

Schizophrenia

Classification & Diagnosis



Psychopathology

There are many misconceptions about schizophrenia, what comes to mind when you think of the disorder?



Define Schizophrenia (Sz):

Schizophrenia is the most common and well known psychotic disorder, it ranks among the top 10 causes of disability worldwide and affects about 1 in 100 people at some point in their lives (Mathers et al 1996)

Why do people often confuse Sz with multiple personality disorder (split-personality)?

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Clinical characteristics of schizophrenia

The symptoms of schizophrenia are typically divided into positive and negative.

- **Positive symptoms** – those that appear to reflect an excess or distortion of normal functions
- **Negative symptoms** – those that appear to reflect a diminution or loss of normal functions, which often appear during periods of low (or absent) positive symptoms

Under DSM-IVR (Diagnostic Statistical Manual) the diagnosis of schizophrenia requires at least a one month duration of 2 or more positive symptoms.

A- Positive symptoms

Delusions	
Experiences of control	
Hallucinations	
Disordered thinking	

B – Negative symptoms

Affective flattening	
Alogia	
Avolition	

AO1 - Issues of reliability

Reliability refers to the consistency of a measuring instrument, such as a questionnaire or scale, to assess for example, the severity of the schizophrenic symptoms. Reliability of such questionnaires or scales can be measured in terms of whether 2 independent assessors give similar diagnosis (*inter-rater reliability*) or whether tests used to deliver these diagnoses are consistent over time (*test-retest reliability*)



Inter-rater reliability

- The publication of the DSM-III in 1980 was specifically designed to provide a much more reliable system for classifying psychiatric disorders
- In a review of the success of the DSM-III, Carson (1991) claimed that the DSM-III had fixed the problem of inter-rater reliability once and for all.
- Psychiatrists now had a reliable classification system, so this should have led to much greater agreement over who did and who did not have schizophrenia

Test-retest reliability

- Cognitive screening tests such as RBANS (Repeatable Battery for the assessment of Neuropsychological Status) are important in the diagnosis of schizophrenia as they measure the degree of the neuropsychological impairment.
- Wilks et al (2003) administered 2 alternate forms of the test to schizophrenic patients over intervals varying from 1-134 days.
- The test reliability (correlation of scores across the 2 test periods) was high at .84.

AO2 for reliability

Before the DSM-III, one problem was that key terms were not clearly defined and another was that clinicians used different techniques when interviewing and assessing patients. Consider the following famous study by Rosenhan.

'Sane in insane places' - Rosenhan's study 1973

ROSENHAN carried out two studies in U.S. psychiatric hospitals, to find out whether or not the medical staff could judge between mental normality and abnormality. In the first study eight ordinary people went to hospital admission departments claiming to hear voices saying EMPTY, HOLLOW and THUD; seven were admitted with a diagnosis of schizophrenia. In the second study a hospital was warned that some pseudopatients would try to be admitted. In fact there were none, but about 10% of the real patients were subsequently suspected of being fakes. This shows the difficulty in distinguishing between normality and abnormality. In the first study the pseudopatients, once admitted, reported experiencing depersonalisation and powerlessness, being ignored by nurses and psychiatrists. Everything they did was interpreted as a symptom of mental illness because that was what the medical staff expected to see. The studies raise some ethical concerns about deception.

This study highlighted the unreliability of diagnosis. However, this study was conducted over 30 years ago. Since then manuals have been improved and diagnostic practise is very different. For example, categories and definitions are more detailed and operationalised and psychiatrists now use standardised interview schedules when assessing patients. Also the ICD (another diagnostic manual) and DSM have been brought in line with one another so they are now very similar.

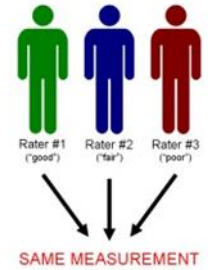
Also, there are cultural differences in the diagnosis of schizophrenia.

The reliability of schizophrenia is further challenged by the finding that there is massive variation between countries.

Coupland (1971) gave 124 US and 194 British psychiatrists a description of a patient.

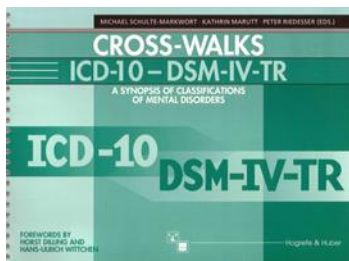
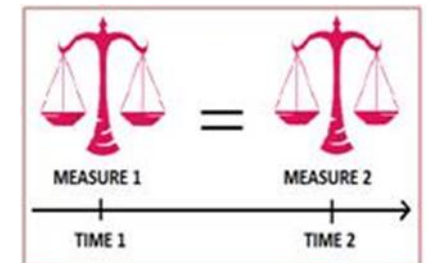
- 69% of the US psychiatrists diagnosed schizophrenia
- But only 2% of British psychiatrists diagnosed schizophrenia

Inter-rater reliability-



Unreliable symptoms-

Test-retest reliability-



Comparing DSM and ICD -

Issues of validity

Validity refers to the extent that a diagnosis represents something that is real and distinct from other disorders and the extent that a classification system such as ICD or DSM measure what it claims to measure. Reliability and Validity are linked because a diagnosis cannot be valid if it is not reliable.

Comorbidity

- This is an important issue for the validity of diagnosis of mental health. It refers to the extent that 2 (or more) conditions co-occur
- Psychiatric comorbidities are common amongst patients with schizophrenia.
- These include substance abuse, anxiety and symptoms of depression.
- Buckley et al (2009) estimate that comorbid depression occurs in 50% of patients and 47% of patients also have a lifetime diagnosis of substance abuse.
- Such comorbidity creates difficulties in the diagnosis of a disorder and also in deciding what treatment to advise.

Positive or negative symptoms?

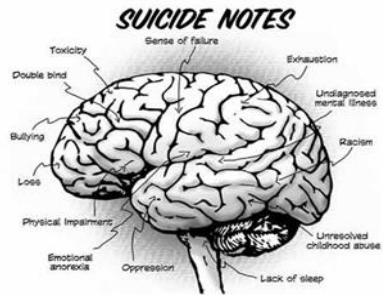
- Klosterkötter et al (1994) assessed 489 admissions to a psychiatric unit in Germany to determine whether positive or negative symptoms were more valid for a diagnosis of schizophrenia.
- They found that positive symptoms were more useful for diagnosis than were negative symptoms.

Prognosis

- People diagnosed as schizophrenic rarely share the same symptoms, nor is there evidence they share the same outcomes.
- Prognosis for patients varies with about 20% recovering their previous level of functioning, 10% achieving significant and lasting improvement and about 30% showing some improvement with intermittent relapses (Bentall et al 1988)
- A diagnosis of schizophrenia therefore had little predictive validity-some people never appear to recover from the disorder, but many do.

AO2 of validity

Comorbidity and medical complications -



Comorbidity and suicide risk-

Ethnicity may lead to a misdiagnosis -



Symptoms -

Questions

1) Outline clinical characteristics of schizophrenia

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2) Outline issues relating to reliability and validity of schizophrenia

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Homework

Revise for the following essays that you will do timed in lesson.

1. *Outline clinical characteristics of schizophrenia (8 marks)*
2. *Discuss issues of reliability and validity associated with the classification and diagnosis of schizophrenia (8+ 16 marks)*