

# Schizophrenia spectrum and other psychotic disorders DSM V

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# Outline

- Warm-up: Revision of psychopathology regarding psychotic disorders
- Main part: Schizophrenia spectrum and other psychotic disorders (10 conditions)
- Case studies: Multiple choice questions (MCQ) - strategies for NBME exam
- Break included

- 1.Schizotypal (Personality) Disorder
  - 2.Delusional disorder
  - 3.Brief psychotic disorder
  - 4.Schizophreniform disorder
  - 5.Schizophrenia
  - 6.Schizoaffective disorder
  7. Substance/Medication-Induced Psychotic Disorder
  8. Psychotic Disorder Due to Another Medical Condition
  - 9.Catatonia Associated With Another Mental Disorder
  10. Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Delusional symptoms in partner
  - Attenuated Psychosis Syndrome

# Psychotic disorders - MCQ NBME

1. Diagnostic criteria: time frame, number of symptoms
2. Epidemiology: lifetime prevalence, risk in siblings
3. Pharmacology:
  - medications for the disease -antipsychotics, ECT
  - medication for side effects (medication-induced movement disorder) – anticholinergics,
  - symptoms of serious side effects – neuroleptic malignant syndrome, clozapine-induced neutropenia.
4. Miscellanea

# Psychotic disorders- clinical classes

## 1. Conducting psychiatric **interview**

What's helpful?

**PANSS** Positive and Negative Symptoms Scale

## 2. **Writing** a mental status examination (MSE)

What's helpful?

<http://a.umed.pl/psychiatria/>

Clinical Evaluation of the Psychiatric Patient

DSM-V

# Introduction to DSM

Diagnostic and Statistical Manual of Mental Disorders - A reliable source of medical information

It includes:

- Names and codes for each psychiatric conditions
- **Diagnostic criteria:** number and types of signs/symptoms, duration, exclusion criteria
- Additional information - prevalence, changes in understanding between following DSMs
- **Glossary of technical terms**

# Psychotic disorders



- 1.Schizotypal (Personality) Disorder
  - 2.Delusional disorder
  - 3.Brief psychotic disorder
  - 4.Schizophreniform disorder
  - 5.Schizophrenia
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  7. Substance/Medication-Induced Psychotic Disorder
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# 1. Schizotypal (Personality) Disorder

- It is listed in the DSM-5 chapter „Schizophrenia spectrum” and discussed in detail in the DSM-5 chapter "Personality Disorders

## Cluster A Personalities

### Schizotypal

Weird, odd, peculiar, bizarre, eccentric

### Paranoid

Suspicious, humorless, secretive

### Schizoid

Loner, few friends, indifferent to praise and criticism, seclusive

## Schizotypal Personality Disorder

### “UFO AIDER”

**U**nusual perceptions

**F**riendless except for family

**O**dd beliefs, thinking, and speech

**A**ffect – inappropriate, constricted

**I**deas of reference

**D**oubts others – suspicious

**E**ccentric – appearance/behavior

**R**eluctant in social situations,  
anxious



## 2. Delusional Disorder

A. The presence of **one (or more) delusions with a duration of 1 month or longer.**

B. Criterion A for schizophrenia has never been met.

Note: Hallucinations, if present, are not prominent and are related to the delusional theme (e.g., the sensation of being infested with insects associated with delusions of infestation).

C. Apart from the impact of the delusion(s) or its ramifications, **functioning is not markedly impaired, and behavior is not obviously bizarre** or odd.

D. If manic or major depressive episodes have occurred, these have been brief relative to the duration of the delusional periods.

E. The disturbance is not attributable to the physiological effects of a substance or another medical condition and is not better explained by another mental disorder, such as body dysmorphic disorder or obsessive-compulsive disorder.

## 2. Delusional disorder - THM

- >1 month
- 1+ delusion
- Non-bizarre delusion
- Functioning almost intact

# 2. Delusional Disorder

**Erotomaniac type:** This subtype applies when the central theme of the delusion is that another person is in love with the individual.

**Grandiose type:** This subtype applies when the central theme of the delusion is the conviction of having some great (but unrecognized) talent or insight or having made some important discovery.

**Jealous type:** This subtype applies when the central theme of the individual's delusion is that his or her spouse or lover is unfaithful.

**Persecutory type:** This subtype applies when the central theme of the delusion involves the individual's belief that he or she is being conspired against, cheated, spied on, followed, poisoned or drugged, maliciously maligned, harassed, or obstructed in the pursuit of long-term goals.

**Somatic type:** This subtype applies when the central theme of the delusion involves bodily functions or sensations (delusions of being infested with parasites, of emitting a bad odor, of having AIDS).

# Erotomaniac vs. Jealousy delusions

- Micheal Phelps loves me, I know it for sure, though we never dated. But look, how he looked at me during Olympics. He definitely wants me to meet him.



- My husband cheated on me, I know it for sure, because recently he bought himself new underwear. I have to start controlling his mobile phone.



# 3. Brief Psychotic Disorder

A. Presence of **one (or more)** of the following symptoms. At least one of these must be

(1), (2), or (3):

1. Delusions.
2. Hallucinations.
3. Disorganized speech (e.g., frequent derailment or incoherence).
4. Grossly disorganized or catatonic behavior.

Note: Do not include a symptom if it is a culturally sanctioned response.

B. Duration of an episode of the disturbance is **at least 1 day but less than 1 month**, with eventual **full return to premorbid level of functioning**.

C. The disturbance is not better explained by major depressive or bipolar disorder with psychotic features or another psychotic disorder such as schizophrenia or catatonia, and is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

- ***Specify if: With marked stressor(s) (brief reactive psychosis), With postpartum onset: If onset is during pregnancy or within 4 weeks postpartum.***
- *Infanticide* = infant homicide

# 3. Brief psychotic disorder - THM

- 1 day to 1 month
- 1+ positive psychotic symptom (such as hallucinations, delusions)
- Functioning significantly impaired



# 4. Schizophreniform Disorder

A. **Two (or more)** of the following, each present for a significant portion of time during a **1-month period (or less if successfully treated)**. At least one of these must be (1), (2), or (3):

1. Delusions.
2. Hallucinations.
3. Disorganized speech (e.g., frequent derailment or incoherence).
4. Grossly disorganized or catatonic behavior.
5. Negative symptoms (i.e., diminished emotional expression or avolition).

B. An episode of the disorder **lasts at least 1 month but less than 6 months**. When the diagnosis must be made without waiting for recovery, it should be qualified as “provisional.”

C. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1 ) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

D. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition

# 4.Schizophreniform Disorder

- 2+ positive psychotic symptoms
- 1 month to 6 months

# 5.Schizophrenia

- A. **Two (or more)** of the following, each present for a significant portion of time during a **1 - month period** (or less if successfully treated). At least one of these must be (1 ), (2), or (3):
  1. **Delusions.**
  2. **Hallucinations.**
  3. **Disorganized speech (e.g., frequent derailment or incoherence).**
  4. **Grossly disorganized or catatonic behavior.**
  5. **Negative symptoms (i.e., diminished emotional expression or avolition).**
- B. For a significant portion of the time since the onset of the disturbance, level of **functioning** in one or more major areas, such as work, interpersonal relations, or self-care, is **markedly below the level achieved prior to the onset** (or when the onset is in childhood or adolescence, there is failure to achieve expected level of interpersonal, academic, or occupational functioning).
- C. **Continuous signs of the disturbance persist for at least 6 months.** This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or by two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).
- D. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1 ) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.
- F. If there is a history of autism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least 1 month (or less if successfully treated).

# 5.Schizophrenia

- 2+ positive psychotic symptoms
- > 6 months

(acute positive psychotic symptoms last for **at least 1 month during at least 6 months** of any psychotic symptoms and / or disturbed functioning)

- Functioning markedly disturbed

# 5.Schizophrenia

- Prognostic factors

## Worse prognosis

earlier onset

males

insidious onset = longer  
duration of untreated  
psychosis (DUP)

## Better prognosis

Later onset

Females

Acute onset

Family history of mood  
disorders

# 5.Schizophrenia-statistics- NBME MCQ

- Lifetime prevalence: **1%** of general population
- **10%** die by suicide
- 20% attempt suicide on one or more occasions, and many more have significant suicidal ideation (! **command=imperative hallucinations**)
- risk in **siblings: 10%**
- **Risk in monozygotic twins 50%**

# 5.Schizophrenia-statistics- DSM V

## DSM 5

**Prevalence:** The lifetime prevalence of schizophrenia = **0.3%-0.7%**.

**Suicide Risk:** Approximately **5%-6% die by suicide**, **about 20% attempt suicide**.

## DSM 4

The lifetime prevalence of schizophrenia is about **1%**;  
Among **dizygotic** twins the concordance rate is from **10 to 15%**,  
the concordance in **monozygotic twins** is roughly **50%**.  
About **half attempt suicide**, and about **10% succeed**.

# 6. Schizoaffective Disorder

A. An uninterrupted period of illness during which there is a major mood episode (major depressive or manic) concurrent with Criterion A of schizophrenia.

Note: The major depressive episode must include Criterion A1 : Depressed mood.

B. Delusions or hallucinations for 2 or more weeks **in the absence of** a major mood episode (depressive or manic) during the lifetime duration of the illness.

C. Symptoms that meet criteria for a major mood episode are present for the **majority of the total duration of the active and residual portions of the illness.**

D. The disturbance is not attributable to the effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.



# 6. Schizoaffective Disorder

- >6 months of schizophrenia + >2 weeks of depression or 1 week of mania or 4 days of hypomania
- **Period of overlapping** psychotic and mood disorders' symptoms
- **Period of only psychotic** symptoms
- More psychotic than mood disorder symptoms

# Differential dgn.

Schizophrenia

Brief psychotic disorder

- Brief psychotic disorder lasts more than 1 day and remits by 1 month.
- Schizophrenia lasts for at least 6 months and includes at least 1 month of active-phase symptoms

# Differential dgn.

Schizophrenia

Delusional  
disorder

- Delusional disorder is characterized by at least 1 month of delusions but no other psychotic symptoms

Delusions of incredible content (e.g., having an extraterrestrial contact, being kidnapped by aliens)

Delusions about plausible events (e.g., being spied, monitored, cheated by a sexual partner)

# Differential dgn.

Schizophrenia

Schizophreniform  
disorder

- Schizophreniform disorder is characterized by a symptomatic presentation equivalent to that of schizophrenia except for its duration (less than 6 months) and the absence of a requirement for a decline in functioning.

# Differential dgn.

Schizoaffective  
disorder

Psychotic  
depression

- In schizoaffective disorder, a mood episode and the active-phase symptoms of schizophrenia occur together and were preceded or are **followed by at least 2 weeks of delusions or hallucinations without prominent mood symptoms.**

# 7. Substance/Medication-Induced Psychotic Disorder

- A. Presence of **one** or both of the following symptoms:
- 1. Delusions.**
  - 2. Hallucinations.**
- B. There is evidence from the **history, physical examination, or laboratory findings** of both (1) and (2):
- 1. The symptoms in Criterion A developed **during or soon after** substance intoxication or **withdrawal** or after exposure to a medication.**
  - 2. The involved substance/medication is capable of producing the symptoms in Criterion A**

**MCQ: amphetamine**

# 8. Psychotic Disorder

## Due to Another Medical Condition

- A. Prominent **hallucinations or delusions**.
- B. There is evidence from the **history, physical examination, or laboratory findings** that the disturbance is the direct pathophysiological consequence of another **medical condition**.
- **MCQ: Olfactory hallucinations** are suggestive of **temporal lobe epilepsy**
- conditions most commonly associated with psychosis include **untreated endocrine and metabolic disorders, autoimmune disorders (e.g., systemic lupus erythematosus, N-methyl-D-aspartate (NMDA) receptor autoimmune encephalitis)**, or temporal lobe epilepsy, **tertiary stage syphilis (neurosyphilis)**, Lyme disease, brain tumor,
- Psychosis due to epilepsy: ictal, **postictal(=after an epileptic seizure; the most common)** , and interictal psychosis

# 9. Catatonia Associated With Another Mental Disorder

- Catatonia can occur in the context of several disorders, including **neurodevelopmental, psychotic, bipolar, depressive disorders,**
- and other medical conditions (e.g., **cerebral folate deficiency, rare autoimmune and paraneoplastic disorders**).

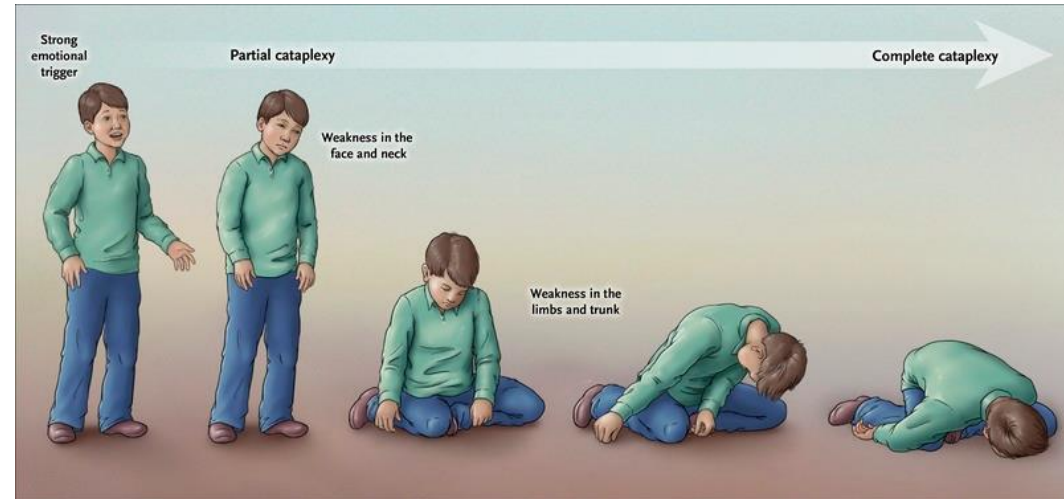


# 9. Catatonia Associated With Another Mental Disorder

- A. The clinical picture is dominated **by three (or more)** of the following:
  1. **Stupor** (i.e., no psychomotor activity; not actively relating to environment).
  2. **Catalepsy** (i.e., passive induction of a posture held against gravity).
  3. **Waxy flexibility** (i.e., slight, even resistance to positioning by examiner).
  4. **Mutism** (i.e., no, or very little, verbal response [exclude if known aphasia]).
  5. **Negativism** (i.e., opposition or no response to instructions or external stimuli).
  6. **Posturing** (i.e., spontaneous and active maintenance of a posture against gravity).
  7. **Mannerism** (i.e., odd, circumstantial caricature of normal actions).
  8. **Stereotypy** (i.e., repetitive, abnormally frequent, non-goal-directed movements).
  9. **Agitation**, not influenced by external stimuli.
  10. **Grimacing**.
  11. **Echolalia** (i.e., mimicking another's speech).
  12. **Echopraxia** (i.e., mimicking another's movements).

# Catalepsy

# vs. Cataplexy



- Episodes of sudden bilateral loss of muscle tone resulting in the individual **collapsing**, often occurring in association with **intense emotions** such as laughter, anger, fear, or surprise (full conscious awareness – individuals learn to notice the feeling of the cataplectic attack approaching and the fall is usually slow and progressive)

E.g. **narcolepsy**



## 10. Other Specified Schizophrenia Spectrum and Other Psychotic Disorder

- **Delusional symptoms in partner** of individual with delusional disorder /**Folie à deux/ DSM V**  
= **shared psychotic disorder** ([DSM-IV](#))
- In the context of a relationship, the delusional material from the **dominant partner** provides content for delusional belief by the (passive/dependent/submissive) individual who may not otherwise entirely meet criteria for delusional disorder

# 10. Attenuated Psychosis Syndrome

- Within section: conditions for further study DSM V
- A. **At least one** of the following symptoms is present **in attenuated form, with relatively intact reality testing**, and is of sufficient severity or frequency to warrant clinical attention:
  1. Delusions.
  2. Hallucinations.
  3. Disorganized speech.
- B. Symptom(s) must have been **present at least once per week for the past month.**
- C. Symptom(s) must have **begun or worsened in the past year.**
- D. Symptom(s) is sufficiently **distressing and disabling to the individual** to warrant clinical attention.
- In help-seeking cohorts, approximately **18% in 1 year and 32% in 3 years may progress** symptomatically and met criteria for a psychotic disorder.