



# NOTES

## SCHIZOPHRENIA & PSYCHOTIC DISORDERS

### GENERALLY, WHAT ARE THEY?

#### **PATHOLOGY & CAUSES**

- Mental disorders characterized by fragmented patterns of thinking
- Feature **positive**, **negative** symptoms

#### **CAUSES**

- **Multiple factors:** genetic vulnerability, physiological/biochemical dysfunction, psychosocial stressors

#### **SIGNS & SYMPTOMS**

##### **Positive (psychotic) symptoms**

- Delusions
  - **False beliefs remaining** even when opposing evidence presented (e.g. delusions of control/reference)
- Hallucinations
  - **Perceptual experiences** occurring without sensory stimuli (e.g. visual, auditory, tactile hallucinations)
- **Disorganized speech** (e.g. word salad)
- **Disorganized behavior** (e.g. wearing warm clothes on a hot day; may include catatonic behavior; e.g. resistant movement/unresponsiveness)

##### **Negative symptoms**

- Impairment of normal functioning in emotional expression, communication, purposeful activities
  - **Flat affect** (less emotional response)
  - **Alogia** (lack of content in speech)
  - **Avolition** (decrease in motivation)

##### **Cognitive symptoms**

- Difficulties with memory, learning, understanding

##### **Mood-related symptoms**

- Sometimes

#### **DIAGNOSIS**

- Based on symptoms' presence over certain time period (varies by disorder)
- Affects day-to-day functioning (e.g. social, occupational, academic)
- Not caused by other condition/substance

#### **TREATMENT**

##### **MEDICATIONS**

- Antipsychotics

##### **PSYCHOTHERAPY**

- E.g. individual/group therapy, rehabilitation

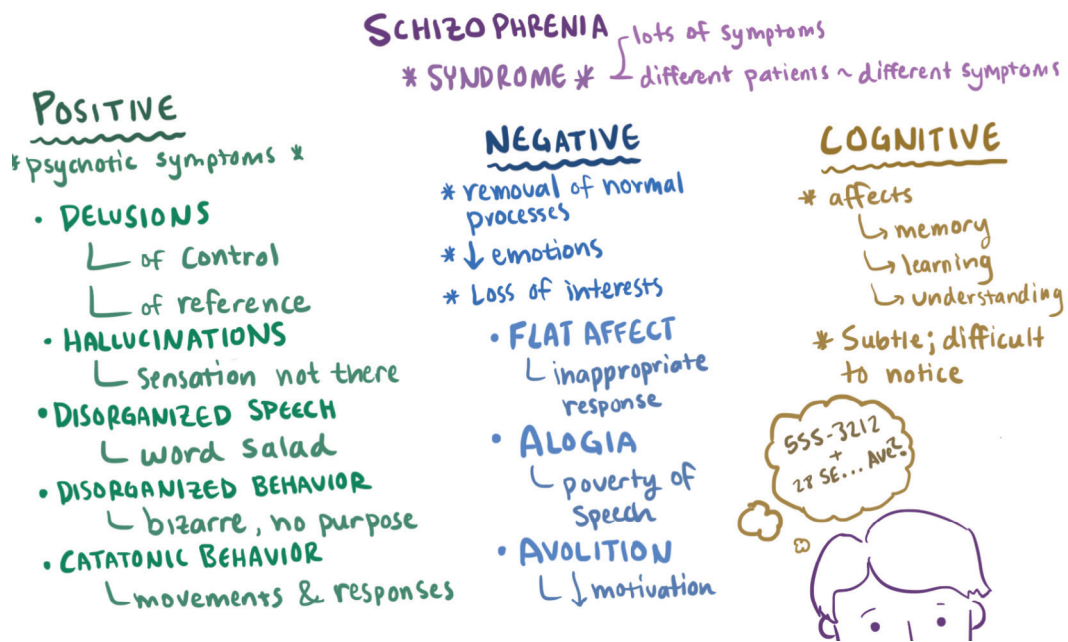


Figure 101.1 Illustration depicting positive, negative, and cognitive symptoms.

## DELUSIONAL DISORDER

[osms.it/delusional-disorder](https://osms.it/delusional-disorder)

### **PATHOLOGY & CAUSES**

- Mental disorder characterized by persistent delusions
- Delusions may be bizarre (impossible)/non-bizarre (possible, but still wrong)
- Delusions remain even when opposing evidence presented

### **SIGNS & SYMPTOMS**

#### **Delusions**

- Of control
  - Others control one's actions/thoughts
- Of thought broadcasting
  - Others can hear one's thoughts
- Of thought withdrawal
  - One's thoughts are being stolen
- Nihilistic
  - World/self doesn't exist

#### **Non-bizarre delusions**

- Persecutory
  - Others conspiring against/following oneself
- Jealous
  - One's partner unfaithful
- Of guilt/sin
  - One wrongly feels guilty
- Of reference
  - One believes messages directed at them/are especially significant
- Somatic
  - One's body is diseased/changed
- Erotomantic
  - Another is in love with oneself
- Grandiose
  - One believes they have special talents/abilities
- Religious
  - Involving spiritual aspect

**DIAGNOSIS**

- $\geq$  one delusion, over  $\geq$  one month period, without meeting other criteria for schizophrenia
  - Hallucinations may occur in some cases of delusional disorder
- Affects day-to-day functioning
- Not caused by other condition/substance

**TREATMENT****MEDICATIONS**

- Antipsychotics, antidepressants

**PSYCHOTHERAPY**

- E.g. individual/group therapy, rehabilitation

# SCHIZOAFFECTIVE DISORDER

[osms.it/schizoaffective-disorder](https://osms.it/schizoaffective-disorder)

**PATHOLOGY & CAUSES**

- Mental disorder characterized by symptoms of schizophrenia + a mood disorder

**TREATMENT**

- Treat depressive, schizophrenic symptoms separately

**SIGNS & SYMPTOMS**

- Positive symptoms
  - Delusions, hallucinations, disorganized speech, disorganized behavior
- Negative symptoms
  - Flat affect, alogia, avolition
- Mood-related symptoms
  - Depression, suicidal ideation
  - Manic episodes (e.g. euphoria, grandiosity, hyperactivity)

**MEDICATIONS**

- Antipsychotics, antidepressants

**PSYCHOTHERAPY**

- Dialectical behavior therapy, mentalization-based therapy, transference-focused therapy

**DIAGNOSIS**

- $\geq$  two of following (+ at least one of first three) + a mood disorder
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Disorganized or catatonic behavior
  - Negative symptoms
- Delusions/hallucinations last  $\geq$  two weeks beyond mood episode
- Not caused by other condition/substance

# SCHIZOPHRENIA

osms.it/schizophrenia

## PATHOLOGY & CAUSES

- Mental disorder characterized by fragmented patterns of thinking for > six months
- Individuals cycle through three phases, normally in order
  - **Prodromal phase:** socially withdrawn; blunted affect
  - **Active phase:** severe positive, negative symptoms
  - **Residual phase:** cognitive symptoms; periods of remission

## CAUSES

- Success of treatment with dopamine antagonists suggests link to increased dopamine levels
- Genetic; more common in biological males

## RISK FACTORS

- Suicidal ideation → death

## SIGNS & SYMPTOMS

- Positive symptoms
  - Delusions, hallucinations, disorganized speech, disorganized behavior
- Negative symptoms
  - Flat affect, alogia, avolition
- Cognitive symptoms
  - Difficulties with memory, learning, understanding

## DIAGNOSIS

- ≥ two of following (+ at least one of first three), over one month
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Disorganized or catatonic behavior
  - Negative symptoms
- Other signs of disturbance (with prodromal, residual symptoms) persist ≥ six months
- Affects day-to-day functioning
- Not caused by other condition/substance

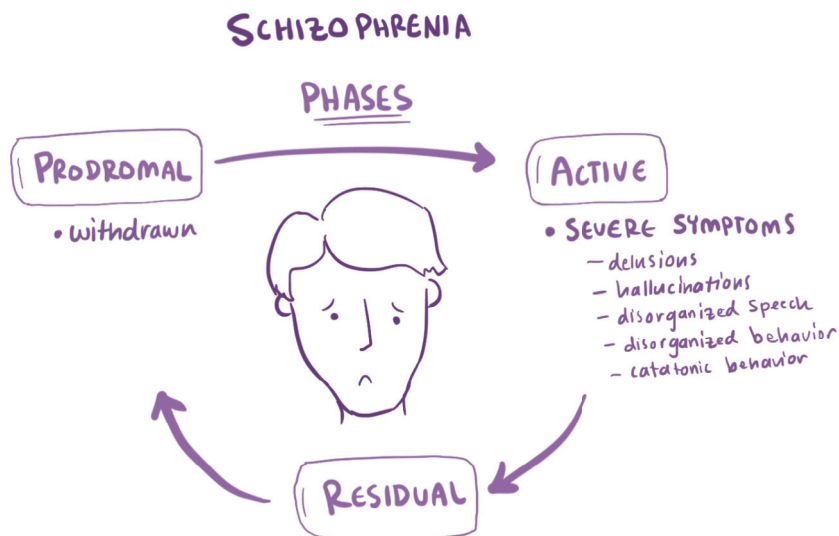
## TREATMENT

### MEDICATIONS

- Antipsychotics

### PSYCHOTHERAPY

- E.g. individual/group therapy, rehabilitation



**Figure 101.1** Illustration depicting positive, negative, and cognitive symptoms.

# SCHIZOPHRENIFORM DISORDER

[osms.it/schizophreniform-disorder](https://osms.it/schizophreniform-disorder)

## **PATHOLOGY & CAUSES**

- Mental disorder characterized by fragmented patterns of thinking over reduced period (1–6 months)
- Similar to active phase of **schizophrenia** (severe positive, negative symptoms), minus prodromal phase

## **SIGNS & SYMPTOMS**

- Positive symptoms
  - Delusions, hallucinations, disorganized speech, disorganized behavior
- Negative symptoms
  - Flat affect, avolition, anhedonia
- Cognitive symptoms
  - Difficulties with memory, learning, understanding

## **DIAGNOSIS**

- $\geq$  two of following (+ at least one of first three), over one month
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Disorganized or catatonic behavior
  - Negative symptoms
- Other signs of disturbance (with prodromal, residual symptoms) do not persist  $\geq$  six months (if  $\geq$  six months, diagnosis = schizophrenia)
- Affects day-to-day functioning
- Not caused by other condition/substance

## **TREATMENT**

### **MEDICATIONS**

- Antipsychotics

### **PSYCHOTHERAPY**

- E.g. individual/group therapy, rehabilitation

# SCHIZO-PATHOLOGIES

	KEY FEATURES OF SCHIZO-PATHOLOGIES
<b>SCHIZOID PERSONALITY DISORDER</b>	Avoid social interaction, lack friends, flat affect, lack of sexual interest, "Lone wolf"; Not caused by paranoia or social anxiety (Overlaps with Negative symptoms of Schizophrenia)
<b>SCHIZOTYPAL PERSONALITY DISORDER</b>	Excessive magical thinking (linking unrelated events, fixation on personal destiny), beliefs cause overconfidence, poor social perception, still want to maintain relationships
<b>SCHIZOPHRENIA</b>	Positive symptoms: Delusions, hallucinations, disorganized speech or catatonic behavior; Negative symptoms: Flat affect, avolition, alogia Persists $\geq 6$ months
<b>SCHIZOPHRENIFORM DISORDER</b>	Symptoms of schizophrenia for 1-6 months
<b>BRIEF PSYCHOTIC DISORDER</b>	Symptoms of schizophrenia for $< 1$ month
<b>SCHIZOAFFECTIVE DISORDER</b>	Symptoms of schizophrenia with addition of a mood disorder (Depression, Bipolar)
<b>DELUSIONAL DISORDER</b>	"Fixed false belief" that lasts $> 1$ month without other schizophrenia criteria