

Schizophrenia

Significant loss of contact with reality

Schizen = "to split" phren = "mind"

DSM Criteria:

Two or more of the following symptoms for "a significant portion of time" during at least a one month period

1. Delusions
2. Hallucinations
3. Disorganized Speech
4. Grossly Disorganized or Catatonic Behavior
5. Negative Symptoms

Risk factors:

Lifetime risk of developing schizophrenia = 1%

Most common age of development between 20-24

Males can develop a more severe form of schizophrenia than females

People born with older fathers (45-50 or older) are at increased risk

Highly genetic – Identical twins have 50% rate of shared schizophrenia

POSITIVE SYMPTOM – symptoms marked by excess in normal behavior (e.g. hallucinations and delusions)

NEGATIVE SYMPTOM – symptom marked by absence or deficit in normal behavior (e.g. flat affect, lack of emotional expressiveness, very little speech, inability to follow one thought in speech, etc.)

DELUSION – A belief that is fixed and firmly held despite contradictory evidence

1. Thoughts, feelings or actions are being controlled by external agents, thoughts are being broadcast without their consent to others, or thoughts being inserted into brain, or some entity of taking away thoughts.
2. Delusions of reference = neutral environmental event (tv program, newspaper, song) believed to have special and personal meaning.
3. Removal of organs.

90% of people with schizophrenia have or have had delusions

HALLUCINATION – Sensory experience that occurs in the absence of external stimulus

Can occur in any sensory modality (auditory, visual, olfactory, tactile, taste)

Auditory most common (75%) followed by visual (15%)

Auditory hallucinations or most often negative, and are commonly interpreted as strangers, friends, demons, God or the devil.

SUBTYPES of Schizophrenia

PARANOID – Preoccupation with delusions or frequent auditory hallucinations (POSITIVE symptoms)

Example: Feels persecuted, spied upon, scared, thoughts being placed into their mind, thoughts being taken out of their mind, delusions of grandeur (believe they are God, or a supergenius), etc...

Often very suspicious, and have difficulty in interpersonal relationships

Support their paranoid beliefs and hallucinations through an often very complex and elaborate delusional framework

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Paranoid schizophrenia can operate at a higher cognitive level than other types

DISORGANIZED – Disorganized speech, behavior, and/or flat affect (NEGATIVE symptoms)

Hallucinations and delusions may not be as organized. May exhibit inappropriate emotional reactions.

Inability or reduced ability to communicate effectively

CATATONIC – Highly exaggerated or stuporous motor signs

Highly suggestible and may obey or imitate the actions of others or mimic their phrases.

Able to keep body in current shape for several minutes up to hours.

BRIEF PSYCHOTIC DISORDER – Sudden onset psychosis

At least one day of symptoms of schizophrenia, usually triggered by stress

After episode, person may never have symptoms again

SHARED PSYCHOTIC DISORDER

Psychosis developed as a result of a loved one that has schizophrenia