

انفصام الشخصية

# Schizophrenia Spectrum and Other Psychotic Disorders

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# Introduction

- The word schizophrenia is derived from the Greek words skhizo (split) and phren (mind).
- Schizophrenia is probably caused by a combination of factors.

علاج \*  
مساعدة

- Genetic predisposition
- Biochemical dysfunction : Dopamine ↑
- Physiological factors : Hypo, Hyper thyroidism, Parathyroidism
- Psychosocial stress

Schizophrenia: A broad Mental disorder characterized by: alteration in Thought process, Affect, perception

result in alteration in: Deterioration <sup>تدهور</sup> Social Function, interaction

# Introduction (continued\_1) No single cause or treatment

- There is not now and may never be a single treatment that cures schizophrenia.
- Schizophrenia requires treatment that is comprehensive and presented in a multidisciplinary effort.

جهود من عدة تخصصات

# Introduction (continued\_2)

- Of all mental illnesses, schizophrenia probably causes more
  - Lengthy hospitalizations
  - Chaos in family life
  - Exorbitant costs to people and governments
  - Fears
- Risk for suicide is a major concern.
  - About one-third of people with schizophrenia attempt suicide and about 1 in 10 die from the act.

Not the most common mental disorder

فوضى

غالي



# Nature of the Disorder

- Psychosis 
  - A severe mental condition in which there is disorganization of the personality, deterioration <sup>تدهور</sup> in social functioning, and loss of contact with, or distortion of, reality.
  - May be evidence of hallucinations and delusional thinking
  - Can occur with or without organic impairment

# Nature of the Disorder (continued\_1)

- Schizophrenia causes disturbances in
  - Thought processes
  - Perception
  - Affect ( *Sign*)
- With schizophrenia, there is a severe deterioration of social and occupational functioning.
- In the United States, the lifetime prevalence of schizophrenia is about 1 percent. 

Control signs and symptoms لا يوجد شفاء تام من المرض وإنما يتعلم

# Nature of the Disorder (continued\_2)

## ■ Schizophrenia may be viewed in four phases

ما قبل ظهور المرض

- The premorbid phase

المرحلة التمهيديّة

- The prodromal phase

المرحلة الأماميّة  
للمرض

- The active psychotic phase (acute schizophrenic episode)

ما تبقى

- The residual phase

# Phase I-Premorbid Phase → No psychosis

## ■ Personality and behavior indicators:

- Shy and withdrawn <sup>انعزالي</sup> <sup>هضاته وتعرفاته ..</sup>
- Poor peer relationships
- Poor school performance

- Antisocial behavior <sup>عدواني</sup>  
- Aggressive -

- ## ■ Current research is focused on the premorbid phase to identify potential biomarkers and at-risk individuals in an effort to prevent transition to illness or provide early intervention. <sup>« من الأفضل اللحاق به قبل أن تسوء الحالة »</sup>

# Phase II-Prodromal Phase

## ■ Personality and behavior indicators (continued):

- Significant deterioration in function تدهور
- 50 percent have depressive symptoms
- Social withdrawal
- Cognitive impairment ضعف التركيز
- Obsessive-compulsive behavior وساوس  
"OCD"

- يمكن اللحاق به -

# Phase III-Active Psychotic Phase → Psychosis ✓

- Personality and behavior indicators (continued):
  - Psychotic symptoms are typically prominent.
  - Delusions
  - Hallucinations
  - Disorganized speech and behavior - Catatonia  
- stupor
  - Decreased level of functioning in work, personal relationships, or self-care

- لا يمكن التحكم به -  
- يادوبه نقدر نعمل Control .

# Phase IV-Residual Phase <sup>most common</sup> → Mood, Affect (Negative symptoms)

## ■ Personality and behavior indicators (continued):

- <sup>قليلة</sup> Active psychotic phase symptoms are either absent or no longer prominent.
- Positive symptoms may remain. → delusion  
→ Hallucinations.
- Flat affect and impairment in role functioning are common.

- Current research indicates that negative symptoms can improve over time; [residual impairment often increases with additional episodes of active psychosis.] → كل مرة تحدث فيها نوبة ذهانية جديدة، الضرر أو القصور المتبقي في الوظائف يزيد



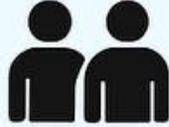
# Phases of Schizophrenia

## 1 Premorbid Phase

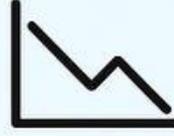
*Before illness appears*



Shy,  
withdrawn



Poor peer  
relationships



Poor school  
performance



Antisocial  
behavior

## 2 Prodromal Phase

*Early signs appear*



Depression  
(in ~ 50%)



Social  
withdrawal



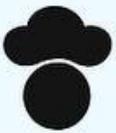
Cognitive  
decline



Function drops  
significantly

## 3 Active Psychotic Phase

*Full-blown symptoms*



Delusions



Hallucinations



Disorganized  
speech



Drop in  
functioning  
(work, relationships,  
self-care)

## 4 Residual Phase

*Post-episode phase*



Flat affect



Low motivation



Mild lingering  
psychotic



Negative symptoms  
may remain or worsen

# Prognosis

- A return to full premorbid functioning is not common.
- Factors associated with a positive prognosis include:

عوامل يتحسن أنه ما يسوء وضعه بزيادة :-

كان وضعه  
لجويس قبل المرض

- Good premorbid functioning

بدأ معه على كبر

- Later age at onset

- Female gender

Phases ١  
كانت سريعة "فجأة"

- Abrupt onset precipitated by a stressful event

- Associated mood disturbance → تصبح أعتد كحالة مرضية لكن أفضل من ناحية أن لا يسوء وضعه (good prognosis)

- Brief duration of active-phase symptoms

# Prognosis (continued\_1)

## ■ Positive prognosis factors (continued):

أعراضنا قليلة

- Minimal residual symptoms
- Absence of structural brain abnormalities
- Normal neurological functioning
- Family history of mood disorder
- No family history of schizophrenia ✘

Because schizophrenia can run in families, having no family history means the illness is less likely to be genetic and may respond better to treatment.

# Predisposing Factors

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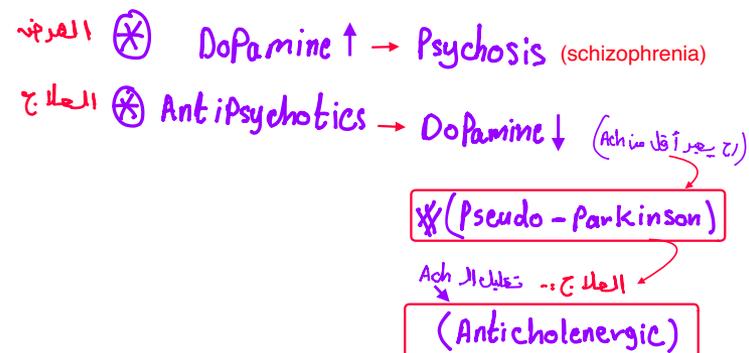
- Biological influences
  - Genetics
    - A growing body of knowledge indicates that genetics play an important role in the development of schizophrenia.
      - Lifetime risk in population studies (1%)
      - Sibling of identified patient risk (10%)
      - Child of identified parent risk (5% to 6%)

# Predisposing Factors (continued\_1)

## ■ Biological influences (continued)

### • Biochemical influences

- One theory suggests that schizophrenia may be caused by an excess of dopamine activity in the brain.
- Abnormalities in other neurotransmitters have also been suggested.



# Predisposing Factors (continued\_2)

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- Biological influences (continued)
  - Physiological influences
    - Factors that have been implicated include
      - Viral infection
      - Anatomical abnormalities

# Predisposing Factors (continued\_3)

## ■ Psychological factors

ما اللي مسابقة  
... من اول ..

- These theories no longer hold credibility.  
Researchers now focus their studies of schizophrenia as a brain disorder.
- Psychosocial theories probably developed early on out of a lack of information related to a biological connection.

# Predisposing Factors (continued\_4)

## ■ Environmental influences

### • Sociocultural factors

– Poverty has been linked with the development of schizophrenia.

• Stressful life events may be associated with exacerbation of schizophrenic symptoms and increased rates of relapse.  
تفاقم الانتكاسة.

• Studies of genetic vulnerability for schizophrenia have linked certain genes to increased risk for psychosis and particularly for adolescents who use cannabinoids.  
الحشيشة



# Other Schizophrenia Spectrum and Psychotic Disorders

## ■ Delusional disorder

اعتقاد شخص أن فتاة تحبه والعكس

– Erotomanic type

جنون العظمة

– Grandiose type

الغيرة المرضية

– Jealous type

– Persecutory type

(Sodily disease)

– Somatic type

– Mixed type

# Other Schizophrenia Spectrum and Psychotic Disorders (continued\_1)

*brief*

- Brief psychotic disorder
  - Sudden onset of symptoms (*“Rapid Phases”*)
  - May or may not be preceded by a severe psychosocial stressor
  - Lasts less than 1 month

# Other Schizophrenia Spectrum and Psychotic Disorders (continued\_2)

(Addiction)

((Dual diagnosis))

- Substance-induced psychotic disorder
  - The presence of prominent hallucinations and delusions that are judged to be directly attributable to substance intoxication or withdrawal

# Other Schizophrenia Spectrum and Psychotic Disorders (continued\_3)

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- Psychotic disorder associated with another medical condition
  - Prominent hallucinations and delusions are directly attributable to a general medical condition.

# Other Schizophrenia Spectrum and Psychotic Disorders (continued\_4)

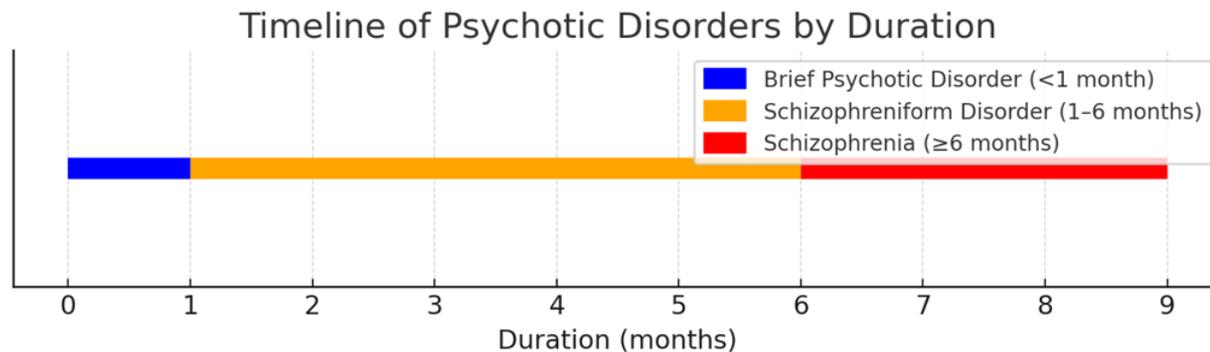
- Catatonic disorder due to another medical condition
  - Metabolic disorders (e.g., hepatic encephalopathy, diabetic ketoacidosis, hypo- and hyperthyroidism, hypo- and hyperadrenalism, hypercalcemia, and vitamin B<sub>12</sub> deficiency)
  - Neurological conditions (e.g., epilepsy, tumors, cerebrovascular disease, head trauma, and encephalitis)

# Other Schizophrenia Spectrum and Psychotic Disorders (continued\_5)

## ■ Schizophreniform disorder

- Same symptoms as schizophrenia with the exception that the duration of the disorder has been at least 1 month but less than 6 months

المميز فيه الـ Duration



# Other Schizophrenia Spectrum and Psychotic Disorders (continued\_6)

- <sup>(mood)</sup> Schizoaffective disorder
  - Schizophrenic symptoms accompanied by a strong element of symptomatology associated with either mania or depression

# symptomatology

## ■ Positive symptoms:

- اكتسبها من المرض  
- لها استجابة مع الأدوية ✓

### • Disturbances in thought content

Psychosis  
بشكل عام

– Delusions: False personal beliefs

– Paranoia: Extreme <sup>شكوك</sup> suspiciousness of others

تفكير فضائي  
(Not real)

– Magical thinking: Ideas that one's thoughts or behaviors have control over specific situations

# (continued\_1)

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- Disturbances in thought processes manifested in speech
  - Loose associations: Shift of ideas from one unrelated topic to another
  - Neologisms: Made-up words that have meaning only to the person who invents them
  - Clang associations: Choice of words is governed by sound

# (continued\_2)

- Disturbances in thought processes manifested in speech (continued)
  - Word salad: Group of words put together in a random fashion
  - Circumstantiality: Delay in reaching the point of a communication because of unnecessary and tedious details
  - Tangentiality: Inability to get to the point of communication due to introduction of many new topics

بلغا وبدو  
بدون الزيادة.

# (continued\_3)

- Disturbances in thought processes manifested in speech (continued)

إما جواب لأي سؤال  
وإما يرجع لأي موضوع  
بدراسة.

- Perseveration: Persistent repetition of the same word or idea in response to different questions

- Echolalia: Echolalia refers to repeating words or phrases spoken by another

# (continued\_4)

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- Disturbances in perception
  - Hallucinations may involve any of the five senses:
    - Auditory
    - Visual
    - Tactile
    - Gustatory
    - Olfactory
  - Illusions are misperceptions or misinterpretations of real external stimuli.
  - Echopraxia imitates movements made by others.

# (continued\_5)

- فقدان المرء

## ■ Negative symptoms

- Disturbances in affect: Feeling state or emotional tone

- Inappropriate affect: Emotions are incongruent with the circumstances

عالي الغيظ

- Bland: Weak emotional tone

بلاهة علائق (Apathy)

- Flat: Appears to be void of emotional tone

بلا روح للمبادرة

- Avolition: Inability to initiate goal-directed activity

# (continued\_6)

## ■ Negative symptoms (continued)

- (Anhedonia) • Lack of interest or skills in interpersonal interaction
- Lack of insight
- فقد الطاقة • Anergia
- فهم ما وراء النص • Lack of abstract thinking ability ⇒ “<sup>تفكير سطحي</sup> Concrete Thinking”
- Associated features
  - Waxy flexibility
  - Posturing (Catatonia)
  - يلفأء رايح جاي ← – Pacing and rocking → هزاز 
  - Regression
  - Eye movement abnormalities

# (continued\_7)

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## ■ Outcome criteria

### • The patient:

- Demonstrates an ability to relate satisfactorily to others
- Recognizes distortions of reality
- Has not harmed self or others
- Perceives self realistically
- Demonstrates the ability to perceive the environment correctly
- Maintains anxiety at a manageable level

# (continued\_8)

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## ■ Outcome criteria (continued)

- The patient (continued):
  - Relinquishes the need for delusions and hallucinations
  - Demonstrates the ability to trust others
  - Uses appropriate verbal communication in interactions with others
  - Performs self-care activities independently

# Treatment Modalities

- Psychological treatments
  - Individual psychotherapy → مريضاً ودكتور
  - Group therapy → مجموعة مرضى بينهم حامل مشترك
  - Family therapy → مريضاً مع أهله
- Behavior therapy → سلوكيات معينة

# Treatment Modalities (continued\_1)

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- Psychopharmacological treatment

- Antipsychotics

- Used to decrease agitation and psychotic symptoms of schizophrenia and other psychotic disorders

2nd-generation antipsychotics (Atypical ) are usually preferred for starting treatment

# Treatment Modalities (continued\_2)

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- Psychopharmacology (continued)

- Indications

- Antipsychotic medications are used in the treatment of schizophrenia and other psychotic disorders.

- Action

Dopaminergic blockers

# Antipsychotics

## ■ Side effects

- Anticholinergic effects
- Nausea, gastrointestinal upset
- Skin rash
- Sedation
- Orthostatic hypotension
- Photosensitivity
- Hypersalivation
- Weight gain

بیتسیرمیع - دوا اسمو -  
- Clozapine -

- Agranulocytosis (WBCs ↓) → risk for infection
- Extrapyramidal symptoms

نفس

هبوب أثناء تغير الوضعية

بیتسیرمیع - دوا اسمو -  
- Clozapine -

# Antipsychotics (continued\_1)

- Extrapyramidal symptoms (EPS)
  - Pseudoparkinsonism
  - Akinesia (the inability to perform a clinically perceivable movement.)
  - Akathisia (inability to remain still)
  - Dystonia (person's muscles contract uncontrollably)
  - Oculogyric crisis (the involuntary upward deviation of both eyes due to spasms and increased tone in the extraocular muscles)
  - Antiparkinsonian agents may be prescribed to counteract EPS. (Extrapyramidal symptoms)

- زيدا الي قاعد على حار.

# Thank You