

Schizophrenia

- Important
- Definition
- Extra
- Notes

* (فما ظنكم برب العالمين) *
الصفات 87

Please check the [Editing File](#) before studying

Objectives:

- Appreciate that Schizophrenia is a serious, brain illness that needs early intervention and comprehensive management approach.
- Enhance knowledge of schizophrenia including epidemiology, etiology, diagnosis and management.
- Acquire preliminary skills to evaluate and intervene adequately to manage schizophrenia patients.

About Schizophrenia:

I suggest you to check the video before studying.



[Schizophrenia \(8:14\)](#)

Schizophrenia is a **psychotic disorder**. The word "Schizo" means fragmented or spilt apart, while "Phrenia" means mind. And it is defined by a group of characteristic symptoms which we call positive (or Psychotic) symptoms. Those signs last for at **least 6 months**.

It is not a single disease but a group of disorders with heterogenous etiologies. It is equal in prevalence and incidence worldwide but it is more seen in males than females (**10-25 yrs in males, 25-35 yrs in female**).

What is Psychotic disorder or Psychosis?

It is a mental illnesses characterized by gross impairment in reality testing and personal functioning. **يكون بعيد عن الواقع**

Its symptoms include dysfunctions in nearly every capacity of which the human brain is capable—perception, inferential thinking, language, memory, and executive functions.

Smoking is present in 90% of patients

يكون فيه خلل في معظم الوظائف العقلية مثل الإدراك والفهم يعني اذا مثلا شفت حفرة انا طبيعي رح اعرف انو لازم ابعدها عنها عشان مااطيح فيها واتضرر بس اللي فيهم فصام يكون مو مدركين لهذا الشيء.

Prevalence and incidence of Schizophrenia:

A life prevalence of 0.6-1.9%. Annual incidence of 0.5-5 per 10000

Psychosis is not a split personality.

هو ليس انفصام بالشخصية وهذا اعتقاد خاطئ بين الناس اللي شاف فيلم split ممكن يفرق بينهم.

- Negative symptoms ما أشوفها بس المريض يكون يعاني منها واهلو يلاحظوها عليه، يعني هو مايشكي منها انا اذا بحثت وسألت وتعمقت رح أعرفها.
- Affective flattening مايهتم فلات او جامد أقوله خبر حزين مايحزن أو أقوله خبر مفرح مايفرح.
- Alogia: poverty of speech قلة الكلام لانشغاله بالهلوسات.
- Lack of motivation فقد الاهتمام التحفيز اللي يخليه يفقد الاهتمام بكل الاشياء اللي نسويها يوميا زي الاكل والاعتسال واللبس وهذي نشوفها كثير في المشردين.
- أحد المراهقين ظهر عليه هذا العرض اللي هو فقد الاهتمام واهله حسبه انو مكتئب وفترة وتعدي بعدين اكتشفو انو عنده فصام، وهذا الشيء يخلي الدكاترة يلحطون بينها وبين الاكتئاب طيب ايش الفرق؟ في الفصام تحس انو المريض منعزل كانوا بينك وبينه حاجز لانو يكون مشغول ذهنيا، بينما الاكتئاب ممكن يسمع لك ويفهم عليك بس هو مو مهتم انو يرد عليك. لذلك تشخيصه مو سهل زي الاكتئاب، وكل ما اكتشفنا بدري أفضل عشان الدعم الأسري.

Etiology:

Multifactorial

The **exact cause is unknown** but there are several factors that contribute to the risk of developing Schizophrenia. Which are:

Risk Factor	Details
<p>Genetics (important): A lot of studies showed that there is a genetic component that outweighs the influence of environmental factors to the incidence of Schizophrenia. Those studies include: Family, twin and chromosomal studies.</p> <p>دائما الجينات تلعب دورا كبيرا اذا سالت عن الاكزاكت اتبولوجي فهو مو معروف. لكن ايش الاثبات؟ الفاميلي ستدي والجتك ستدي</p>	<ul style="list-style-type: none">◦ siblings of schizophrenic patients have about a 10% chance of developing schizophrenia.◦ children who have one parent with schizophrenia have a 5%–6% chance.◦ Prognosis in women is better (important).◦ 17% for persons with one sibling and one parent with schizophrenia◦ 46% for the children of two schizophrenic parents◦ monozygotic twins—an average of 46%, compared with 14% concordance in dizygotic twins <p>- اذا كان احد الوالدين عنده احتمال 10% من كل طفل انو يجيه الفصام. - الوالدين: 47% - التوام المتشابهين: 50% - الاخوان: اذا كان عندك اخ فيه فصام احتمال 10% انو يجيلك.</p>
<p>Neuroimaging and neuropathology</p>	<ul style="list-style-type: none">• Abnormalities have been reported in the brain particularly in the limbic system, basal ganglia and cerebellum. Either in structures or connections.• Cerebral ventricular enlargement.• Sulcal enlargement and cerebellar atrophy.• Decreased thalamus size. <p>كلها فايدينقس لكن مو لحالها تعطيني تشخيص</p>

Etiology:

Risk Factor	Details
<p>Neurobiology</p> <p>Certain areas of the brain are involved in the pathophysiology of schizophrenia: the limbic system, the frontal cortex, cerebellum, and the basal ganglia.</p> <ul style="list-style-type: none">• There will be structural changes.• Connections defect is important in causing the disease.	<p>a- Dopamine Hypothesis; Too much dopaminergic activity (whether it is ↑ release of dopamine, ↑ dopamine receptors, hypersensitivity of dopamine receptors to dopamine, or combinations is not known). يعطيني البوزتف سميتومز عشان كذا الاعلاج يكون دوبامين انتاقونست</p> <p>b- Other Neurotransmitters; Serotonin, Norepinephrine, GABA, Glutamate (hypofunction in NMDA receptors) & Neuropeptides.</p> <p>c. Psychoneuroimmunology; ↓ T-cell interleukin-2 & lymphocytes, abnormal cellular and humoral reactivity to neurons and presence of antibrain antibodies. These changes are due to neurotoxic virus ? or endogenous autoimmune disorder ? الاميونولوجي المتعلقه في الامراض العصبية والنفسية. هنا هم يتسالون هل فيه فايروس معين ممكن يؤدي للفصام يعني يفرز مواد وتؤدي اليها وهذي كلها نظريات</p> <p>d. Psychoneuroendocrinology; Abnormal dexamethasone-suppression test ↓ LH/FSH A blunted release of prolactin and growth hormone on stimulation. في المختبر لاحظو هذول الناس يوم يعطونهم قروت هرمون الاصل انو يزيد 50% بس بهذول الناس مو مره حيزيد</p>
<p>Stress diathesis model</p>	<p>- Integrates biological, psychosocial and environmental factors in the etiology of schizophrenia.</p> <p>- Symptoms of schizophrenia develop when a person has a specific</p> <p>- vulnerability that is acted on by a stressful influence.</p> <p>لا ينتج الفصام من حدث ضاغط فقط! لكن قد يكون المريض لديه قابلية للإصابة بالفصام بالإضافة إلى حدث ضاغط فيصاب بالفصام</p>
<p>Psychosocial Factors</p>	<p>In family dynamics studies, no well-controlled evidence indicates specific family pattern plays a causative role in the development of schizophrenia.</p> <p>High Expressed Emotion family : increase risk of relapse. التوقعات العالية من الأهل لحالة المريض ترفع احتمالية انتكاسته</p>

Epidemiology :

worldwide prevalence of schizophrenia is about **0.5%–1%**.

age at first psychotic episode is typically 18–25 years for **men** and 21–30 years for **women**

About one-third attempt suicide

Annual incidence of 0.5 – 5.0 per 10,000

ليش لانو في البداية فيه لخبطة في الافكار فيحس انو في شي مو طبيعي فيصير بيبي يتخلص من هذا الشيء عن طريق الموت زي وحدة حطت صمغ في اذناها عشان تصير ماتسمع وهذا دليل علي حدة الهلوسة بعدين اكتشفنا انو حاولت تنتحر، لانو ماتعرف المرض وماتعرف ايش اللي صاير خصوصا في البداية.

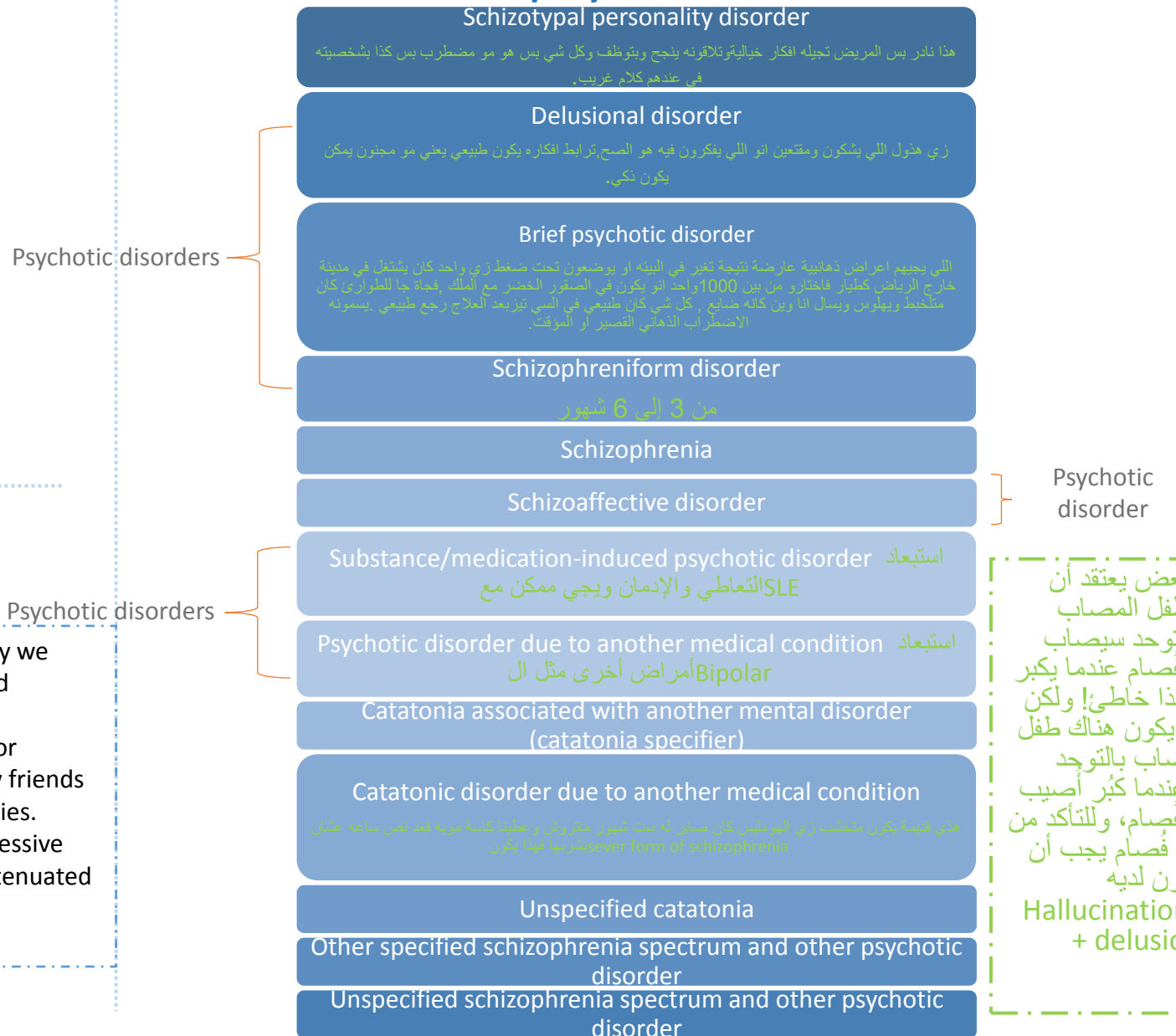
Clinical Features:

There is no particular sign or symptom that is pathognomonic for Schizophrenia (in other words, if someone is having hallucinations, we can't say he is having Schizophrenia!).

Patient's history and mental status examination are essential for diagnosis.

There are two types of history we need to know: Premorbid and prodromal. Premorbid includes schizoid or schizotypal personalities, few friends and exclusion of social activities. While prodromal include obsessive compulsive behaviors and attenuated positive psychotic features.

DSM-5 schizophrenia spectrum and other psychotic disorders:



Clinical Features of Schizophrenia:

الأعراض مو شرط تجي كلها مع بعض

Feature	Details
Positive (or psychotic) symptoms (In mesolimbic) نسميها بوسيتيف لأنها تظهر على المريض	Delusion and hallucinations (The most common hallucinations are auditory). يسمع اصوات تقوله سو كذا وكذا) Delusions : somatic delusions واحد يقول قلبي فيه مشكلة أو ماعندي امعاء!
Negative symptoms (mesocortical/Prefrontal cortex, Nucleus accumbens reward circuit)	The absence of something that should be present normally. Those are: - Avolition (lack of motivation). فقدان الدوافع والشغف - Diminished emotional expression (Affective flattening or blunting). فلاتنتج يعني ما يتفاعل معك بلنتق يعني مو معك خير شر - Alogia: is characterized by a diminution in the amount of spontaneous speech and poverty of speech. الأشخاص الطبيعيين على الأقل يقولون السلام عليكم لما يجلسون جنبك على عكس هذول - Anhedonia: is the inability to experience pleasure and poor grooming. ما يستمتع بأي شي - social withdrawal. منعزلين
Disorganized dimension	Includes disorganized speech and behavior. Inappropriate affect.
Cognitive deficits (dorsolateral prefrontal cortex)	Attention, memory and verbal fluency. thought blocking ممكن تصير معنا احنا احيانا لانو في الكلام وتعرف ب تذكرت شي بس اللي عندهم فصام يصير هذا الشي بشكل متكرر
Mood symptoms (Ventromedial prefrontal cortex)	Depression, anxiety, suicidal behavior, hostility and aggression (amygdala, orbitofrontal cortex). غلط اني اربط الفصام مع العدوانيه لانو احيانا تجي من السبستنس
Others	- lack insight ; they do not believe they are ill and reject the idea that they need treatment. - Non localizing neurological soft signs such as abnormalities in stereognosis, balance. Inactive sex drive. - Substance abuse is common and includes alcohol and other drugs It is thought that many schizophrenic patients abuse substances in an attempt to lift their mood, boost their level of motivation, or reduce their medication side effects.

Mental Status Examination (MSE):

فحص الحالة العقلية

Components of MSE:

1-Appearance & behavior (variable presentations)

2-Mood, feelings & affect (reduced emotional responsiveness, inappropriate emotion)

3-Perceptual disturbances (hallucinations, illusions)

4-Thought which defined by:

Thought content (delusions)

Form of thought (looseness of association)

Thought process (thought blocking, poverty of thought content, poor abstraction, perseveration)

5-Impulsiveness, violence, suicide & homicide.

6-Cognitive functioning. اعطاء أمثلة حسابية.

7-Poor insight and judgment. لا يقتنع بأنه غير طبيعي.

What is it?

The Mental Status Exam (MSE) is the psychological equivalent of a physical exam that describes the mental state and behaviors of the person being seen. It includes both objective observations of the clinician and subjective descriptions given by the patient.

الفرق بين ال Hallucination & illusions

illusions {there is stimulus}

مريض يرى أن شعار جامعة الملك سعود الموجود على الستار
الفاصل بين أسرة المرضى هي عقارب!

Hallucinations {no stimulus}

يرى عقارب من غير وجود شيء.

Diagnosis:

There is a criteria to follow in diagnosis of Schizophrenia which is called DSM-5 (From A to F).

A) Two or more characteristic symptoms for one month, at least one of them must be either 1, 2 or 3:

1-Delusions

2-Hallucinations

3-Disorganized speech (Frequent derailment or incoherence)

4-Grossly disorganized or catatonic behavior

5-Negative symptoms (Lack of emotions or motivation)

F) If there is a history of *autism spectrum disorder* or a *communication disorder* of childhood onset, **they must be associated with delusions or hallucination plus other criteria to be diagnosed as Schizophrenia.**

B) Social, occupation or self-care dysfunction

C) Duration of **at least 6 months** of disturbance (**At least one month of those 6 months must include active symptoms which match criteria A. In addition of prodromal and residual symptoms**) Still confused? Don't worry, we will explain it later .

D) Schizoaffective and mood disorder exclusion.

E) This disturbance should not be induced due to substance abuse or another medical condition.

Stages of Schizophrenia and Clinical Course:

Schizophrenia doesn't occur suddenly but gradually during childhood and adulthood and last long after that.

The symptoms of Schizophrenia occur in stages which are:

*The acute phase of schizophrenia is characterized by the presence of positive, negative and affective symptoms.

Prodromal Stage

ما قبل الفُصام (بؤادر المرض)

Insidious onset occurs over months or years (**Subtle behavior changes**) include social withdrawal, work impairment, blunting of emotions, avolition and odd ideas and behavior.

Active Stage

Psychotic symptoms development and these symptoms lead to medical innervation.

Residual Stage

In this phase, active symptoms are absent or no longer prominent. There is often role impairment, negative symptoms or attenuated positive symptoms. Acute phase symptoms* may reemerge during this phase [Acute exacerbation]. (الحالة المستقرة بعد العلاج (مرض الفصام لا يُشفى 100%)

Course of the disorder:

- Acute exacerbation with **increased residual impairment** (most of the patients) .
- Full recovery; very rare):
- Longitudinal course; downhill (Decline in functioning).

Outcome of Schizophrenia:

Recovery from schizophrenia is very rare but there are features associated with the prognosis of schizophrenia; either poor or good.

Feature	Good outcome	Poor outcome
Onset	acute	Insidious
Duration of prodrome	short	Since childhood
Age at onset	Late 20-30	Early teens
Mood symptoms	present	absent

Feature	Good outcome	Poor outcome
Marital status	Married	Never married
Intelligence level	High	Low

Feature	Good outcome	Poor outcome
Psychotic or negative symptoms	Mild to moderate	severe
Obsessions/ compulsions أعراض وسواسية	Absent	Present
Gender	Female	Male
Premorbid functioning	Good	Bad

Feature	Good outcome	Poor outcome
Psychosexual functioning	Good	Poor
Neurological functioning	Normal	+ soft signs
Structural abnormalities in brain	None	Present
Family history of Schizophrenia	Negative	Positive

Differential diagnosis :

Primary Psychiatric disorders:

Schizophreniform disorder **more than 6 months**

Brief psychotic disorder **1 week to month**

Delusional disorder

Schizoaffective disorder

Mood disorders **مثل الأكتئاب**

Personality disorders (schizoid, schizotypal & borderline personality)

Factitious disorder **اصطناع الأعراض**

Malingering

Secondary psychiatric disorders:

Substance-induced disorders

Psychotic disorders due to another medical disorder :

Epilepsy (complex partial)

CNS diseases

Trauma

Others

Primary VS Secondary:

Primary disorders of unknown causes.

Secondary disorders of known cause.

Other psychotic disorders:

Psychotic Disorders due to another medical condition

Substance-induced psychotic disorder

Schizophreniform disorder ; 1-6 month of disturbance

Brief psychotic disorder:<1month of disturbance

Delusional disorder(delusion only >1m)

Schizoaffective disorder: An uninterrupted period of illness during which there is a major mood episode (major depressive or manic) concurrent with Criterion A of schizophrenia. There is Delusions or hallucinations for 2 or more weeks in the absence of a major mood episode during the illness course.

Schizophrenia (depressed mood + psychosis)

Severe depression (depressed mood + psychosis)

كيف نفرق؟ بالتاريخ المرضي. الفصام من بداية المرض فيه psychosis

الإكتئاب في الحالة المتأخرة ال severe فيه psychosis

Treatment:

Biological Therapy

Pharmacological approach:

Antipsychotic medications are the mainstay of the treatment of schizophrenia. Generally they are safe and of two classes:

- **Conventional** (First Generation) ; Haloperidol, Chlorpromazine.
- **Atypical** (Second Generation); Serotonin-dopamine receptor antagonists (e.g. Risperidone, **clozapine** (considered the magical treatment but it has a lot of side effects), olanzapine).

Depot forms of antipsychotics e.g.. **Risperidone Consta** is indicated for poorly compliant patients.

المرضى اللذين يصعب التعامل معهم ممكن إعاطئهم حقنة مفعولها يستمر لشهر فلا يضطر المريض لأخذ الدواء يومياً

***Clozapine is a dangerous drug.**

High Potency typical antipsychotics: Neurological side effects

Low Potency typical and atypical antipsychotics: many other side effects

TABLE
RECEPTOR BLOCKADE AND ANTIPSYCHOTIC SIDE EFFECTS²

Receptor Type	Side Effects
D ₂	EPS, prolactin elevation
M ₁	Cognitive deficits, dry mouth, constipation, increased heart rate, urinary retention, blurred vision
H ₁	Sedation, weight gain, dizziness
α ₁	Hypotension
5-HT _{2A}	Anti-EPS (?)
5-HT _{2C}	Satiety blockade

D=dopamine; EPS=extrapyramidal symptoms; M=muscarine; H=histamine; 5-HT=serotonin.
Robinson DS. *Primary Psychiatry*. Vol 14, No 10. 2007.

Electroconvulsive Therapy (ECT):

for catatonic or poorly responding patients to medications.

Psychosocial Interventions

(**Social skill training**) is important

Assertive community treatment (ACT) programs: careful monitoring of patients through mobile mental health teams

Family therapy

Cognitive rehabilitation involves the remediation of abnormal thought processes known to occur in schizophrenia, using methods pioneered in the treatment of brain-injured persons.

Social skills training (SST) aims to help patients develop more appropriate behavior

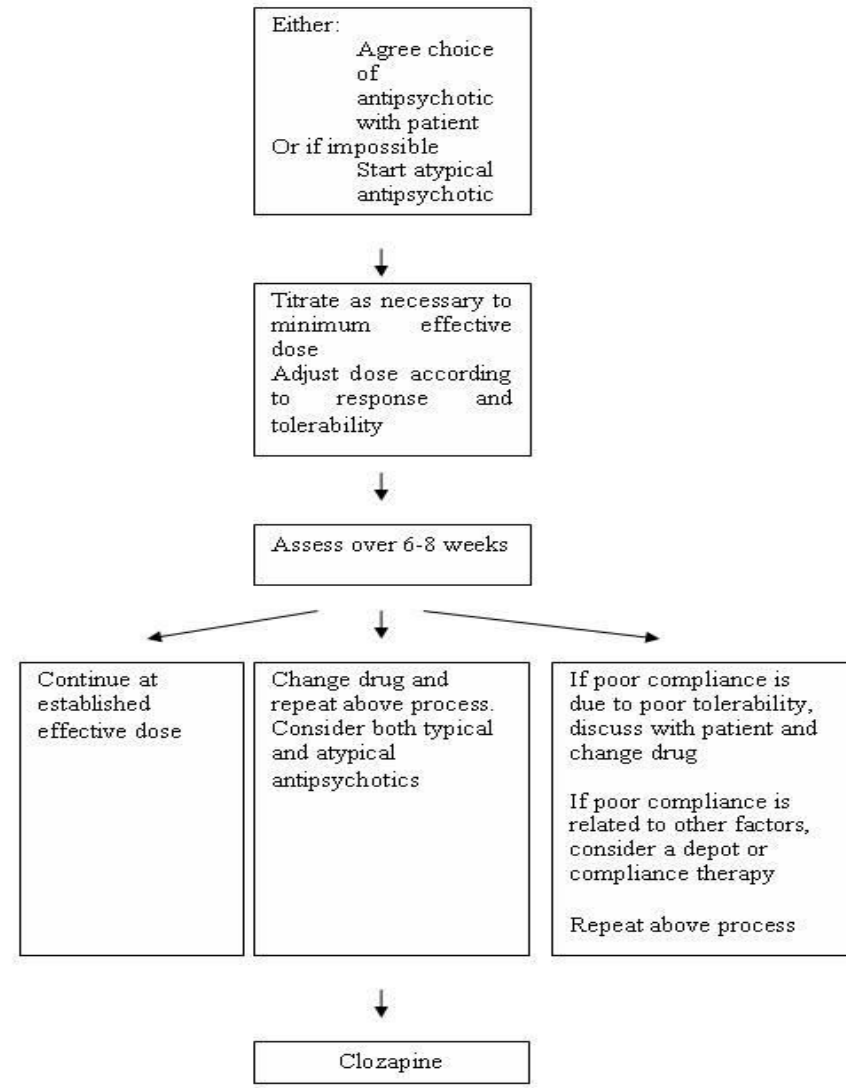
Psychosocial rehabilitation serves to integrate the patient back into his or her community rather than segregating the patient in separate facilities

Vocational rehabilitation may help a patient obtain supported employment, competitive work in integrated settings, and more formal job training programs

نعرفها أسماء فقط

About Clozapine (Females' Doctor said it is not important)

Dr.Noor only comment about this illustration was that this drug is VERY dangerous.



Cont.

Sometimes you HAVE to hospitalize the patients for the following reasons:

1. When the illness is new, to rule out alternative diagnoses and to stabilize the dosage of antipsychotic medication
2. For special medical procedures such as electroconvulsive therapy
3. When aggressive or assaultive behavior presents a danger to the patient or others
4. When the patient becomes suicidal
5. When the patient is unable to properly care for himself or herself (e.g.,refuses to eat or take fluids)
6. When medication side effects become disabling or potentially life threatening (e.g, neuroleptic malignant syndrome)

Information mentioned only in males' slides

Schizophrenia: genes plus stressors

TABLE.
Susceptibility Genes for Schizophrenia

Dysbindin	Erb-B4
Neuregulin	FEZ1
DISC-1	MUTED
DADA	MRDS1
DAAD	BDNF
RGS4	Nur77
COMT	MAO-A
CHRNA7	Spinophyllin
GAD1	Calcitonin
GRM3	Tyrosine hydroxylase
PPP3CC	Dopamine receptor
PRODH2	Dopamine receptor
AKT1	

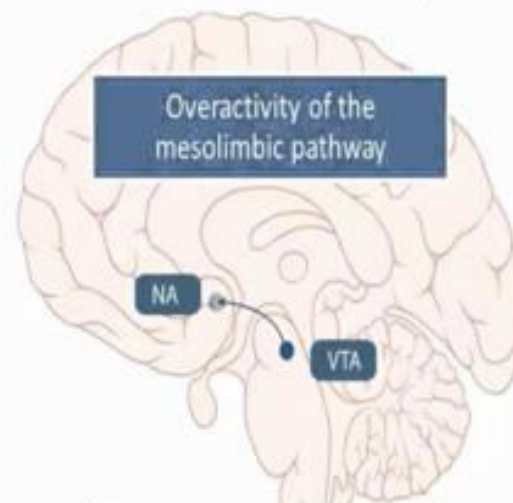
DISC-1-disrupted in schizophrenia-1; DADA-D-amino acid oxidase activator (G72/G30); DAAD-D-amino acid oxidase; RGS4-regulator of G-protein signaling 4; COMT-catechol O methyl transferase; CHRNA7- α -7 nicotinic cholinergic receptor; GAD1-glutamic acid decarboxylase 1; GRM3-glutamate receptor, metabotropic 3; BDNF-brain derived neurotrophic factor; MAO-A-monoamine oxidase A.

Stahl SM. CNS Spectr. Vol 12, No 8, 2007.

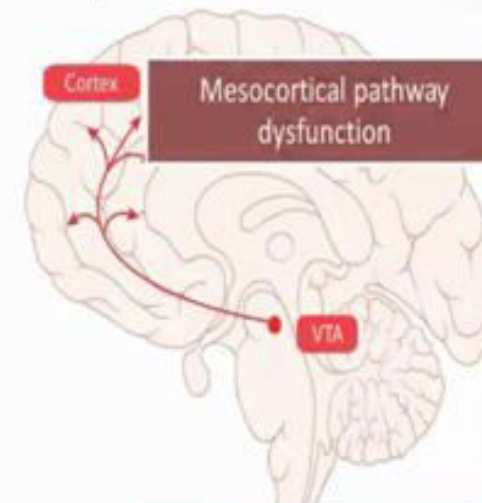
Schizophrenia is mostly caused by various possible combinations of many different genes (which are involved in neurodevelopment, neuronal connectivity and synaptogenesis and excessive pruning of neuronal connections) plus stressors from the environment conspiring to cause abnormal neurodevelopment. There is also abnormal neurotransmission at glutamate synapses, possibly involving hypofunctional NMDA receptors .

Stephen M The Genetics Of Schizophrenia
Converge Upon The NMDA Glutamate Receptor. CNS Spectr.
2007

Dopamine Pathways Relevant to Schizophrenia Symptoms



Positive symptoms



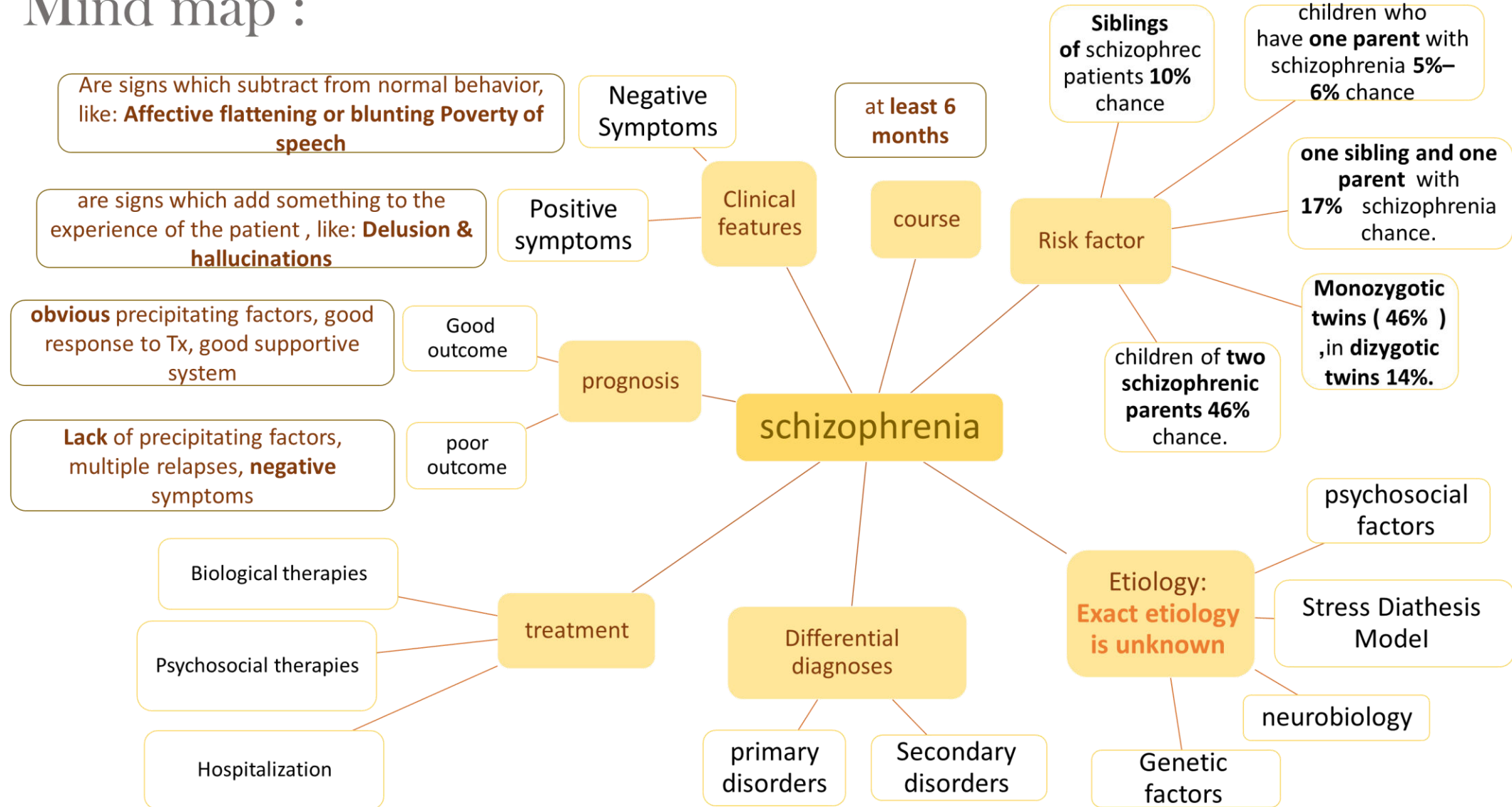
Negative and cognitive symptoms

Cont.

Common side effects of antipsychotic medication (Taylor et al, 2005)

<i>First generation antipsychotics</i>	<i>Second generation antipsychotics</i>	<i>Clotapine</i>
Extrapyramidal effects Dystonia Pseudoparkinsonism Akathisia Tardive dyskinesia	Clanzapine Weight gain Sedation Glucose intolerance and frank diabetes mellitus Hypotension	Sedation
Sedation Hyperprolactinaemia	Risperidone Hyperprolactinaemia Hypotension EPS at higher doses Sexual dysfunction	Hyperactivation Constipation
Reduced seizure threshold Postural hypotension	Aripiprazole Hyperprolactinaemia Insomnia Extrapyramidal effects	Reduced seizure threshold Hypo & hypertension
Anticholinergic effects Blurred vision Dry Mouth Urinary Retention	Quetiapine Hypotension Dyspepsia Drowsiness	Tachycardia
Neuroleptic malignant syndrome		Pyrexia
Weight gain Sexual dysfunction		Weight gain Glucose intolerance and diabetes mellitus Nocturnal enuresis
Cardio-toxicity (including prolonged QTc)		Rare serious side effects Neutropenia 1% Agranulocytosis 0.8% Thromboembolism Cardiomyopathy Myocarditis Aspiration pneumonia

Mind map :



Summary:

- Schizophrenia is serious mental illnesses and It is not a single disease but a group of disorders.
- Worldwide prevalence of schizophrenia is about **0.5%–1.9%**.
- Characterized by **loss of contact with reality**, including delusions, hallucinations(most common **Auditory**), disorganized speech and behavior, and negative symptoms.
- Duration of at least 6 months
- Exact etiology is **unknown**.
- Family important role for development of schizophrenia(**High Expressed Emotion family : increase risk of relapse**).
- Many biological factors seem involved **Dopamine**

Hypothesis and Other Neurotransmitters (Serotonin, Norepinephrine, GABA,Acetylcholine, Glutamate and Neuropeptides)

- There are Differential Diagnosis : **Primary disorders** like (Schizophreniform disorder, Brief psychotic disorder , Schizoaffective disorder) and **Secondary disorders** like (Substance-induced disorders , Psychotic disorders due to another medical disorder)
- **Treatment** :1.Biological therapies 2.Hospitalization(Indications: **Diagnostic purpose, Patient & other's safety**, Initiating or stabilizing **medications**, patient is **unable to properly care for himself** ,When medication side effects become **life threatening**) 3.Psychosocial therapies(**Social skills training SST**)

Depression VS Schizophrenia:

Diagnosis		
	Depression	Schizophrenia
Definition	an emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life. A person who is depressed usually experiences several of the following symptoms	a group of characteristic symptoms , such as hallucinations, delusions, or negative symptoms
Epidemiology	<ul style="list-style-type: none"> The most common psychiatric illness A lifetime prevalence is about 15-25% 	<ul style="list-style-type: none"> Found in all societies and countries with equal prevalence and incidence worldwide A life prevalence is about 0.5%–1.9%
Symptoms	<ul style="list-style-type: none"> loss of that sense of control over feelings tiredness trouble staying focused Irritability Weight loss suicidal thoughts extreme self-confidence and impulsivity 	<ul style="list-style-type: none"> Delusions Hallucinations Disorganized speech Affective flattening or blunting Poverty (lack) of speech Poor grooming (cleaning up one's self) Lack of motivation <p>Positive signs</p> <p>Negative signs</p>
Etiology	The causative factors are multifactorial : <ul style="list-style-type: none"> -Genetic factors -Neuroimaging Studies -Abnormalities in Neuroendocrine Function -Neurobiological factors -Psychological factors 	Exact etiology is unknown. <ul style="list-style-type: none"> -Genetics factors -Stress-Diathesis Model -genes plus stressors -Psychosocial Factors -Neurobiology
Differential Diagnosis	<ul style="list-style-type: none"> Depression secondary to medical diseases Depression secondary to medications Depression secondary to substance abuse Psychiatric disorders 	<ul style="list-style-type: none"> primary Psychiatric disorders Secondary psychiatric disorders
Treatment	<ul style="list-style-type: none"> Antidepressants: Tricyclics/ Tetracyclics: Selective Serotonin Reuptake Inhibitors (SSRIs) Selective serotonin – Norepinephrine Reuptake Inhibitors (SNRIs) 	<ul style="list-style-type: none"> Biological therapies Hospitalization Psychosocial therapies

MCQs:

Q1:from the flowing ,which one is classified as positive symptom of schizophrenia?

- A:alogia
- B:delusion
- C:avolition
- D:anhedonia

Q2:children of two schizophrenic parents have about ___ chance to developing schizophrenia.

- A:10%
- B:17%
- C:6%
- D:46%

Q3:When the patient is poorly responding to the medication, we usually use:

- A: Depot forms
- B:Electroconvulsive therapy (ECT)
- C: hospitalize the patient
- D: Social skills training (SST)

Q4:The main reason of schizophrenia is:

- A:un known
- B: Genetics
- C: increase release of dopamine
- D: decrease T-cell interlukeukin-2

Q5: Which one is the only reason to hospitalize the patient?

- A: positive family history of schizophrenia
- B: appearance of negative symptoms
- C: unable to properly care for himself or herself
- D: history of autism spectrum

Q6: aggressive symptoms on the patient due to malfunctioning of:

- A: mesolimbic system
- B: dorsolateral prefrontal cortex
- C: orbitofrontal & amygdala
- D: nucleus accumbens

True or false

Q7: early teenagers one of the good outcome in schizophrenia.

- A: T
- B: F

Q8: brief psychotic disorder usually takes less than one month of disturbance

- A: T
- B: F

Q9:High Expressed Emotion family increase risk of relapse.

- A: T
- B: F

Q10:worldwide prevalence of schizophrenia is about 1%-2%

- A: T
- B: F

Answers:
1:b
2:d
3:b
4:A
5:c
6:c
7:b
8:a
9:a
10: b

Thank you for checking our work



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Reference: Male and female slides



[Schizophrenia \(8:14\)](#)



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