



# Schizophrenia

## Diagnosis of schizophrenia

Schizophrenia has been variously described as a disintegration of the personality and a split between thinking and emotion. It involves a range of **psychotic** symptoms (where there is a break from reality) and a variety of other impairments including speech and behaviour abnormalities. Generally, schizophrenic patients lack **insight** into their condition, i.e. they do not realise that they are ill.

**NB: Schizophrenia is not characterised by having two or more distinct personalities. That is called dissociative identity disorder and is something completely different.**

## Diagnostic criteria (DSM IV)

Two (or more) of the following (Criterion A symptoms), each present for a significant portion of time during a 1-month period (or less if successfully treated):

- Delusions (beliefs that do not correspond to reality)
- Hallucinations (sensory experiences that do not correspond to reality, usually auditory – hearing voices – or somatosensory – strange sensations)
- Disorganized speech (e.g., frequent derailment – jumping from one conversations topic to another apparently at random - or incoherence)
- Grossly disorganized or catatonic behaviour (periods of waxy immobility)
- Negative symptoms, i.e., affective flattening (apparent lack of emotion), alogia (apparent inability or unwillingness to speak), or avolition (apparent inability or unwillingness to direct own activities)

**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 behaviour or thoughts, or two or more voices conversing with each other.**

**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).

**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).

**Differential diagnosis:** mood disorder with psychotic features has been ruled out because either (1) no major depressive, manic, or mixed episodes have occurred concurrently with the active-phase symptoms; or (2) 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. 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. 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).

## Subtypes of Schizophrenia

### 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:

- 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 type

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

- Disorganized speech
- Disorganized behavior
- Flat or inappropriate affect
- 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).

## Type 1 & type 2 schizophrenia

Some clinicians distinguish between the following two subtypes of schizophrenia:

- **Type 1** – characterised mainly by **positive symptoms**: hallucinations, delusions, catatonia. Acute and episodic in form, with periods of relative normality between episodes of duration of several months.
- **Type 2** – characterised mainly by **negative symptoms**: alogia, avolition, flattened affect. Chronic in form, usually with evidence of a steady decline over time.