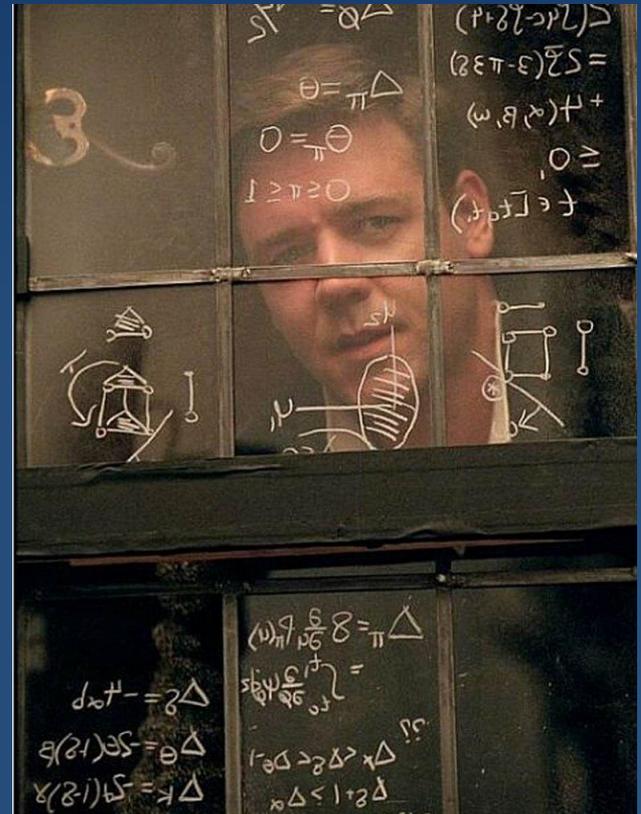


# Schizophrenia

An Introduction through the Beautiful Mind



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## Information to know

### *Clinical characteristics of Schizophrenia (Sz)*

Issues surrounding the classification and diagnosis of including reliability and validity

Biological explanations of Sz, for example, genetics, biochemistry

Psychological explanations of Sz; behavioural, cognitive, psychodynamic and socio-cultural

Biological therapies for their chosen disorder, including their evaluation in terms of **appropriateness and effectiveness**

Psychological therapies for Sz, for example, behavioural, psychodynamic and cognitive-behavioural, including their evaluation in terms of **appropriateness and effectiveness**

# Schizophrenia

- Clinical description
- Biological explanations
- Psychological explanations



# Schizophrenia

- Schizophrenia is **not** a multiple personality
- A psychotic disorder involving a break with reality
- Many different manifestations with a few shared features



# What is it?



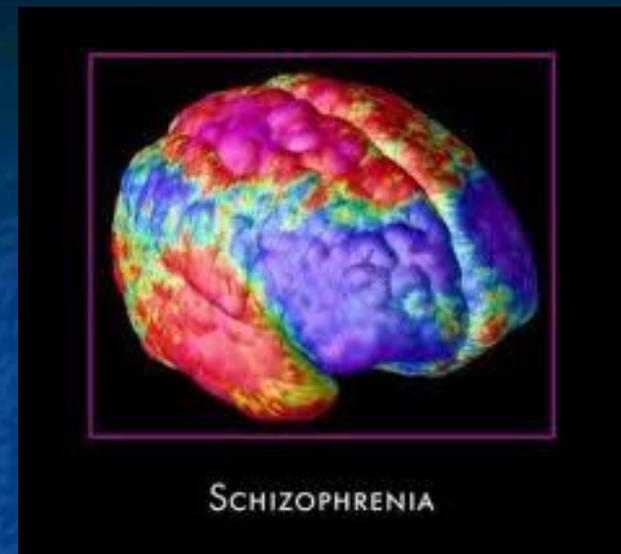
- Schizophrenia is a **psychotic** condition
- In neurotic conditions (e.g., depression, OCD) sufferers have **insight** into their condition
- A schizophrenic person experiences reality differently from most other people

# What is it?

- Perception of their own thoughts is also altered
- This means they ***lack insight*** into their condition
- Symptoms include **delusions** (often paranoid), **hallucinations** (usually auditory), speech and behaviour which is “**disorganised**” **and/or** **bizarre**

# Schizophrenia

- Schizophrenia is one of the most chronic and disabling of the major mental illnesses affecting thought processes. **1%** of the worldwide population suffers from schizophrenia.
- In order for a diagnosis to be made, **two** or **more** of the symptoms must be present for more than one month along with reduced social functioning



# Schizophrenia Diagnosis

- At least two of the following:
  - Hallucinations (us. auditory or somatic)
  - Delusions (oft. linked to hallucinations)
  - Disorganised speech
  - Disorganised or catatonic behaviour
  - Negative symptoms
- Only 1 of these symptoms are necessary if delusions are bizarre or a hallucination of 2 voices conversing or 1 voice giving a running commentary on the persons thoughts or behaviour

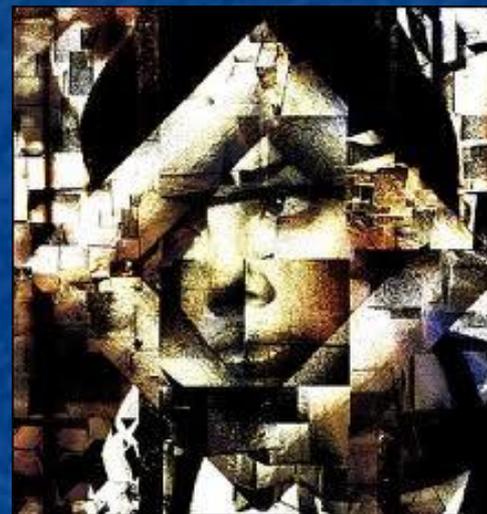


# Schizophrenia Diagnosis DSM-IV

- **Social & occupational dysfunction** - Since onset 1 or more major area such as work, relationships, personal hygiene shows significant disturbance (failure to function adequately)
- Duration continuous signs of disturbance for a least 6 months must include at least 1 month of symptoms

# Exclusion of Mood Disorders

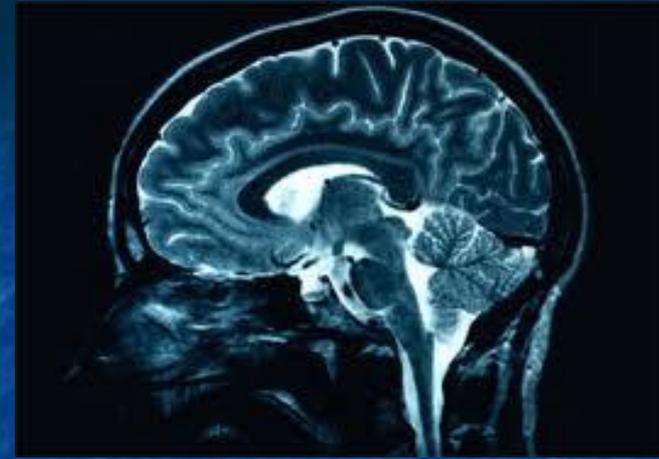
- Depression and mania is absent when psychotic symptoms are present
- Exclusion of known organic disorders
- For instance not a drug induced psychosis (amphetamines) or side effect of medication or drain disorder such as a tumour



# Diagnosing Mental Disorders

- **DSM** (Diagnostic and statistical Manual of Mental Disorders) is produced by the American Psychiatric association. It contains a list of symptoms for each disorder and guidelines for clinicians who make diagnosis.
- **ICD** (International Classification of Diseases) is produced by the World Health Organisation for both physical and mental illnesses. Its aim is to follow the epidemiology of diseases worldwide.

# Schizophrenia



- The symptoms are separated into two categories; positive and negative.
- **Positive symptoms** are an excess or distortion of normal functions and **negative symptoms** are a diminution or loss of normal functions.
- The diagnostic criteria of the two systems (**DSM** and **ICD**) are very similar, but the **DSM** states that signs of disturbance should be apparent for at least **6 months**, whereas the **ICD** requires the signs to be apparent for **one month**.

# Positive & Negative Symptoms

## Positive Symptoms

- Delusions – paranoia, grandiosity
- Experiences of control – thoughts and actions are believed to be under external control (i.e. of alien force). Auditory hallucinations – bizarre, unreal perceptions, usually auditory.
- Thought disturbance and disordered thinking – thoughts have been inserted or withdrawn from the mind.
- Language impairments
- Disorganised behaviour
- Catatonia – immobility

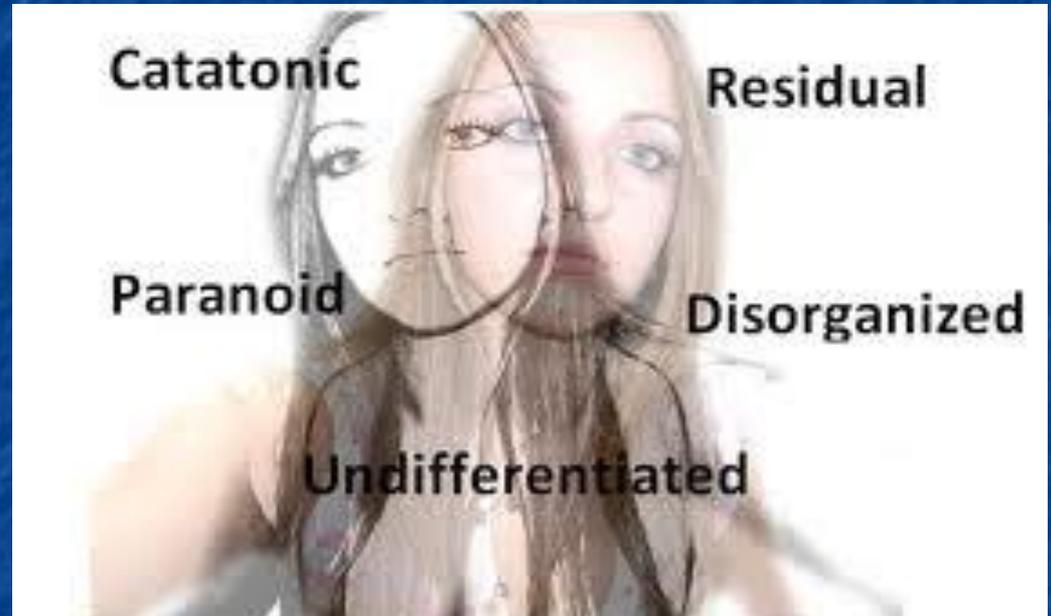
## Negative symptoms

- Reduction in range and intensity of emotional expression, including facial expression, tone of voice etc
- Avolition – reduction or inability to take part in goal directed behaviour.
- Reactivity is not expected
- Thought blocking
- Asocial behaviour
- Emotional blunting
- Psychomotor – catatonia – immobility and frenetic activity

# Schizophrenia Diagnosis

- Diagnostic subtypes

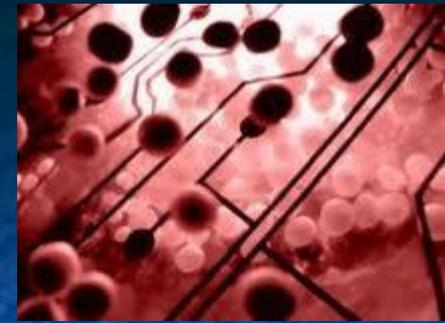
- Paranoid
- Catatonic
- Disorganised
- Undifferentiated



- Type 1 - Episodic, mainly positive symptoms

- Type 2 - Chronic, mainly negative symptoms

# Clinical Characteristics



- Schizophrenia has been variously described as a disintegration of the personality
- A main feature is a split between thinking and emotion.
- It involves a range of psychotic symptoms (where there is a break from reality)
- Generally, schizophrenic patients lack insight into their condition, i.e. they do not realise that they are ill.

# Reliability of Diagnosis



- Both the DSM and the ICD are used and this causes difficulties as their criteria vary slightly.
- One symptom is “bizarre” delusion however what seems bizarre to 1 psychiatrist might not seem bizarre to another.
- Mojtabi and Nicholson found an inter-rater reliability of 0.4 which is low to base such a serious diagnosis
- **Rosenhan’s** study shows that reliability of diagnosis is questionable and is influenced by expectations and situational factors.

# Reliability



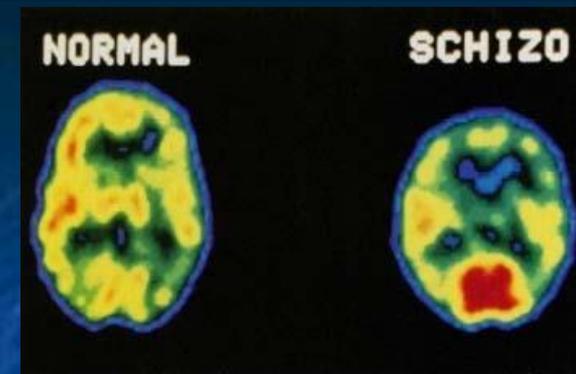
- Reliability concerns consistency of measurements, in relation to the classification and diagnosis;
- **Inter-rater reliability** – whether two or more clinicians make the same diagnosis when independently assessing a patient. Some of this error may be due to the fact that the same patient may give different information to different doctors.
- **Test-retest reliability** – whether the same clinician gives the same diagnosis when given the same information
- Obviously a diagnosis is useless if it fails to be consistent; BECK found 54% consistency when four experienced clinicians diagnosed 153 patients.

# Reliability – Evidence



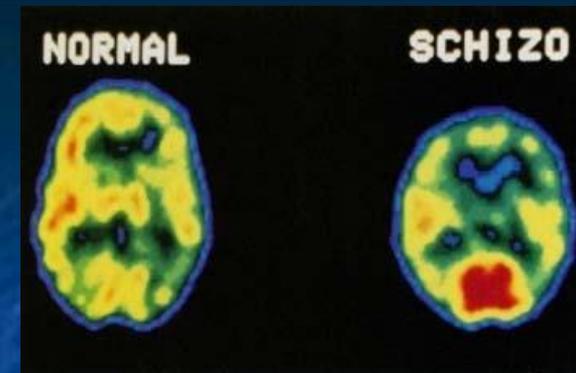
- There is both evidence for and against the reliability of a diagnosis of schizophrenia;
- **PRO** – the diagnosis of schizophrenia has relatively high reliability (+.81)
- **ANTI** – Read et al reported that test-retest reliability was as low as +.31 and also described a 1970 study where 194 British and 134 American psychiatrists were asked to provide a diagnosis on the basis of a case description.
- 69% American's diagnosed schizophrenia and only 2% of British did.

# Validity of Diagnosis



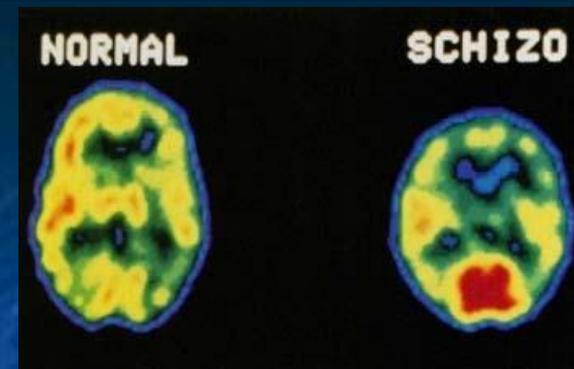
- **Comorbidity** - Symptoms such as delusions and thought disorders are also found in other disorders such as bipolar disorders.
- **Predictive validity**: it is impossible to predict the development of Sz in a particular individual therefore the Sz has low predictive validity.
- Because of the stigma attached to the diagnosis of Sz, psychiatrists might be reluctant to diagnose such a serious mental disorder therefore Sz might be under-diagnosed.

# Validity – Evidence



- Reliability – an unreliable diagnosis cannot be valid (the diagnosis is not true; the person does not have schizophrenia).
- **Predictive validity** – if diagnosis results in successful treatment then the diagnosis must have been valid
- At one extreme, up to 30% of those diagnosed with schizophrenia never have a recurrence of the disorder after the first episode (Bichwood & Jackson, 2001). At the other extreme, about 10% of schizophrenics commit suicide (Birchwood & Jackson, 2001) Poor predictive validity!

# Validity – Evidence



- **Cultural/Ethnic Bias** – Keith et al. (1991) also found that 2.1% of African-Americans are diagnosed with schizophrenia, compared with 1.4% of white Americans.
- However, African-Americans on average are more likely than white Americans to live in poverty and to suffer marital separation.
- **Social Class bias** - . Keith et al. (1991) reported that 1.9% of lower-class people, 0.9% of middle-class people and only 0.4% of upper-class people were diagnosed with schizophrenia.

# Schizophrenia Prognosis

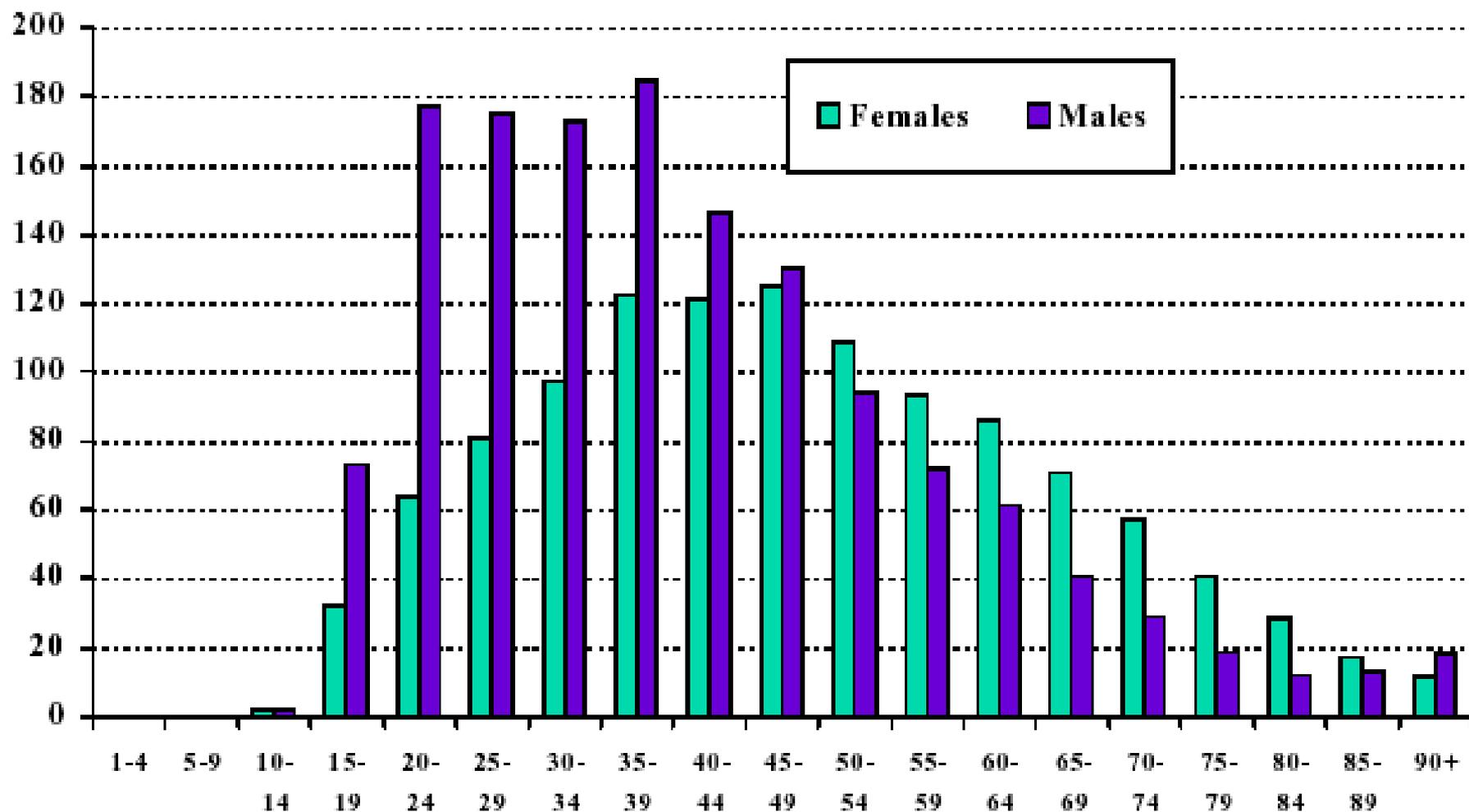
- 'Rule of the thirds' (rule of thumb):
  - 1/3 recover more or less completely
  - 1/3 episodic impairment
  - 1/3 chronic decline
- Confirmed in US & UK (Stevens, 1978) - With treatment about 60% of patients manage a relatively normal life
- Prognosis better in non-industrialised societies



# Ethical issues around Classification & Diagnosis

- Problems with type 1 and type 2 errors i.e. saying someone is schizophrenic when they are not, or saying someone does not have schizophrenia when they do.
- **Labelling** – diagnosis leads to labelling. While this can be helpful in terms of providing an appropriate treatment, it can be stigmatising and lead to a **self-fulfilling prophecy**.

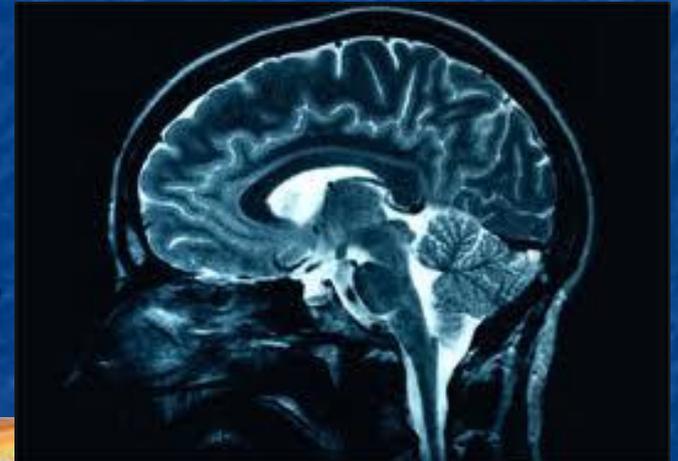
# Schizophrenia onset



# Schizophrenia Explanations

## ■ Biological

- Genetics
- Structural brain abnormalities
- Neurochemicals & hormones



## ■ Psychological

- Family dynamics
- Life stress
- Urbanicity

