Schizophrenia

- This term refers to the early idea that there is a split (schism) between affect (feelings) and cognition (thoughts).
- Early physicians, Emil Kraepelin and others, studied this disorder and term and called it *Dementia Praecox*.
- Schizophrenia consists of both *positive* (excesses) and *negative* symptoms (deficits).
Schizophrenia

- Bleuler coined the notion of the "A’s" of schizophrenia:
  - Affect (flat)
  - Apathetic
  - Avolition
  - Alogia (poverty of speech)
  - Autistic
  - Asocial
  - Anhedonia
DSM-IV Criteria

- Two or more of the following symptoms for at least one month
  - Delusions (+)
  - Hallucinations (+)
  - Disorganized speech (content & form)
  - Grossly disorganized, bizarre, or catatonic behavior
  - Negative symptoms (previous slide)

- Dysfunction at work, interpersonal relationships or self-care

- Signs of disturbance for at least 6 months with at least one month of symptoms
Etiology of Schizophrenia
* Essentially unclear
* Family studies/twin studies
* Social Class Hypothesis
* Schizophrenigenic Mother Hypothesis
* Brain Disorder Hypothesis – Dopamine Hypothesis
  * Biology involves the mesolimbic system and prefrontal lobes
  * The Dopamine Hypothesis suggests that there are massive amounts of NE and Dopamine similar to what occurs in amphetamine psychosis.
  * OR, the dopamine receptors are over-sensitive or there are more of them
Antipsychotic medicines lessen the positive symptoms but do little for the negative symptoms

- Brain injury to the prefrontal cortex leads to
- Dopamine underactivity in the prefrontal cortex (the negative symptoms result) which leads to
- The release of mesolimbic dopamine and lessens inhibitory control (the positive symptoms)
Types of Schizophrenia

- Schizophrenia
  - Paranoid
    - Preoccupation with delusions or frequent auditory hallucinations
    - No evidence of marked disorganized speech, disorganized or catatonic behavior, flat or inappropriate affect.
  - Disorganized
    - Disorganized speech
    - Disorganized behavior
    - Flat or inappropriate affect
    - No evidence of catatonia
Types of Schizophrenia

- **Catatonic**
  - At least two of the following:
    - immobile body or stupor,
    - excessive motor activity that is purposeless and unrelated to outside stimuli,
    - Extreme negativism or mutism
    - Assumption of bizarre postures, or stereotyped movements or mannerisms
    - Echolalia or echopraxia

- **Undifferentiated**
  - Symptoms that do not meet the criteria for Paranoid, Disorganized or Catatonic Schizophrenia

- **Residual**
  - Absence of delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior
Other types of Thought Disorders

- Schizoaffective
  - Previous episode of Major Depression or Manic Disorder, or both
  - This co-occurs with schizophrenic symptoms
  - At two weeks of either delusions or hallucinations without mood disorder
  - The mood symptoms are present for a substantial amount of time
Other types of Thought Disorders

- **Schizophreniform**
  - Symptoms of schizophrenia
  - Duration of disorder is at least 1 month and no longer than 6 months

- **Delusional Disorder**
  - Bizarre delusions for at least one month
  - No full blown schizophrenia
  - Apart from the delusions, the individual’s functioning is not markedly impaired
Other types of Thought Disorders

- **Brief Psychotic Disorder**
  - Presence of one or more of the following: delusions, hallucinations, disorganized speech, or grossly disorganized or catatonic behavior
  - The episode lasts for at least one day but less than one month

- **Shared Delusional Disorder**
  - A delusion develops in the context of a close relationship with another person who already has an established delusion
  - The delusion is similar in content to that of the person who already has the established delusion