

MRCPsych General Adult Psychiatry

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Psychosis 2

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Objectives

To develop an understanding of:

- psychopathology and diagnosis in schizophrenia
- possible complications of antipsychotic medication

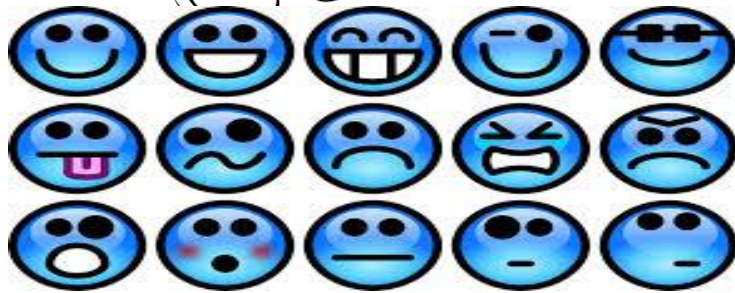
Psychosis 2

Expert Led Session

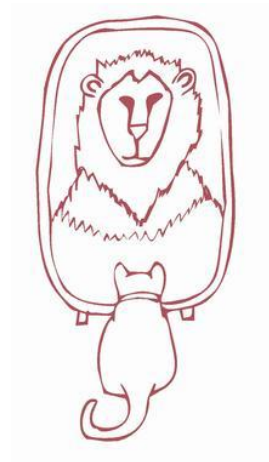
Schizophrenia: diagnosis and ICD 10 classification

Overview

- Basic concepts
- ICD 10 diagnosis (F20- F29)
- Course
- Types
- Differential diagnoses



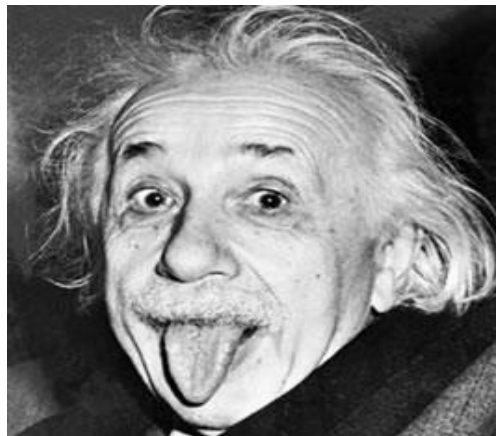
Positive symptoms



Negative symptoms



Disorganised symptoms



ICD 10 F20

- “Schizophrenic disorders are characterized in general by fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate or blunted.”
- Syndromes, symptoms or signs should be present for most of the time during an episode of psychotic illness lasting for at least one month

AT LEAST ONE

- Thought echo; thoughts insertion, withdrawal or broadcasting
- Delusions of control or passivity, clearly linked to body or limb movements; delusional perception
- Running commentary or 3rd person auditory hallucinations, or auditory hallucinations coming from some part of the body
- Persistent delusions that are culturally inappropriate and completely impossible

Continued...

AT LEAST TWO

- Persistent hallucinations in any modality occurring every day for at least one month, accompanied by delusions without clear affective content, or accompanied by persistent over valued ideas
- Neologisms, breaks in the train of thoughts
- Catatonic behavior such as excitement, posturing, waxy flexibility, negativism, mutism and stupor
- Negative symptoms

Continued...

Exclusion criteria

- If patient meets criteria for manic episode or depression, then symptoms mentioned above must have been present **BEFORE** the disturbance of mood developed
- Disorder is not attributable to organic brain disease or to alcohol or drug related intoxication, dependence or withdrawal

Course

- considerable variation of the course of schizophrenic disorders
- specify pattern of course
- this should be done after a period of observation of at least one year

- Continuous

- Episodic with progressive development of negative symptoms in the intervals between psychotic episodes

- Episodic with persistent but non progressive negative symptoms in the intervals between the episodes

Continued...

Course

- Episodic with complete remissions between psychotic episodes
- Incomplete remission
- Complete remission
- Course uncertain, period of observation too short

Types: F20.0 Paranoid schizophrenia

- Delusions or hallucinations must be prominent
- Flattening/incongruity of affect, catatonic symptoms or incoherent speech must not dominate the clinical picture (although they may be present to a mild degree)

Types: F20.1 Hebephrenic schizophrenia

- ▶ Any of the following must be present:
 - definite and sustained flattening/shalowness of affect
 - definite and sustained incongruity/inappropriateness of affect
 - behaviour that is aimless and disjointed rather than goal directed
 - definite thought disorder, manifesting as speech that is disjointed, rambling, or incoherent

- ▶ Hallucinations or delusions must not dominate the clinical picture, although they may be present to a mild degree

Types: F20.2 Catatonic schizophrenia

- Dominated by prominent psychomotor disturbances which may alternate between extremes such as hyperkinesia and stupor or autonomic obedience and negativism
- For a period of 2 weeks at least, one or more should be present: stupor, excitement, posturing, negativism, rigidity, waxy flexibility, command automatism

Types: F20.3 Undifferentiated schizophrenia

- Symptoms not conforming to any of the subtypes in F20.0 – F20.2
- Or exhibiting the features of more than one of the subtypes without a clear predominance of a particular set of diagnostic characteristics

Types: F20.4 Post-schizophrenic depression

- Depressive episode arising in the aftermath of a schizophrenic illness
- Some positive and negative symptoms may be present but they should not dominate the clinical picture
- Depressive symptoms should be sufficiently prolonged, severe and extensive to meet criteria for at least a mild depressive episode

Types: F20.5 Residual schizophrenia

- Chronic stage characterized by long term negative symptoms
- At least 4 of the following symptoms present throughout the previous 12 months:
 - a) Psychomotor retardation
 - b) blunting of affect
 - c) lack of initiative
 - d) poverty of quantity or content of speech
 - e) poor non verbal communication by facial expression, eye contact, voice modulation etc
 - f) poor social performance or self-care

Types: F20.6 Simple schizophrenia

- Insidious but progressive development of oddities of conduct, inability to meet the demands of society and decline in total performance
- All 3 symptoms should be present for at least 1 year:
 - a) significant change in overall quality of personal behavior; self-absorbed attitude, social withdrawal
 - b) Negative symptoms such as marked apathy, blunting of affect, lack of initiative
 - c) Marked decline in social, scholastic or occupational performance
- No hallucinations, delusions, thoughts interference should be present

Differential Diagnoses

- Organic
- Mental and behavioral disorder secondary to use of substances: acute intoxication, withdrawal states
- Schizotypal disorder, persistent delusional disorders, acute and transient psychotic disorders, schizoaffective disorders, unspecified non-organic psychosis
- As part of mood disorders

Summary

- Positive, negative and disorganized symptoms
- ICD 10 diagnosis
- Different types
- Course
- Differential diagnoses

- Any questions?

Thank you

References & further reading

- Kaplan & Sadock's synopsis of psychiatry
- Revision notes in psychiatry
- NICE Guidelines
- Oxford shorter text book of psychiatry
- Oxford handbook of psychiatry

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MCQs

- Which of the following subtype of schizophrenia is classified in DSM but not in ICD 10:
 - A. Hebephrenic
 - B. Post schizophrenic depression
 - C. Catatonic
 - D. Disorganised
 - E. Undifferentiated

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MCQs

2. The followings are risk factors for developing tardive dyskinesia except:
- A. Old age
 - B. Male sex
 - C. Affective disorder
 - D. History of EPSEs
 - E. Prolonged use of antipsychotics

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MCQs

3. A 35 years old female patient with schizophrenia describes that her husband has been replaced by his “double” who is identical in appearance but is not the same person. What is this phenomenon called?
- A. Capgras syndrome
 - B. Couvade syndrome
 - C. Fregoli syndrome
 - D. Othello syndrome
 - E. De Clerambault syndrome

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MCQs

- A young man presents with confusion, agitation and auditory hallucinations. His reflexes are brisk and symmetrical. He is not tremulous. His CT head scan is normal. His CSF shows raised proteins, normal glucose concentration and a small number of lymphocytes. What is the most likely diagnosis:
 - A. Acute relapse of schizophrenia
 - B. Alcohol intoxication
 - C. Catatonic stupor
 - D. Herpes simplex virus encephalitis
 - E. Neurosyphilis

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MCQs

5. When assessing a patient in a prison, which of the following would suggest a Ganser state?
- A. Confabulation
 - B. Disorientation to time, place and person
 - C. Self mutilation
 - D. Sudden outbursts of violence
 - E. Visual pseudo hallucinations

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MCQs

5. When assessing a patient in a prison, which of the following would suggest a Ganser state?
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Any questions?

Thank you