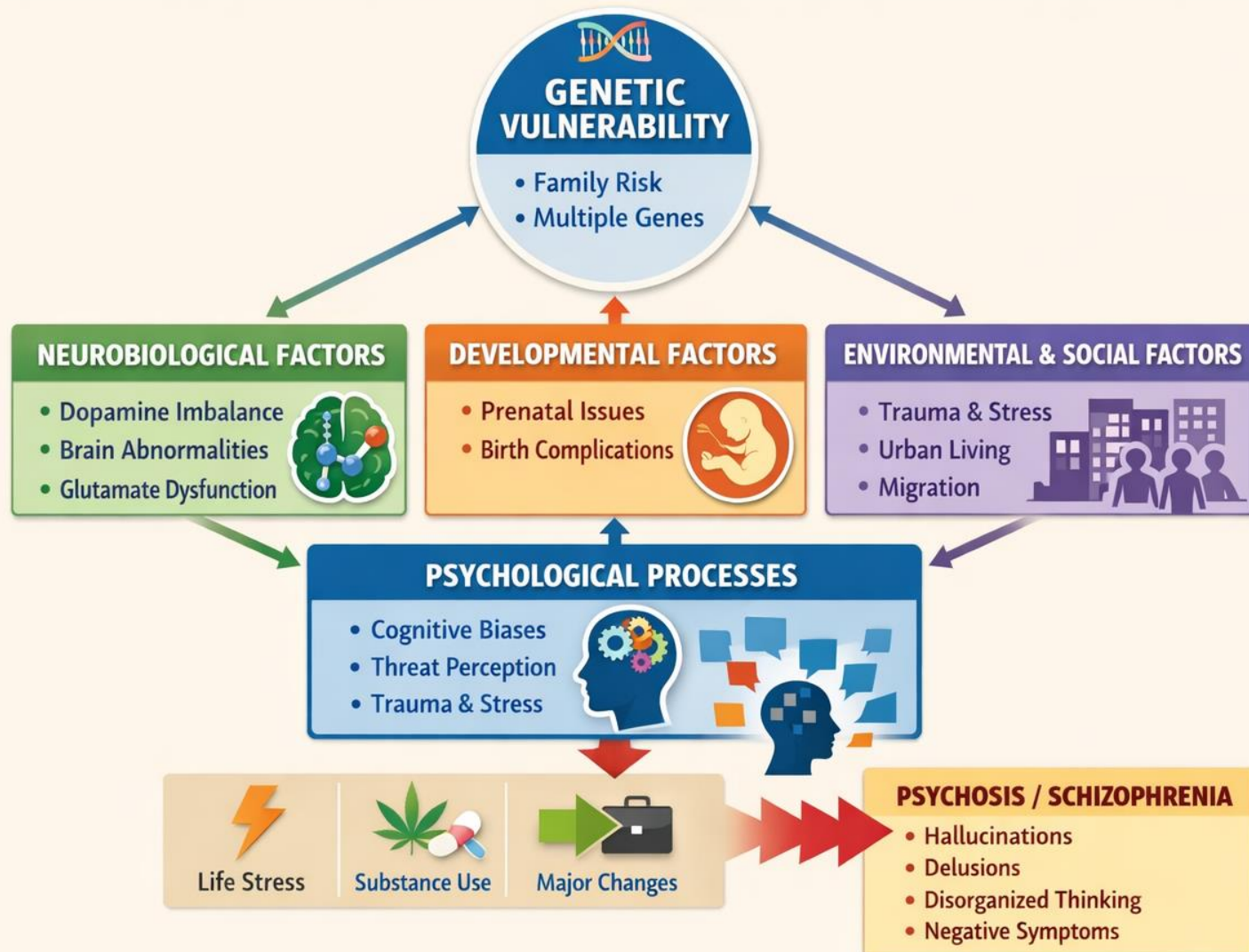
- Diagnosed when an individual's symptoms meet criteria for schizophrenia but where there is also significant, concurrent episode of depression/mania
- Impairs social and occupational functioning
- Increased risk of suicide

The course of psychotic symptoms

- Prodromal stage
 - Late adolescence or early adulthood
 - Slow deterioration from normal life and social interaction over about 5 years
 - Strong evidence for *stress-diathesis* explanation
- Active stage
 - Unambiguous symptoms of psychosis
- Residual stage
 - Reduction in positive symptoms, negative symptoms still present
 - Relapse is common
 - Exposure to stress

CAUSES OF PSYCHOSIS & SCHIZOPHRENIA

(Biopsychosocial Model)



Psychological Treatments for Psychosis

CORE APPROACH

Recovery-focused
Collaborative care
Person-centred support

CBT for Psychosis (CBTp)

Reframing beliefs
Coping with voices
Reduce distress

Family Interventions

Reduce family stress
Improve communication
Relapse prevention

Psychoeducation

Understanding psychosis
Early warning signs
Medication adherence

Social & Functional Support

Social skills training
Supported employment
Cognitive remediation
Peer support

Outcomes

Reduced distress
Improved coping
Better daily functioning
Reduced relapse risk