

# Schizophrenia & Psychotic Disorders



SCHIZOPHRENIA

# The Misunderstood Disorder

- ▶ Speak the word “schizophrenia” and you’ll likely receive reactions ranging from **misunderstanding** to **fear**.
- ▶ The disorder is largely **shrouded in myths, stereotypes and stigma**.
- ▶ For instance, many **equate schizophrenia with violence and criminals**. But schizophrenia sufferers *aren’t any more likely to be violent than others*, unless they have a criminal history before becoming sick or unless they abuse alcohol and drugs.



# Distorted Perceptions

- ▶ The disorder is characterized by a **breakdown in perceptual and thought processes**
- ▶ To the public, a schizophrenic's **behavior might seem odd or outrageous.**





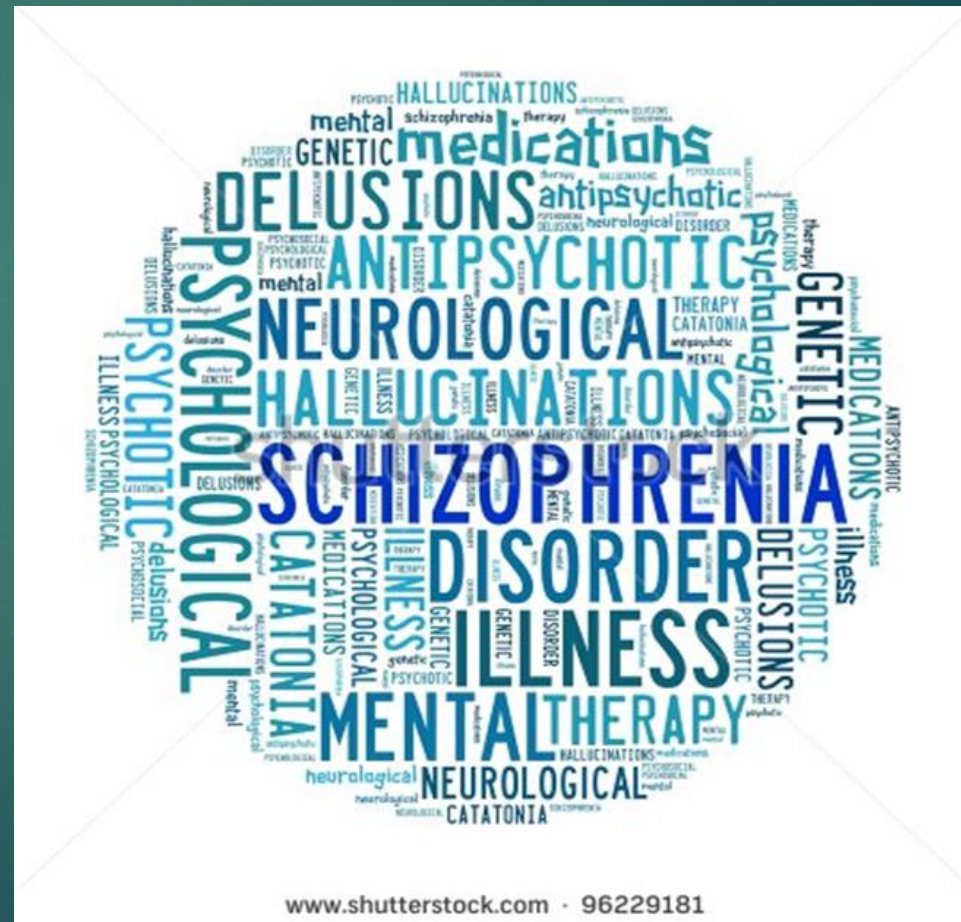
# Impact on daily life

- ▶ Not surprisingly, the disorder **can ruin relationships and negatively affect work, school and everyday activities.**



# A lifelong Disorder

- ▶ Schizophrenia is a **chronic** condition, **requiring lifelong treatment**.
- ▶ There is no cure.



# What does it mean to be Psychotic?

- ▶ Psychotic is a general term for **behavior that conflicts with an accurate understanding of reality due to impaired thoughts, inappropriate emotions, and distorted perceptions.**



PSYCHOTIC

# Psychotic Disorder

- ▶ Schizophrenia is a type of psychotic disorder
- ▶ A person having a **psychotic episode** has *lost touch with reality*





# Why do schizophrenics sometimes take a “break from reality”?

- ▶ The world can be experienced by schizophrenics as **so harsh** and **with such intense conflict** that a vacation from it is necessary
- ▶ Psychotic breakdowns may be the result of an intense psychic trauma



# What does the word schizophrenia mean?

- ▶ Schizo means “split”
- ▶ Phrenom means “mind”
- ▶ Contrary to popular belief, **schizophrenia isn't a split personality or multiple personality.**
- ▶ Rather, people with this disorder often **act as if different parts of their minds are split off from each other, and each part is doing its own thing**



# What is the difference between Multiple personality disorder and Schizophrenia?

- ▶ Someone with MPD has **more than one “person” living inside their head**
- ▶ Someone with schizophrenia may **see** “other people”, but is always the same person himself



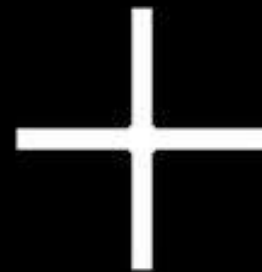
# Symptoms of Schizophrenia

- ▶ There are three types of symptoms in schizophrenia:
  - ▶ Positive
  - ▶ Negative
  - ▶ and Cognitive.



# Positive (symptoms that should *not* be present)

- ▶ Positive in this situation **does not mean “good”**
- ▶ Positive means symptoms that are **not normally present in someone, but that are present** in someone with schizophrenia
- ▶ ***Hallucinations*** and ***Delusions***



# What are hallucinations?

- ▶ Something a person sees, smells, hears and feels that **isn't really there**.
- ▶ The most common hallucination in schizophrenia is **hearing voices**.



# Command Hallucinations

- ▶ Hearing voices is known as having an **auditory hallucination**
- ▶ **Command hallucinations** involve voices in the person's head telling them to **do something** or saying **negative things** about them.
- ▶ i.e. telling them they're stupid or telling them to hurt themselves or in rare cases someone else



# Somatic Hallucination

- ▶ Experiencing ***physical sensations*** in the body that don't actually exist (pain, heat, itch, etc.)
- ▶ i.e. Bugs crawling under the skin.





# What is a delusion?

- ▶ a false belief that isn't true
- ▶ A delusional person holds on to this belief **in spite of all the evidence to the contrary**
- ▶ These beliefs are **not based in reality**



# Three Types of Delusions

- ▶ ***Delusions of persecution.***

- ▶ Beliefs that **others are plotting against you**, or that you are being watched, followed, persecuted, or attacked.

- ▶ ***Delusions of grandeur.***

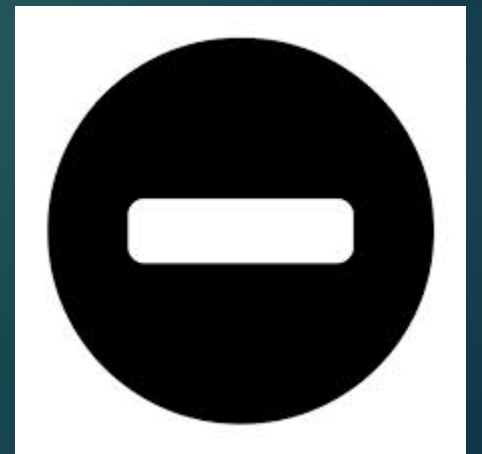
- ▶ Beliefs in **one's own "extraordinary importance."**

- ▶ ***Delusions of being controlled.***

- ▶ The belief that your thoughts or movements are **being controlled by someone/thing else.**

# Negative (symptoms that *should* be present)

- ▶ Negative in this sense **does not mean “bad”**, but rather refers to ***things that are normally present, but are lacking*** in someone with schizophrenia
- ▶ ***Flat*** (individuals show no emotion) or ***inappropriate affect*** (e.g., giggling at a funeral)
- ▶ ***Avolition*** (little interest or drive). This can mean little interest in daily activities, such as personal hygiene.
- ▶ These symptoms often are **harder to recognize**, because they're so **subtle**.



# Flat affect

- ▶ A person exhibits **no emotion whatsoever**





# Cognitive symptoms (associated with thinking)

- ▶ **Disorganized speech** (the person isn't making any sense)
- ▶ **Grossly disorganized or catatonic (unresponsive) behavior**
- ▶ **Inability to remember things**
- ▶ **Poor executive functioning** (a person is unable to process information and make decisions)

# Disorganized Speech

- ▶ May include:
- ▶ Flight of Ideas
- ▶ Word Salad
- ▶ Neologisms
- ▶ Clanging

# Flight of Ideas

- ▶ Illogically jumping from one topic to the next while talking.



# Word Salad

- ▶ Incoherent language that sounds like nonsense or another language.



# Neologisms

- ▶ Made up words that don't exist.





# Clanging (clang associations)

- ▶ The **pairing of words** that have no relation to one another beyond the fact that they **rhyme or sound alike**
- ▶ Nonsensical verse like “cow”, “sow”, and “how”



# Examples of grossly disorganized behavior

- ▶ Acting childlike or silly
- ▶ Easily lost or confused
- ▶ Bizarre behaviors like talking to oneself
- ▶ Socially inappropriate
- ▶ Stop caring for oneself & basic needs



# How are schizophrenics functionally deficient?

- ▶ May exhibit no basic self care
- ▶ Social problems
- ▶ Occupational functioning



# Other symptoms of Schizophrenia



# Impaired Reality Testing

- ▶ A person is **unable to tell the difference between fact and imagination or fantasy**
- ▶ **Can't tell the difference between what is real and what's just in their head**





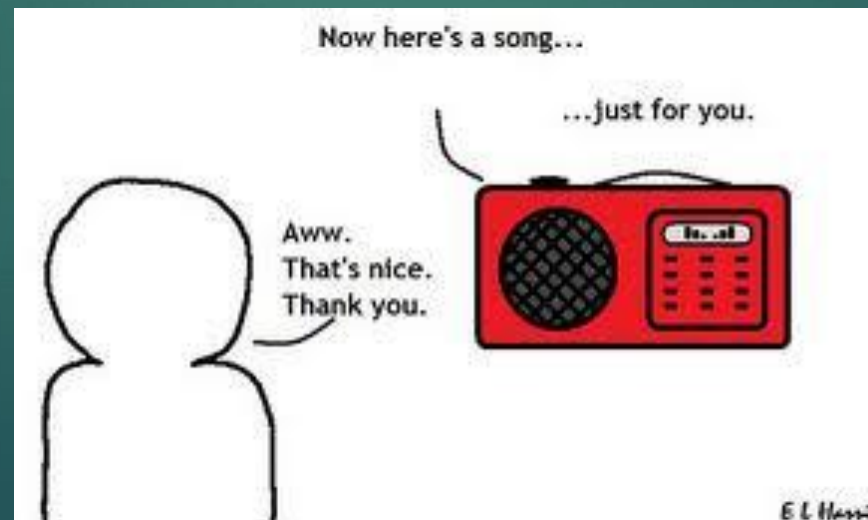
# Internal vs. external worlds

- ▶ Schizophrenics **inner experiences** are the criteria against which they test the validity of their outer world.
- ▶ ***What their brains tell them*** (though incorrectly) ***is more real*** than what anyone might tell them



# Ideas of reference

- ▶ A **delusional belief** that events, objects, or other people in the person's immediate environment have a **particular or unusual meaning specifically for him or her**



# What Causes Schizophrenia?

- ▶ As with other psychological disorders, it's believed that schizophrenia is a complex interplay of **genetics, biology** (brain chemistry and structure) and **environment**.



# Genetics



- ▶ Schizophrenia typically **runs in families**, so it's **likely the disorder is inherited**. If an **identical twin** has schizophrenia, the other twin is **50 percent more likely** to have the disorder. That also points out the likelihood of other causes: ***If schizophrenia were purely genetic, both identical twins always would have the disorder.***
- ▶ Those with a **sibling** with schizophrenia have an **8%** chance of developing it and a **12%** chance if a **parent** has it, but that number jumps to **39%** if **both parents** do. (Psychcentral.com)

# Schizophrenics' Brains

- ▶ **Brain chemistry and structure:**
- ▶ **Neurotransmitters** —chemicals in the brain, including **dopamine and serotonin**, that communicate between neurons—are believed to play a role.
- ▶ There also is evidence to suggest that the **brains** of individuals with schizophrenia **are different** from those of healthy individuals (for details, see Keshavan, Tandon, Boutros & Nasrallah, 2008).



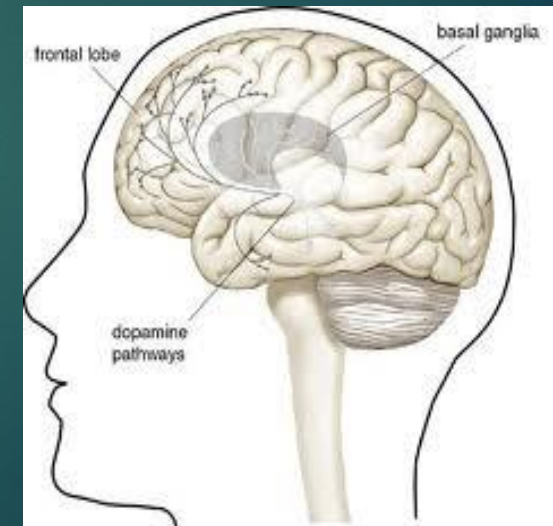
# What role do Neurons play?

- ▶ Nerve cells/**neurons** in the brain **misfire** in people with schizophrenia.
- ▶ Thoughts get confused or “lost” along the way



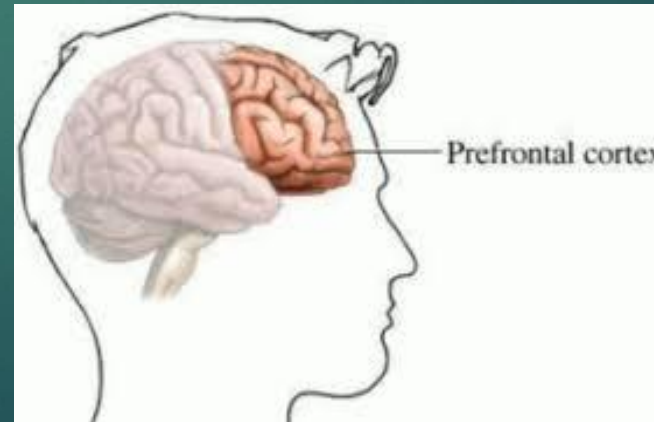
# Neurotransmitters

- ▶ Chemicals in the brain such as **dopamine** and serotonin that allow neurons to communicate with each other
- ▶ There may be **excess dopamine** in the brains of schizophrenics.
- ▶ This **extra dopamine may be what leads to hallucinations and delusional thinking**



# What role does the prefrontal cortex play in schizophrenia?

- ▶ **Last part of the brain to develop** – usually around age 18-21 (often the age of the onset of schizophrenia)
- ▶ The part of the brain **responsible for judgment and future planning**
- ▶ Development may trigger symptoms of schizophrenia



# The role of Nurture

- ▶ Like the other mental illnesses we have discussed this semester, schizophrenia appears to be caused by both **nature** (genetics, the brain, etc.) **and nurture**
- ▶ **Environment:** Some research points to child abuse, early traumatic events, severe stress, negative life events and living in an urban environment as contributing factors.
- ▶ Additional causes include physical and psychological complications during pregnancy, such as viral infection, malnutrition and the mother's stress.

# Diathesis-stress model

- ▶ A **diathesis** is a **predisposition to a particular disease**
- ▶ Stress is caused by any number of psychological or social factors
- ▶ Schizophrenia is a consequence of a **stress-activated predisposition**
- ▶ **You are already susceptible, but life stress triggered it**



# Risk Factors

- ▶ Although the ***precise cause of schizophrenia isn't known***, certain factors seem to increase the risk of developing or triggering schizophrenia, including:
- ▶ Having a ***family history*** of schizophrenia
- ▶ ***Exposure to viruses, toxins or malnutrition while in the womb***, particularly in the first and second trimesters

- ▶ **Increased immune system activation**, such as from inflammation or autoimmune diseases
- ▶ *Older age of the father*
- ▶ Taking **mind-altering** (psychoactive or psychotropic) **drugs** during teen years and young adulthood



# Complications

- ▶ **Left untreated**, schizophrenia can result in **severe emotional, behavioral and health problems**, as well as **legal and financial problems** that affect every area of life.



- ▶ Complications that schizophrenia may cause or be associated with include:
- ▶ Suicide
- ▶ Any type of self-injury
- ▶ Anxiety and phobias
- ▶ Depression
- ▶ Abuse of alcohol, drugs or prescription medications
- ▶ Poverty
- ▶ Homelessness



# Additional Complications

- ▶ Family conflicts
- ▶ Inability to work or attend school
- ▶ Social isolation
- ▶ Health problems, including those associated with antipsychotic medications, smoking and poor lifestyle choices
- ▶ Being a victim of aggressive behavior
- ▶ Aggressive behavior, although it's uncommon and typically related to lack of treatment, substance misuse or a history of violence



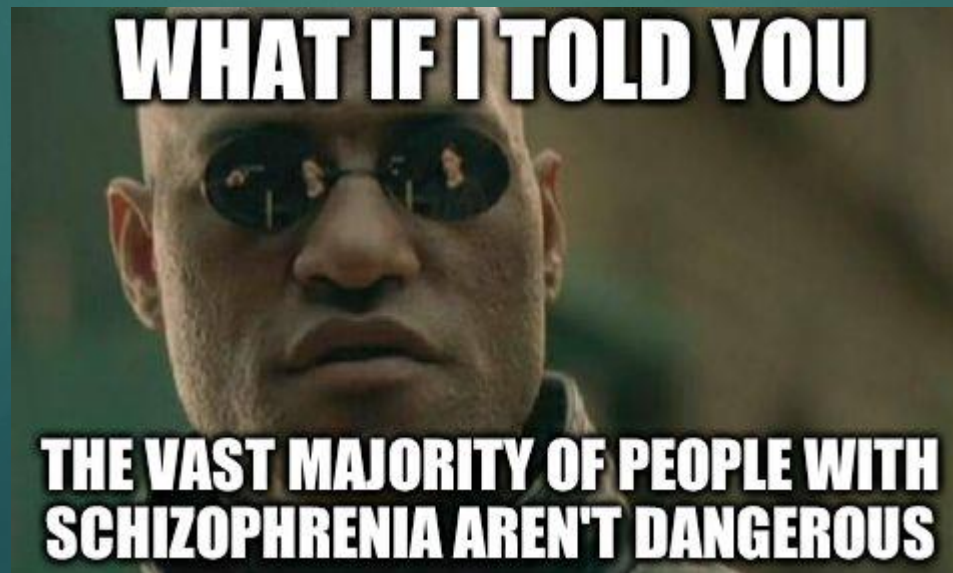
# Are schizophrenics Violent or Dangerous?



- ▶ While a small percentage of schizophrenics may become violent or dangerous, **the vast majority do not.**
- ▶ Unfortunately, a handful of isolated cases get massive media attention and this leads to the **misperception that all schizophrenics are violent.**

# Negative Stereotype

- ▶ In fact, those with schizophrenia who do not already possess other risk factors are **no more likely to become violent or dangerous** than a non-schizophrenic person.
- ▶ Schizophrenics are more likely to turn **violence toward themselves** (through suicide) than toward others.



# How Is Schizophrenia Diagnosed?

- ▶ To diagnose schizophrenia, a trained mental health professional conducts a **face-to-face clinical interview**, asking detailed questions about family health history and the individual's symptoms. Though there **isn't a medical exam for schizophrenia**, doctors typically order medical tests to **rule out any health conditions or substance abuse that might mimic schizophrenia symptoms**.

# Rule-out

- ▶ **Eliminating other possible explanations** for a behavior
- ▶ Used to help make a diagnosis



# Why is schizophrenia so difficult to diagnose?

- ▶ Someone might exhibit the same **symptoms for many different reasons**
- ▶ **Hallucinations** could result from - **Drugs, sleep deprivation, high fever, some other physical disease**





# Treatment of Schizophrenia

- ▶ **Medications** are the *cornerstone of schizophrenia treatment*. However, because medications for schizophrenia can cause serious but rare side effects, **people with schizophrenia may be reluctant to take them.**
- ▶ **Willingness to cooperate with treatment** may affect medication choice. Someone who is resistant to taking medication consistently may need to be given injections instead of taking a pill. **Someone who is agitated** may need to be calmed initially with a **benzodiazepine** such as Ativan, which may be combined with an antipsychotic.

# Antipsychotics

- ▶ **Antipsychotic** medications are the **most commonly prescribed drugs to treat schizophrenia**. They're thought to control symptoms by affecting the brain neurotransmitters **dopamine** and **serotonin**.
- ▶ It can take **several weeks** after first starting a medication to notice an improvement in symptoms.



- ▶ In general, the goal of treatment with antipsychotic medications is to effectively ***control signs and symptoms at the lowest possible dosage.***
- ▶ The psychiatrist **may try different medications, different dosages or combinations** over time to achieve the desired result.
- ▶ Other medications also may help, such as antidepressants or anti-anxiety medications.



# Typical Antipsychotics

- ▶ Available since the mid-1950s, these **older antipsychotics used to be the first line of treatment**, because they successfully reduced hallucinations and delusions. These include *Haldol* and *Thorazine*.
- ▶ Many patients stop taking their medication because of its **extrapyramidal side effects**. “Extrapyramidal” actions are those that **affect movement**, such as *muscle spasms, cramps, fidgeting and pacing*.



# Tardive Dyskinesia

- ▶ Taking typical antipsychotics long-term can cause serious neurological side effects such as ***tardive dyskinesia***—***involuntary, random movements of the body, such as facial grimacing and movements of the mouth, tongue and legs.*** Because of these side effects, ***atypical antipsychotics largely have replaced traditional antipsychotics.***
- ▶ Although, ***typical antipsychotics are often cheaper*** than newer counterparts, especially the generic versions, which can be an important consideration when long-term treatment is necessary.



# Atypical Antipsychotics

- ▶ These **newer, second-generation medications** are generally preferred because they **pose a lower risk of serious side effects** than do conventional medications. They include **Abilify, Seroquel, Risperdal and Clozaril**.
- ▶ Regardless of which type of antipsychotics are used to treat schizophrenia, they are all **palliatives** – drugs that **lessen the symptoms, but don't cure the disease**

# Psychotherapy

- ▶ **When combined with medication**, psychotherapy can be a valuable tool in managing schizophrenia. Therapy facilitates medication adherence, social skills, goal setting, support and everyday functioning. Different types of psychotherapy benefit patients in different ways.
- ▶ **Individual therapy**. Learning to cope with stress and identify early warning signs of relapse can help people with schizophrenia manage their illness.
- ▶ **Family therapy**. This provides support and education to families dealing with schizophrenia.
- ▶ **Vocational rehabilitation and supported employment**. This focuses on helping people with schizophrenia prepare for, find and keep jobs.

# Most effective treatment?

- ▶ Combination of medication and talk therapy



# Managing Schizophrenia

- ▶ Even with effective treatment, schizophrenia is a disease that **requires lifelong management**.
- ▶ **Most individuals with schizophrenia require some form of daily living support.** Many communities have programs to help people with schizophrenia with **jobs, housing, self-help groups and crisis situations.** A case manager or someone on the treatment team can help find resources. With appropriate treatment, most people with schizophrenia can manage their condition.

# Hospitalization

- ▶ A person with schizophrenia might require hospitalization if he or she is **experiencing severe delusions or hallucinations, suicidal thoughts, problems with substance abuse or any other potentially dangerous or self-harmful issues.**



# 1/3 Prognosis

- ▶ 1/3 make a **full recovery** and lead a normal life
- ▶ 1/3 will make a **partial recovery**
- ▶ 1/3 will face a **slow downhill spiral** often resulting in hospitalization or suicide



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# Where do schizophrenics who don't receive treatment often end up?

- ▶ Jail
- ▶ Hospitals
- ▶ Institutions
- ▶ More often than not living on the streets

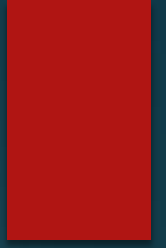


# Factors that help treatment

- ▶ Early intervention
- ▶ Solid social support (from family & friends)
- ▶ Just like any other mental illness

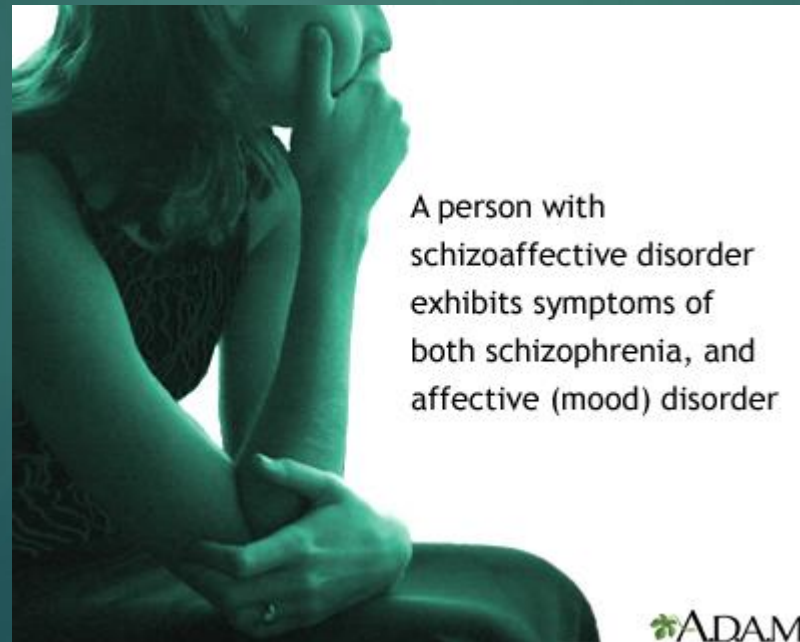


# Other psychotic disorders



# Schizoaffective Disorder

- ▶ **Schizoaffective disorder** is a condition in which a person experiences **a combination of schizophrenia symptoms** — such as hallucinations or delusions — **and mood disorder symptoms, such as mania or depression.**





- ▶ Schizoaffective disorder is **not as well understood or well defined as other mental health conditions**. This is largely because schizoaffective disorder is **a mix of mental health conditions** — including schizophrenic and mood disorder features — that may run a **unique** course in each affected person.



# What are the symptoms of schizoaffective disorder?

- ▶ Schizoaffective disorder symptoms **vary from person to person**. People who have the condition experience **psychotic symptoms** — such as hallucinations or delusions — **as well as a mood disorder**.
- ▶ The mood disorder is **either bipolar disorder** (bipolar-type schizoaffective disorder) or **depression** (depressive-type schizoaffective disorder).

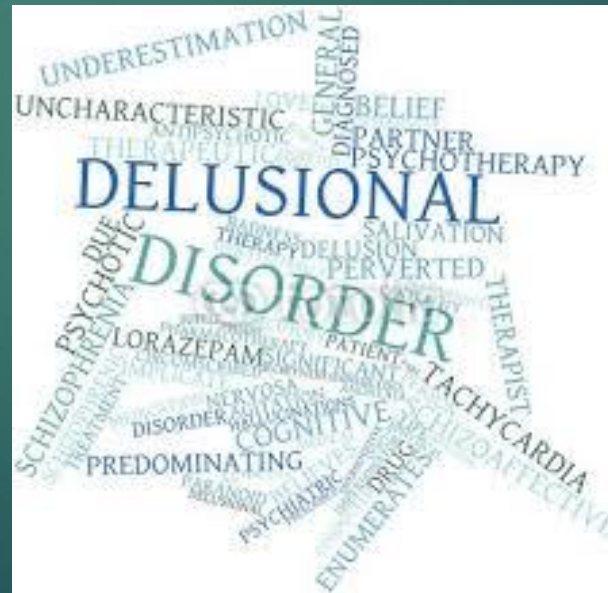
Signs and symptoms of schizoaffective disorder may include, among others:

- ▶ **Delusions** — having false, fixed beliefs
- ▶ **Hallucinations**, such as hearing voices
- ▶ **Major depressed mood episodes**
- ▶ Possible periods of **manic mood** or a sudden increase in energy and behavioral displays that are out of character
- ▶ **Impaired occupational and social functioning**
- ▶ Problems with cleanliness and physical appearance
- ▶ **Paranoid** thoughts and ideas



# Delusional Disorder

- ▶ The person **experiences delusions** (such as believing they are being followed or are infected) for at least 1 month. **BUT it does not involve hallucinations or other psychotic symptoms.**



# Sources

- ▶ [PsychCentral.com](https://www.psychcentral.com)
- ▶ [MayoClinic.org](https://www.mayoclinic.org)