# SCHIZOPHRENIA



## Mohammed Aljaffer, MD

Assistant Professor-Medical Collage

Consultant of Forensic, Psychosomatic medicine and Neuropsychiatry KSU, Riyadh

Nasser is a 28 year-old single male

**Emergency room by his family** 

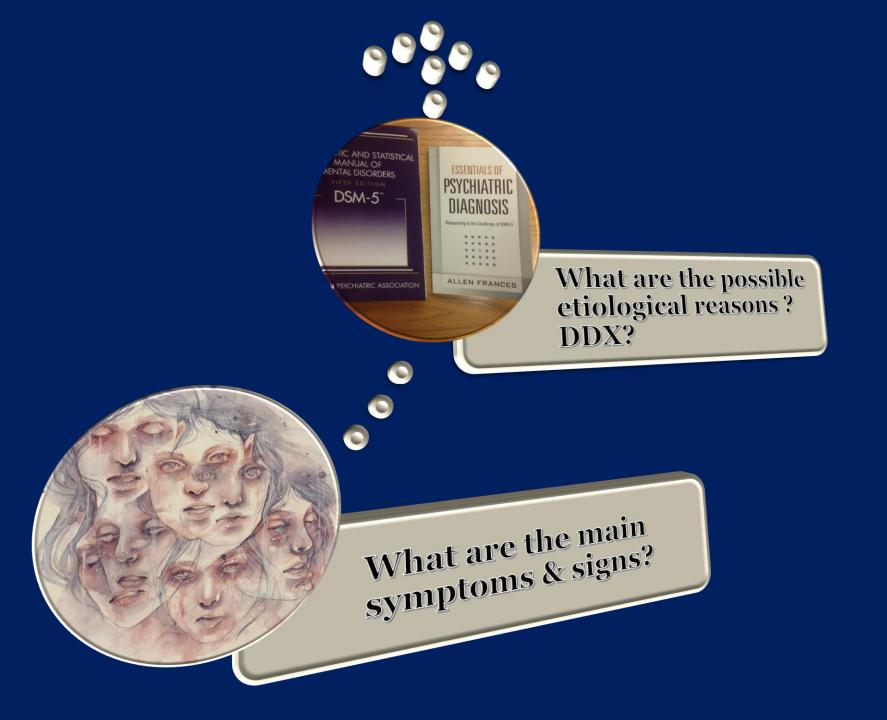
#### gradual changes in his behavior 9 months

Eat only canned food but not cooked food made by his family

#### agitated

He talks to himself and stares occasionally on the roof of his room.

Afraid of being poisoned





## **Features of SCZ**

Positive Symptoms

Negative Symptoms

Disorganization

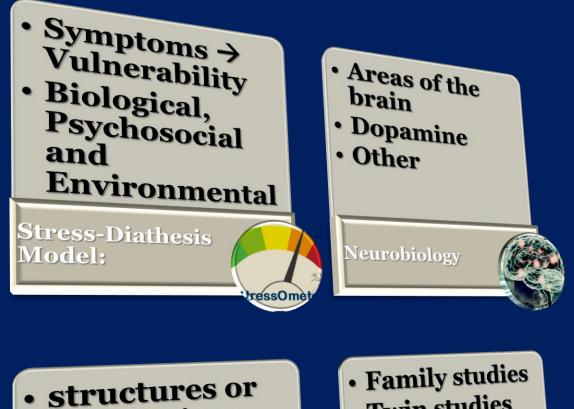
Cognitive Deficits

Mood Symptoms

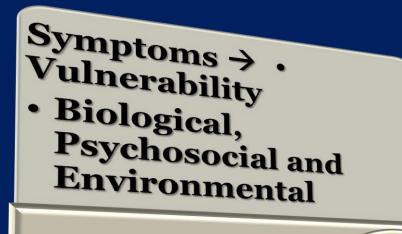
Function



## Unknown

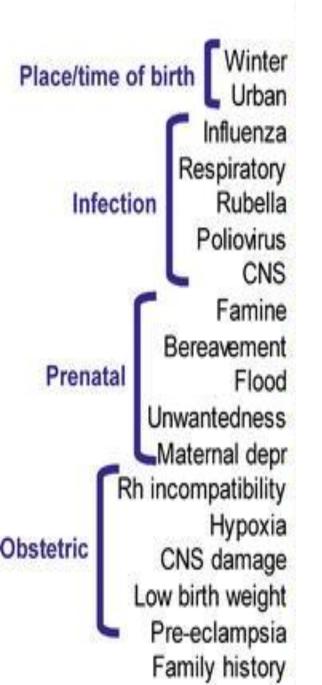


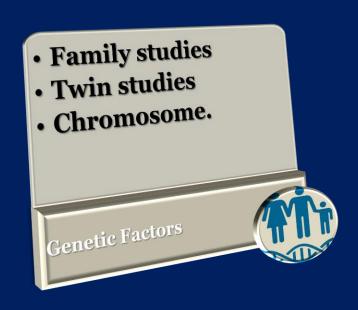
structures or connections
Limbic system
Basal ganglia
Cerebellum
Neuropathology



tressOme

**Stress-Diathesis** Model:

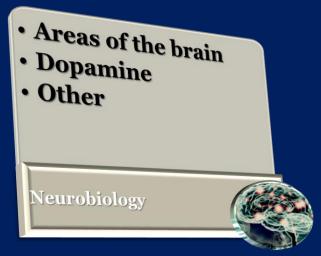




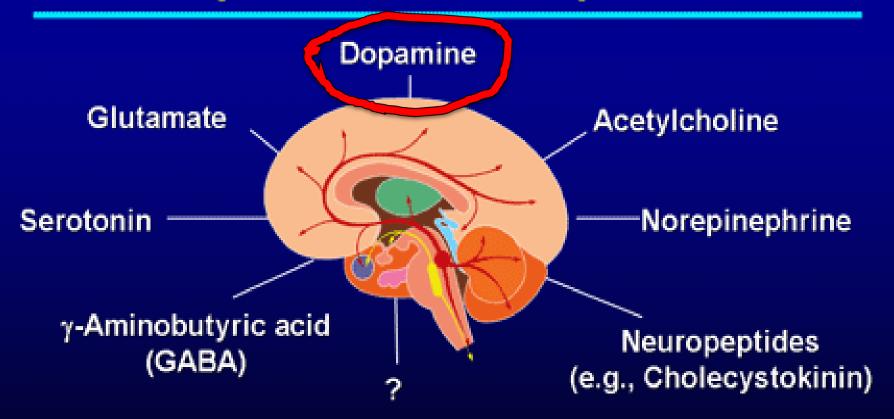
#### Rates of Schizophrenia Among Relatives of Schizophrenic Patients\*

Parents							
Children							
Children - both parents schizophrenic							
Brothers and sisters							
Brothers and sisters - neither Brothers and sisters - one	parent schizophrenic						
	twins of opposite sex						
Frater	nal twins of same sex						
Identical twins Uncles and aunts							
	Nephews and nieces Grandchildren						
First degree relatives	Half brothers/sisters						
Second degree relatives	First cousins						
Third degree relatives	General population						
* Based on Slater and Cowie (1971), with the exception of twin data from Shields and Slater (1975). Adapted, with permission	Ó	10	20 Perc	30 cent a	40 t risk	50	60

Slater (1975). Adapted, with permission, from Tsuang and Vandermey (1980).



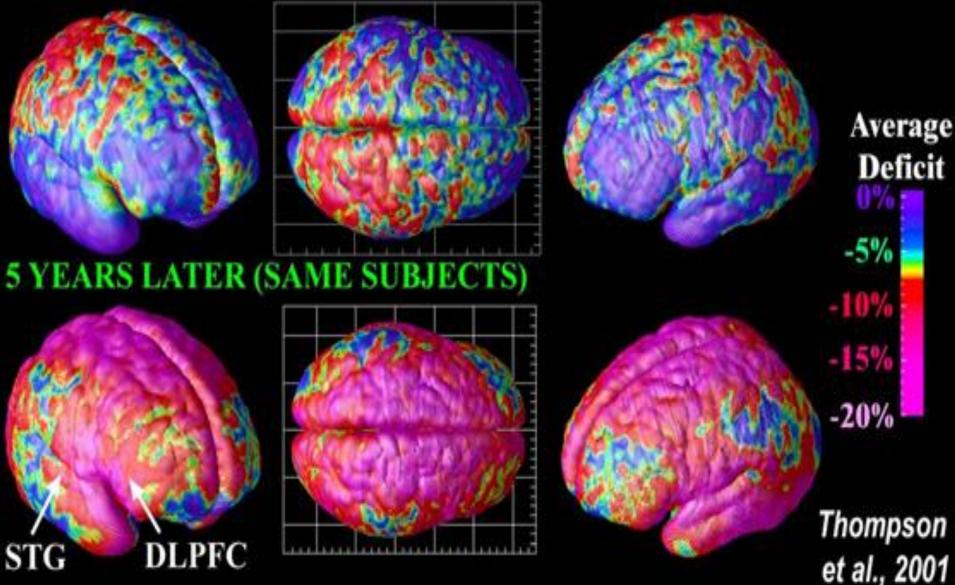
## Neurotransmitter Systems Implicated in Schizophrenia



#### Schizophrenia Probably Involves Multiple Neurotransmitter System Abnormalities<sup>1, 2</sup>

<sup>1</sup>Goff et al. (2001), Med Clin North Am 85:663-689; <sup>2</sup>Casey, Zorn (2001), J Clin Psychiatry 62(suppl 7):4-10

## **Early** and **Late** Gray Matter **Deficits** in Schizophrenia EARLIEST DEFICIT



## Diagnosis

#### **# DSM-5 Diagnostic Criteria for Schizophrenia:**

A- ≥ two characteristic symptoms for one month, at least one of them is (1),(2) or (3)

- **1- Delusions**
- 2- Hallucinations

**3- Disorganized speech (frequent derailment or incoherence)** 

4- Grossly disorganized or catatonic behavior

5- Negative symptoms (diminished emotional expression or lack of drive (avolition))

B- Social, Occupation or self-care <u>dysfunction</u>
C- Duration of at least <u>6 months</u> of disturbance (include at least one month of active symptoms that meet Criterion A; in addition of periods of prodromal and residual symptoms).

- **D- Schizoaffective & mood disorder exclusion**
- E- The disturbance is not due to Substance or another medical condition.

F- If there is history of autism spectrum disorder or a communication disorder of childhood onset, schizophrenia diagnosis is made only if delusion or hallucinations plus other criteria are present.

## **Clinical Features**

No single clinical sign or symptom is pathognomonic for schizophrenia

- Patient's history & mental status examination are essential for diagnosis.
- Premorbid history includes schizoid or schizotypal personalities, few friends & exclusion of social activities.
- Prodromal features include obsessive compulsive behaviors, attenuated positive psychotic features.

## **Mental Status Examination**

- Appearance & behavior
- Mood, feelings & affect
- Perceptual disturbances
- Thought: Thought content
  - Form of thought

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

- Impulsiveness, violence, suicide & homicide
- Cognitive functioning
- Poor insight and judgment



#### Good P.F

#### Poor P.F

## Differential Diagnosis (*Other psychotic Dis.*)

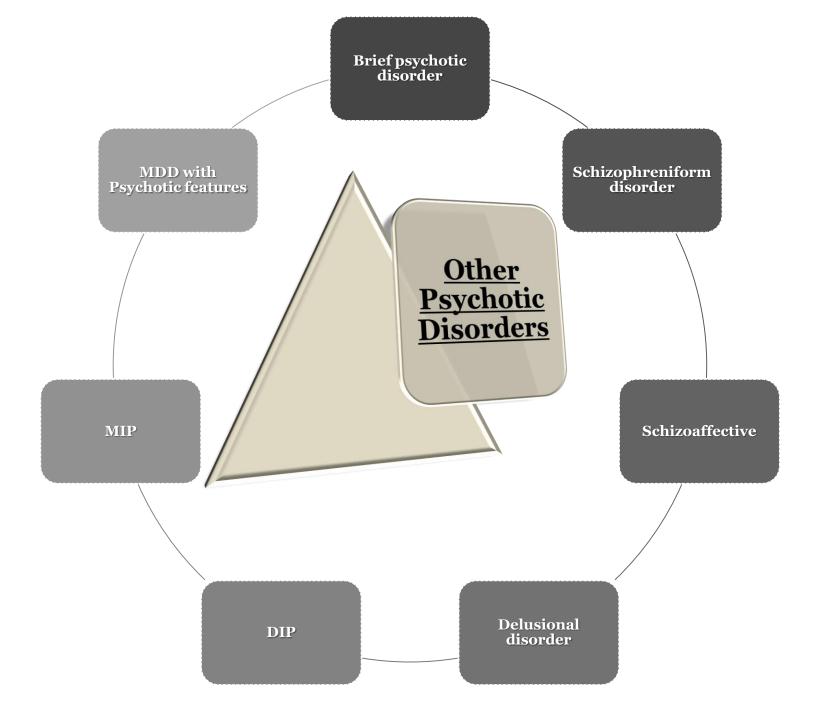
#### SECONDARY PSYCHIATRIC DISORDERS

 Substance-induced disorders
 Psychotic disorders due to another medical disorder :
 Epilepsy ( complex partial)
 CNS diseases
 Trauma

Others

#### PRIMARY PSYCHIATRIC DISORDERS

Schizophreniform disorder **Brief psychotic disorder Delusional disorder** Schizoaffective disorder Mood disorders **Personality disorders** (schizoid, schizotypal & borderline personality) **Factitious disorder** Malingering



## **Antipsychotic Medications**

#### **Conventional Antipsychotics Atypical Antipsychotics** Chlorpromazine Aripiprazole Fluphenazine Clozapine Haloperidol Olanzapine Loxapine Paliperidone Molindone Quetiapine Perphenazine Risperidone Pimozide Ziprasidone Prochlorperazine Thiothixene Thioridazine Trifluoperazine

