

PSYCHOTIC DISORDERS

ASNAKE FANTU= 2012

OUTLINES

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Objectives

- **Describe the concept psychosis -acute and chronic**
- **Discuss each psychotic disorders and Explain the difference and similarity between them**
- **List differential diagnosis for each psychotic disorders**
- **Plan management**

INTRODUCTION

Psychosis-

- According to the American Psychiatric Glossary of the American Psychiatric Association, the term PSYCHOTIC means grossly impaired reality testing.
- The term can be used to describe the *behavior of a person at a given time or a mental disorder* in which at some time during its course all persons with the disorder have grossly impaired reality testing.

- **With gross impairment in reality testing, persons incorrectly evaluate the accuracy of their perceptions and thoughts and make incorrect inferences about external reality, even in the face of contrary evidence.**
- **Criteria to assess psychosis**
- **Abnormal experiences like.**
 - Delusions
 - Hallucinations
- **Detachment from reality Eg- out of reality, social impairment , functional disturbance**
- **Lack of insight**
- **Bizarre behaviors**

● **Types of psychosis due to DSM-5**

1- Schizophrenia spectrum disorders

- **Schizophrenia,**
- **Schizotypal (personality) disorder**

2- Other psychotic disorders

- 1) Schizophreniform disorders**
- 2) Brief psychotic state**
- 3) Schizoaffective disorders.**
- 4) Shared psychotic state**
- 5) Delusional disorders**
- 6) Postpartum or puerperal psychosis**

SCHIZOPHRENIA

Definition-

- **Schizophrenia is a clinical syndrome of variable , but profoundly disruptive, psychopathology that involves cognition, emotion, perception, and other aspects of behavior.**
- **The expression of these manifestations varies across patients and over time, but the effect of the illness is always severe and is usually long-lasting.**

Schizophrenia is a chronic, severe and debilitating mental illness that affects about 1% of the population. Schizophrenia is a group of heterogeneous disorders characterized by severe disturbance of:

- A. Cognition
- B. Emotion
- C. Thinking
- D. Behavior

- **The schizophrenic disorders** are characterized in general by fundamental and characteristic **distortions of thinking and perception, and affects** that are inappropriate or blunted.
- **Clear consciousness and intellectual capacity are usually maintained although certain cognitive deficits may evolve in the course of time.**

- **The most important psychopathological phenomena include**
 - **Thought Echo**
 - **Thought Insertion Or Withdrawal**
 - **Thought Broadcasting**
 - **Delusional Perception And Delusions Of Control**
 - **Hallucinatory Voices Commenting Or Discussing The Patient In The Third Person**
 - **Thought Disorders And Negative Symptoms.**

- **Bleuler's four A's symptoms of schizophrenias are.**

- 1) Association disturbance
- 2) Autism
- 3) Ambivalence
- 4) Affective disturbance

Cont.....

Background

- It was not until the **19th century**, however, that **schizophrenia** emerged as a medical condition worthy of study and treatment.
- Emil Kraepelin (1856-1926) and Eugene Bleuler (1857-1939).

Cont.....

Epidemiology

- Schizophrenia is found in **all societies and geographical areas**, and incidence and prevalence rates are roughly equal world wide.
- LTP- 1 percent (USA), 0.6-0.9 (Ethiopia) $\approx$ 0.9 (Butajira Study)
- Annual **incidence** ranges from **0.5 to 5.0 per 10,000** (the incidence is **higher** for persons born in **urban areas of industrialized nations**).

Cont....

- Schizophrenia is **equally** prevalent in **men and women**.
- The **two genders** differ, however, **in the onset and course of illness**.
- Onset is earlier in men than in women
- The peak ages of onset are 10 to 25 years for men and 25 to 35 years for women.
- Unlike men, women display a bimodal age distribution, with a second peak occurring in middle age.

Cont.....

- **Approximately 3 to 10 percent of women with schizophrenia present with disease onset after age 40 (late onset schizohrenia).**
- **Nearly 2.5 million Americans are affected.**
- **About 90 percent of patients in treatment for schizophrenia are between 15 and 55 years old.**

Cont...

Aetiology

Genetic Factors

- **Non-twin sibling of a schizophrenia patient 8**
- **Child with one parent with schizophrenia 12**
- **Dizygotic twin of a schizophrenia patient 12**
- **Child of two parents with schizophrenia 40**
- **Monozygotic twin of a schizophrenia patient 47**



Cont...

Biochemical Factors

- **Dopamine Hypothesis**
- **Serotonin Hypothesis**
- **Norepinephrine Hypothesis**

A-Dopamine Hypothesis

- **schizophrenia results from too much dopaminergic activity. The theory evolved from two observations.**
- **whether the dopaminergic hyperactivity is due to too much **release** of dopamine, too many dopamine **receptors**, **hypersensitivity** of the dopamine receptors to dopamine, or a combination of these mechanisms ?**
- **Excessive dopamine release in patients with schizophrenia has been linked to the severity of positive psychotic symptoms**

The revised dopamine hypothesis suggested that

- **the positive symptoms of schizophrenia were likely due to increases in dopamine activity in the mesolimbic areas of the brain, particularly in the nucleus accumbens (most likely involving D2 and D3 receptors)**
- **the negative symptoms were thought to be associated with a decrease in dopamine in the mesocortical region and/or prefrontal cortices (PFC), possibly linked more to D1 and/or D4 receptors**

B- Serotonin

- **serotonin excess as a cause of both positive and negative symptoms in schizophrenia**
- **serotonin antagonist activity of second-generation antipsychotics, leading to decreased positive symptoms**

C- Norepinephrine. Anhedonia- the impaired capacity for emotional gratification and the decreased ability to experience pleasure has long been noted to be a prominent feature of schizophrenia.

A selective neuronal degeneration within the norepinephrine reward neural system could account for this aspect of schizophrenic symptomatology.

D.GABA: The inhibitory amino acid neurotransmitter γ -aminobutyric acid has been implicated in the pathophysiology of schizophrenia based on the finding that some patients with schizophrenia have a loss of GABAergic neurons in the hippocampus.

- GABA has a regulatory effect on dopamine activity, and the loss of inhibitory GABAergic neurons could lead to the hyperactivity of dopaminergic neurons

Cont...

CLINICAL FEATURES

- **First, no clinical sign or symptom is pathognomonic for schizophrenia.**
- **Second, a patient's symptoms change with time.**
- **Third, clinicians must take into account the patient's educational level, intellectual ability, and cultural and subcultural membership.**

Negative

positive

Alogia

Hallucinations

Affective flattening

Delusions

Avolition-apathy

Bizarre behaviour

Anhedonia-asociality

Positive formal thought disorder

Attentional impairment

DIAGNOSTIC SUBTYPES

Paranoid schizophrenia is characterized mainly by delusions of persecution, feelings of passive or active control, feelings of intrusion, and often by megalomaniac tendencies also. (Erasen Yemagnene Semite)

Pre-occupation with one or more delusions of persecutions or grandeur

- ❖ Frequent auditory hallucinations
- *Comparing to other sub-types paranoid type show better outcome*

- **The delusions are not usually systemized too much, without tight logical connections and are often combined with hallucinations of different senses, mostly with hearing voices.**
- **Disturbances of affect, volition and speech, and catatonic symptoms, are either absent or relatively inconspicuous.**

- **Hebephrenic(DISORGANIZED) schizophrenia is characterized by disorganized thinking with blunted and inappropriate emotions.**

- Disorganized thought, speech, and behaviour
- Affective flattening
- Marked regression to primitive /childhood state
- Onset before the age of 25
- Poor outcome

- It begins mostly in adolescent age, the behavior is often bizarre.
- There could appear mannerisms, grimacing, inappropriate laugh and joking, pseudophilosophical brooding and sudden impulsive reactions without external stimulation. **There is a tendency to social isolation.**

- **Usually the prognosis is poor because of the rapid development of "negative" symptoms, particularly flattening of affect and loss of volition.**
- **Hebephrenia should normally be diagnosed only in adolescents or young adults.**
- **Denoted also as disorganized schizophrenia**

- **Catatonic schizophrenia** is characterized mainly by motoric activity, which might be strongly increased (hypekinesia) or decreased (stupor), or automatic obedience and negativism.
- **Treatment by neuroleptics or by electroconvulsive therapy.**

Undifferentiated Schizophrenia :

- **Psychotic conditions meeting the general diagnostic criteria for schizophrenia but not conforming to any of the subtypes.**
- **This subgroup represents also the former diagnosis of atypical schizophrenia.**

Residual Schizophrenia

- A chronic stage in the development of schizophrenia with clear succession from the initial stage with one or more episodes characterized by general criteria of schizophrenia to the late stage with long-lasting negative symptoms and deterioration (not necessarily irreversible).

- **DSM-5 Diagnostic criteria of schizophrenia.**
- **A) Two (or more) of the following during 1month period.**
 - Delusions
 - Hallucinations
 - Disorganized speech (e.g., frequent derailment or incoherence)
 - Grossly disorganized or catatonic behavior
 - Negative symptoms, i.e., affective flattening, Alogia, or a volition
- **b.** For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas, such as work, an interpersonal relation, or self-care, is markedly below the level achieved prior to the onset.
- **c) Duration:** for at least 6-month period must include at least 1month of symptoms
- **d) Schizoaffective and depressive, bipolar disorder exclusion.**
- **e) schizophrenia,**

- **Phases of schizophrenia**
- **Active phase:** refers to a period of time when a combination of the above symptoms is prominently manifested specially hallucination, delusion, disorganized speech and behavior.
- **Residual phase:** Follows the active phase, functional impairment, and abnormalities of affect.
- **Prodromal phases:** refers to deterioration in the function before the onset of the active psychotic phase.

Features Weighting Toward Good to Poor Prognosis in Schizophrenia

Good Prognosis

- **Earely onset**
- **No precipitating factors**
- **Acute onset**
- **Good premorbid social, sexual, and work histories**
- **Mood disorder symptoms (especially depressive disorders)**

Poor Prognosis

- **Late onset**
- **precipitating factors**
- **Insidious onset**
- **Poor premorbid social, sexual, and work histories**
- **Withdrawn, autistic behavior**

Cont...

- **Married**
- **No- Family history of mood disorders**
- **Good support systems**
- **Positive symptoms**
- **Single, divorced, or widowed**
- **Family history of schizophrenia**
- **Poor support systems**
- **Negative symptoms**
- **Neurological signs and symptoms**
- **History of perinatal trauma**
- **No remissions in 3**

Treatment for

- **schizophrenia.**

- Medications
- ECT
- Psychotherapy

- **Typical/ Antipsychotic medication**

- Haloperidol
- Trifluoperazine (Stelazine)
- Chlorpromazine (Thorazine)

- 4. Thioridazine
(Mellaril)
- 5. Fluphenazine

Treatment for

- Atypical
- Newer arrival drugs which have been called second-generation antipsychotic or serotonin dopamine antagonists (SDAs).
- Clozapine:
- Risperidone
- C Olanzapine
- D - Quetiapine
- E- Ziprasidone)

Psychotherapy

Electroconvulsive therapy

2- Other psychotic disorders

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SCHIZOPHRENIFORM DISORDER

Definition

- **DSM-IV-TR describes schizophreniform disorder as similar to schizophrenia, except that its symptoms last at least 1 month but less than 6 months.**
- **Patients with schizophreniform disorder return to their baseline level of functioning once the disorder has resolved.**

Cont.....

- **The cause of schizophreniform disorder is not known.**
- **In general, some patients have a disorder similar to schizophrenia, whereas others have a disorder similar to a mood disorder.**
- **Because of the generally good outcome, the disorder probably has similarities to the episodic nature of mood disorders. Some data, however, indicate a close relation to schizophrenia.**

Treatment

- **Hospitalization**, which is often necessary in treating patients with schizophreniform disorder, allows effective assessment, treatment, and supervision of a patient's behavior.
- **The psychotic symptoms** can usually be treated by a 3- to 6-month course of antipsychotic drugs (e.g., risperidone).

- Several studies have shown that patients with **schizophreniform** disorder **respond to antipsychotic treatment** much more rapidly than patients with **schizophrenia**
- In one study, about **75 percent** of patients with schizophreniform disorder and only **20 percent** of the patients with schizophrenia responded to antipsychotic medications within 8 days.

- A trial of **lithium (Eskalith), carbamazepine (Tegretol), or valproate (Depakene)** may be warranted for treatment and prophylaxis if a patient has a recurrent episode.

Psychotherapy is usually necessary to help patients integrate the psychotic experience into their understanding of their own minds and lives.

Electroconvulsive therapy may be indicated for some patients, especially those with marked **catatonic or depressed features**

SCHIZOAFFECTIVE DISORDERS

Definition

As the term implies, schizoaffective disorder has features of both schizophrenia and affective disorders (now called mood disorders).

- **DSM-IV-TR incorporated the stricter time frame of 1 month's duration of schizophrenia symptoms and required an uninterrupted period of illness during which at some time, either there is a Major Depressive Episode, a Manic Episode, or a Mixed Episode concurrent with symptoms that meet Criterion A for Schizophrenia.**

- **DSM-IV-TR also elaborated more on the criterion of duration of the mood symptoms relative to the psychotic symptoms.**

Epidemiology

- The lifetime prevalence of schizoaffective disorder is less than 1 percent, possibly in the range of **0.5 to 0.8** percent.
- The prevalence of the disorder has been reported to be lower in **men than in women**, particularly **married women**; the age of onset for women is later than that for men, as in schizophrenia

- The **depressive type** of schizoaffective disorder may be more common in **older persons than in younger persons**
- The **bipolar type** may be more common in **young adults than in older adults..**

Treatment

- **Mood stabilizers are a mainstay of treatment for bipolar disorders and would be expected to be important in the treatment of patients with schizoaffective disorder.**
- **One study that compared lithium with carbamazepine (Tegretol) found that carbamazepine was superior for schizoaffective disorder, depressive type, but found no difference in the two agents for the bipolar type.**

DELUSIONAL DISORDER

- Delusional disorder refers to a group of disorders, the chief feature of which is the presence of *nonbizarre* delusion
- People suffering from this illness generally do not regard themselves as mentally ill and actively oppose psychiatric referral.
- Because they may experience little impairment, they generally remain outside hospital settings, appearing reclusive, eccentric, or odd, rather than ill.

- They are more likely to have contacts with professionals such as lawyers and other medical specialists for health concerns.
- **Nonbizarre delusions** typically involve situations or circumstances that can occur in real life (e.g., being followed, infected, or deceived by a lover) and are believable.

In general, the individual's delusions are well systematized and have been logically developed.

If the person experiences auditory or visual hallucinations, they are not prominent except for tactile or olfactory hallucinations where they are tied in to the delusion

(e.g., a person who believes that he emits a foul odor might experience an olfactory Hallucination of that odor).

The person's behavioral and emotional responses to the delusions appear to be appropriate.

Usually, the person's functioning and personality are well preserved and show minimal deterioration if at all.

DELUSIONAL DISORDER

Nonbizarre delusions (i.e., involving situations that occur in real life, such as being followed, poisoned, infected, loved at a distance, or deceived by spouse or lover, or having a disease) of at least 1 month's duration.

Specify type (the following types are assigned based on the predominant delusional theme):

- **Erotomantic type:** delusions that another person, usually of higher status, is in love with the individual
- **Grandiose type:** delusions of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.
- **Jealous type:** delusions that the individual's sexual partner is unfaithful

- **Persecutory type:** delusions that the person (or someone to whom the person is close) is being malevolently treated in some way
- **Somatic type:** delusions that the person has some physical defect or general medical condition
- **Mixed type:** delusions characteristic of more than one of the above types but no one theme predominates
- **Unspecified type**

Cont.....

TREATMENT

Though generally considered resistant to treatment and interventions, the management is focused on managing the morbidity of the disorder by reducing the impact of the delusion on the individual's (and family's) life.

However, in recent years, the outlook has become **less pessimistic or restricted in planning effective treatment** for these conditions.

An effective and therapeutic clinician patient relationship is important but difficult to establish.

Cont.....

SHARED PSYCHOTIC DISORDER

.In this disorder, the transfer of delusions takes place from one person to another.

.Both persons are closely associated for a long time and typically live together in relative social isolation.



In its more common form, the individual who first has the delusion is often chronically ill and typically is the influential member of the close relationship with another individual, who is more suggestible and who develops the delusion too.

Cont.....

The second individual is frequently less intelligent, more gullible, more passive, or more lacking in self-esteem than the primary case.

If the two people involved are separated, the second individual may abandon the delusion. However, this is not seen consistently.

TREATMENT

The initial step in treatment is to separate the affected

person from the source of the delusions.

Antipsychotic agents may be used if the symptoms have

not abated in a week after separation.

Psychotherapy with the nondelusional members of the individual's family should be undertaken, and

Psychotherapy with both the individual and the person

sharing the delusion may be indicated later in the course of treatment.



To prevent redevelopment of the syndrome, the family may need family therapy and social support to modify the family dynamics and to prevent redevelopment of the syndrome.

Steps to decrease the social isolation may also help prevent the syndrome from reemerging

BRIEF PSYCHOTIC DISORDER

DIAGNOSIS

Brief psychotic disorder is defined by DSM-IV-TR as a psychotic disorder that lasts more than 1 day and less than a month.

Moreover, the disorder may develop in response to severe psychosocial stressors or group of stressors.

BRIEF PSYCHOTIC DISORDER

A. Presence of one (or more) of the following symptoms:

- ❖ **Delusions**
- ❖ **hallucinations**
- ❖ **disorganized speech (e.g., frequent derailment or incoherence)**
- ❖ **grossly disorganized or catatonic behavior**

Note: Do not include a symptom if it is a culturally sanctioned response pattern.

B. Duration of an episode of the disturbance is at least 1 day but less than 1 month, with eventual full return to premorbid level of functioning.

C. The disturbance is not better accounted for by a mood disorder with psychotic features, schizoaffective disorder, or schizophrenia and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Specify if:

With marked stressor(s) (brief reactive psychosis): if

symptoms occur shortly after and apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture

Without marked stressor(s): if psychotic symptoms do not occur shortly after, or are not apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture

With postpartum onset: if onset within 4 weeks postpartum

TREATMENT

- **These individuals may require short-term hospitalizations for a comprehensive evaluation and safety.**
- **Antipsychotic drugs are often most useful along with benzodiazepines.**
- **Long-term use of medication is often not necessary and should be avoided**



**If maintenance medications are necessary,
the
diagnosis may need to be revised.**

**Clearly, the newer antipsychotic agents
have
a better neurological side effect profile
and
would be preferred over the typical agents.**



Psychotherapy is necessary to help the person

reintegrate the experience of psychosis

Individual, family, and group therapies may be

necessary in some individuals.

Many individuals need help to cope with the loss of selfesteem and confidence.