UNIT NO. 1

AN OVERVIEW OF SCHIZOPHRENIA

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ABSTRACT

Schizophrenia is characterised by multiplicity of symptoms affecting cognition, emotion and perception. The early age of onset, varying degree of intellectual and psychosocial impairment and possibility of long-term disability makes it a severe and devastating mental illness. Symptoms of schizophrenia are divided into four categories: positive, negative, disorganised and cognitive symptoms. Various combinations of severity of these four categories are found in patients. They may also experience symptoms of other mental disorders, including depression, obsessive and compulsive symptoms, somatic concerns, and mood or anxiety symptoms. More than 80% of patients with schizophrenia have parents who do not have the disorder. The risk of having schizophrenia is greater in persons whose parents have the disorder. The peak incidence of schizophrenia is at 21 years. The onset is earlier for men (between ages 15 and 25 years) and later in women (between ages 25 and 35 years). Childhood onset schizophrenia is rare. The first psychotic episode is often preceded by a prodromal phrase lasting weeks or even years. The psychotic phase progresses through an acute phase, a recovery or stabilisation phase, and a stable phase. Early detection and treatment results in a better outcome. Management of schizophrenia is holistic and multidisciplinary. Family physicians play an important role in the early detection of those who are psychotic; managing patients who are stabilised and require maintenance pharmacotherapy; and the detection of physical illnesses of cardiovascular diseases, obesity and diabetes which have a higher prevalence among patients with schizophrenia as compared to the general population.

Keywords: Cognition, emotion, perception, symptoms, early detection, physical illnesses, role of family physicians

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CLINICAL FEATURES

Schizophrenia is a mental illness characterised by a multiplicity of symptoms affecting the fundamental human attributes: cognition, emotion and perception. The early age of onset, varying degree of intellectual and psychosocial impairment and possibility of long-term disability makes schizophrenia one of the most severe and devastating mental illnesses. Persons with schizophrenia also suffer disproportionately from an increased incidence of general medical illness, and increased mortality, especially from suicide, which occurs in up to 10% of patients[1].

No single symptom is pathognomonic of schizophrenia. Symptoms of schizophrenia are divided into four categories: positive, negative, disorganised and cognitive symptoms. Various combinations of severity in these four categories are found in patients.

Positive symptoms are those that appear to reflect the presence of mental features that should not normally be present. These include delusions and hallucinations.

Negative symptoms are those that appear to reflect a diminution or loss of normal emotional and psychological function. These include affective flattening (difficulty in expressing emotions), alogia (limited speech with consequent difficulty in maintaining a continuous conversation or saying anything new), avolition (extreme apathy with lack of initiation, drive and energy which result in academic, vocational and social deterioration), anhedonia (lack of pleasure or interest in life) and asociality (social withdrawal and few social contacts). These Negative symptoms are less obvious and often persist even after the resolution of positive symptoms.

Cognitive symptoms include impairment in attention, reasoning and judgment, and difficulty in processing information.

Disorganised symptoms refer to disturbances in thinking, speech, behaviour and incongruous affect.

These psychological and behavioral disturbances are associated with a variety of impairments in occupational or social functioning. Although there can be marked deterioration with impairments in multiple domains of functioning (e.g. learning, self-care, working, interpersonal relationships, and living skills), the manifestation of the disorder can vary across persons and within persons over time.

Individuals with schizophrenia may also experience symptoms of other mental disorders, including depression, obsessive and compulsive symptoms, somatic concerns, and other mood or anxiety symptoms.

AETIOLOGICAL BASIS Y OF SCHIZOPHRENIA

Schizophrenia is a complex disorder and arises from a combination of risk factors including genetic vulnerability. Although more than 80% of patients with schizophrenia have parents who do not have the disorder, the risk of having schizophrenia is greater in persons whose parents have the disorder; the lifetime risk is 13% for a child with one parent with schizophrenia and 35-40% for a child with two affected parents and about 50% concordance rate among monozygotic twins[2].

The genetic vulnerability arises from a complex combination of multiple genes of small effect. Environmental risk factors are also necessary and some operate early in life[3].

NATURAL HISTORY AND COURSE

The peak incidence of schizophrenia is at 21 years[4]. The onset is earlier for men (between ages 15 and 25 years) and later in women

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(between ages 25 and 35 years). Childhood onset schizophrenia is rare and that psychotic symptoms in this age group may not always be indicative of schizophrenia[5-7].

The first psychotic episode is often preceded by a prodromal phrase. The prodromal phase involves a change from premorbid functioning and extends up to the time of the onset of frank psychotic symptoms. It may last weeks or even years. During the prodromal phase the person experiences substantial functional impairment and nonspecific symptoms such as sleep disturbance, anxiety, irritability, depressed mood, poor concentration, fatigue, and behavioral deficits such as deterioration in role functioning and social withdrawal. Perceptual abnormalities and suspiciousness may emerge later in the prodromal phase[8,9].

The psychotic phase progresses through an acute phase, a recovery or stabilisation phase, and a stable phase. The acute phase refers to the presence of florid psychotic features such as delusions, hallucinations, formal thought disorder, and disorganised thinking. The stabilisation (recovery) phase refers to a period after acute treatment. During the stable phase, negative and residual positive symptoms that may be present are relatively consistent in magnitude and usually less severe than in the acute phase. Some patients may be asymptomatic whereas others experience nonpsychotic symptoms such as tension, anxiety, depression, or insomnia.

The longitudinal course of schizophrenia is variable. Complete remission with a full return to a premorbid level of functioning is not common although some individuals are free from further episodes. The outcome following first admission and first diagnosis of schizophrenia with follow-up time of more than 1 year suggests that less than 50% of patients have a poor outcome and with good outcome in less than 50% – this is thought to be due to unexplained heterogeneity rather than uniform poor outcome.[3] A small proportion (10%-15%) will remain chronically and severely psychotic. Early detection and treatment, however, would lead to a better outcome[10].

The management of schizophrenia should take a holistic and multidisciplinary approach. The type and range of intervention is to a large extent specific to the different phases of the illness. In the acute phase of the illness, the patient requires specialised psychiatric care.

Family physicians play an important role in the early detection of those who are psychotic. They are also important in managing patients who are stabilised and require maintenance pharmacotherapy. Most of these stabilised patients are best managed in the community. Further, as the rate of physical illnesses like cardiovascular diseases, obesity and diabetes are higher among patients with schizophrenia as compared to the general population, family physicians would be able to screen and treat these illnesses[11].

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LEARNING POINTS

- **Schizophrenia is characterised by multiplicity of symptoms affecting cognition, emotion and perception.**
- **Symptoms of schizophrenia are divided into four categories: positive, negative, disorganised and cognitive symptoms. Various combinations of severity of these four categories are found in patients.**
- **The peak incidence of schizophrenia is at 21 years. The onset is earlier for men (between ages 15 and 25 years) and later in women (between ages 25 and 35 years).**
- **Early detection and treatment results in a better outcome.**
- **Family physicians play an important role in the early detection of those who are psychotic; managing patients who are stabilised and require maintenance pharmacotherapy; and the detection of physical illnesses of cardiovascular diseases, obesity and diabetes which have a higher prevalence among patients with schizophrenia as compared to the general population.**