

SCHIZOPHRENIA



*“The Scream”, Edvard Munch, (1863-1944) Tempera and pastel on board, 1893,  
National Gallery, Oslo*

*“I was walking along the road with two friends. The sun was setting. I felt a breath of melancholy. Suddenly the sky turned blood red. I stopped and leaned against the railing, deathly tired, looking out across the flaming clouds that hung like blood and a sword over the blue-black fjord and town. And I sensed a great, infinite scream pass through nature”*

*Diary entry, Edvard Munch, 22 January 1892*

*Munch’s most famous expressionist work depicts not so much an incident or landscape as his state of mind on that January day in 1892. During his life he was plagued by psychiatric illness. Munch wrote poetic texts to accompany the renderings of his sufferings. His own words provide the best commentary: “All art, literature as well as music must be brought out with one’s heart blood. I inherited two of mankind’s most dangerous enemies, consumption and insanity. Disease, madness and death were the black angels standing by my cradle.”*

*“The Scream” became the icon of mental illness in the 20<sup>th</sup> century.*

## **SCHIZOPHRENIA**

### **Diagnostic Criteria**

The Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV) criteria for schizophrenia include the following features grouped A-F: <sup>1</sup>

#### **A: Characteristic symptoms:**

**Symptoms of schizophrenia are classified into positive, negative or cognitive types**

**Diagnosis is based on two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):**

(Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person’s behavior or thoughts, or two or more voices conversing with each other).

**The first four groups are defined as the “positive” symptoms:**

#### **1. Delusions:**

These are false beliefs strongly held in spite of invalidating evidence, especially as a symptom of mental illness: for example:

- Paranoid delusions, or delusions of persecution, for example believing that people are “out to get” you, or the thought that people are doing things when there is no external evidence that such things are taking place.

- Delusions of reference - when things in the environment seem to be directly related to you even though they are not. For example it may seem as if people are talking about you or special personal messages are being communicated to you through the TV, radio, or other media.
- Somatic Delusions are false beliefs about your body - for example that a terrible physical illness exists or that something foreign is inside or passing through your body.
- Delusions of grandeur - for example when you believe that you are very special or have special powers or abilities. An example of a grandiose delusion is thinking you are a famous rock star.

## 2. **Hallucinations:**

Hallucinations can take a number of different forms - they can be:

- Visual (seeing things that are not there or that other people cannot see),
- Auditory (hearing voices that other people can't hear).
- Tactile (feeling things that other people don't feel or something touching your skin that isn't there.)
- Olfactory (smelling things that other people cannot smell, or not smelling the same thing that other people do smell)
- Gustatory experiences (tasting things that isn't there)

## 3. **Disorganized speech:**

E.g., frequent derailment or incoherence - these are also called "word salads".

- Ongoing disjointed or rambling monologues - in which a person seems to talking to himself/herself or imagined people or voices.

## 4. **Catatonic** or grossly disorganized behavior:

- An abnormal condition variously characterized by stupor/inactivity or mania

## 5. **"Negative" symptoms** of Schizophrenia:

These symptoms are the lack of important abilities.

Types of negative symptoms include:

- **Alogia**, or poverty of speech, is the lessening of speech fluency and productivity, thought to reflect slowing or blocked thoughts, and often manifested as short, empty reply to questions.
- **Affective flattening** is the reduction in the range and intensity of emotional expression, including facial expression, voice tone, eye contact (person seems to stare, doesn't maintain eye contact in a normal process), and is not able to interpret body language nor use appropriate body language.
- **Avolition** is the reduction, difficulty, or inability to initiate and persist in goal-directed behavior; it is often mistaken for apparent disinterest. (examples of avolition include: no longer interested in going out and meeting with friends, no longer interested in activities that the person used to show enthusiasm for, no longer interested in much of anything, sitting in the house for many hours a day doing nothing).

**Consequences of negative symptoms may include:**

- Lack of emotion - the inability to enjoy regular activities (visiting with friends, etc.) as much as before
- Low energy - the person tends to sit around and sleep much more than normal lack of interest in life, low motivation
- Affective flattening - a blank, blunted facial expression or less lively facial movements, flat voice (lack of normal intonations and variance) or physical movements.
- Alogia (difficulty or inability to speak)
- Inappropriate social skills or lack of interest or ability to socialize with other people
- Inability to make friends or keep friends, or not caring to have friends
- Social isolation - person spends most of the day alone or only with close family.

**The cognitive symptoms of schizophrenia refer to the difficulties with concentration and memory. These may include:**

- Disorganized thinking
- Slow thinking
- Difficulty understanding

- Poor concentration
- Poor memory
- Difficulty expressing thoughts
- Difficulty integrating thoughts, feelings and behavior

*B: Social/occupational dysfunction:*

For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

*C: Duration:*

Continuous signs of the disturbance persist for at least **6 months**. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms.

During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

*D: Schizoaffective and Mood Disorder exclusion:*

Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out because either

- No Major Depressive Episode, Manic Episode, or Mixed Episode have occurred concurrently with the active-phase symptoms; or
- If mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.

*E: Substance/general medical condition exclusion:*

The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

*F: Relationship to a Pervasive Developmental Disorder:*

If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

## In addition to this a number of “subtypes” are recognized

### Paranoid Type:

A type of Schizophrenia in which the following criteria are met:

- Preoccupation with one or more delusions or frequent auditory hallucinations.
- None of the following is prominent: disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect.

### Catatonic Type

A type of Schizophrenia in which the clinical picture is dominated by at least two of the following marked psychomotor disturbances:

- Motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor
- Excessive motor activity (that is apparently purposeless and not influenced by external stimuli)
- Extreme negativism (an apparently motiveless resistance to all instructions or maintenance of a rigid posture against attempts to be moved) or mutism
- Peculiarities of voluntary movement as evidenced by posturing (voluntary assumption of inappropriate or bizarre postures),
- Stereotyped movements, prominent mannerisms, or prominent grimacing
- Echolalia or echopraxia

### Disorganized (or Hebephrenic) type:

A type of Schizophrenia in which the following criteria are met:

1. All of the following are prominent:
  - Disorganized speech
  - Disorganized behavior
  - Flat or inappropriate affect
2. The criteria are not met for Catatonic Type.

### Undifferentiated type:

A type of Schizophrenia in which symptoms that meet Criterion A are present, but the criteria are not met for the Paranoid, Disorganized, or Catatonic Type.

### Residual Type

A type of Schizophrenia in which the following criteria are met:

- Absence of prominent delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior.
- There is continuing evidence of the disturbance, as indicated by the presence of negative symptoms or two or more symptoms listed in Criterion A for Schizophrenia, present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

### Note on Psychosis

Note that the term psychosis when used in association with schizophrenia usually refers to the symptoms of delusion or hallucination. It is a **general term**, so schizophrenia is only one cause of these types of symptoms. Other causes of psychosis may include drug affects or brain injury.

### Associated features

The disorder may lead to the following:

- Learning Problems
- Changes in activity: Hypoactivity or Hyperactivity
- Mood changes: Euphoria or Dysphoria of depression
- Somatic or Sexual Dysfunction
- Obsession
- Guilt
- Sexually Deviant Behavior
- Odd/Eccentric or Suspicious Personality
- Anxious or Fearful or Dependent Personality
- Dramatic or Erratic or Antisocial Personality

### Recognized risk factors

1. Adolescence.
2. Genetic factors.
3. Drug abuse.
4. A “schizoid” premorbid personality, (eccentric, callousness, excessive shyness, inability to form relationships)

### Prognostic factors

The prognosis tends to be worse if:

1. Younger age of onset.
2. A “schizoid” premorbid personality.
3. A gradual versus acute onset.
4. Lack of any recognizable precipitating event, eg child birth, surgery

### References

1. The Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV), published by the American Psychiatric Association, Washington DC, 1994.
2. Therapeutic Psychotropic Guidelines, 5<sup>th</sup> ed 2003.

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