

## Psychotic disorders

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## Psychotic disorders

- Schizophrenia and Schizophreniform Disorder
- Mood Disorders with Psychotic Features
- Delusional Disorder
- Substance-Induced Psychotic Disorder
- Psychotic Disorder due to a General Medical Condition
- Shared Psychotic disorder (Folie a' Deux)
- Psychotic Disorder NOS

## Schizophrenia

- Two or more of the following present for a significant portion of the time during a 1 month period:
  - delusions
  - hallucinations
  - disorganized speech
  - grossly disorganized or catatonic behavior
  - negative symptoms (affect flattening, alogia, avolition, apathy)

Only one criteria needed if delusions bizarre or hallucinations consist of a voice keeping a running commentary or two voices talking to each other

## Schizophrenia continued

- Must cause significant social/occupational dysfunction
- Continuous signs of the disturbance for 6 months. Less than 6 months is identified as schizophreniform

## Schizophrenia subtypes

- Paranoid: preoccupation with one or more delusions or frequent auditory hallucinations
- Disorganized: disorganized speech, behavior and flat or inappropriate affect are all present
- Catatonic: motoric immobility or excessive activity, extreme negativism, peculiar movements
- Echolalia or echopraxia

## Epidemiology of Schizophrenia

- It affects 1-2% of the population
- Onset of symptoms in males peaks during years 17-27
- Onset of symptoms in females is between 17-37 years.
- Only 10% of new cases have an onset after 45 years of age
- Presence of a proband with schizophrenia significantly increases the prevalence of schizoid and schizotypal personality disorders, schizoaffective disorder and delusional disorder

## Etiology of Schizophrenia

- Studies of monozygotic twins suggest approximately 50% of schizophrenia risk is genetic as there is a 40-50% concordance rate
- It is estimated the other 50% is due to as of yet unidentified environmental factors including in utero exposure

## Pathophysiology of Schizophrenia

- Possibly due to aberrant neuro-developmental processes such as increase in the normal age-associated pruning of frontoparietal synapses that occur in adolescence and young adulthood
- Excessive activity in the mesocortical and mesolimbic dopamine pathways

## Schizophrenia continued

- The negative symptoms are thought to be the more debilitating in regards to the social and occupational impairment
- >90% of pts do not return to pre-illness level of social and vocational functioning
- 10% die by suicide

## Schizophrenia illness course

- In general it is an illness marked by a chronic course with superimposed episodes of symptoms
- 1/3 have severe symptoms & social/vocational impairment and repeated hospitalizations
- 1/3 have moderate symptoms & social/vocational impairment and occasional hospitalizations
- 1/3 have no further hospitalizations but typically have residual symptoms, chronic interpersonal difficulties and most cannot maintain employment

## Treatment

- Positive symptoms respond better than negative symptoms
- Antipsychotics are the mainstay of treatment.
- Atypical antipsychotics are used first secondary to reduced risk of Tardive Dyskinesia (TD) but can have weight gain, metabolic syndrome including elevated lipids and type 2 diabetes
- The risk of TD is approximately 3-5% per year and is highest in older women with affective disorders
- The risk of a dystonic reaction is highest in young males

## Mood Disorders with Psychotic features

- Major depressive disorder with psychotic features
- Bipolar disorder, manic or mixed
- Schizoaffective disorders

### Major Depressive Disorder with Psychotic features

- The patient meets criteria for a major depressive episode
- The patient also has psychotic symptoms present
- The patient does not have psychotic symptoms during times of euthymia

### Treatment

- The cause of the psychotic symptoms is the depression so that must be treated either with antidepressants, ECT or both
- In addition an antipsychotic should be started

### Bipolar Disorder manic or mixed with psychotic features

- Patient is currently manic or mixed and is exhibiting psychotic features
- Treat with a mood stabilizer AND an antipsychotic
- If the patient is mixed or not responding to meds consider ECT

### Schizoaffective Disorder

- An uninterrupted period where there is either a major depressive episode, manic episode or mixed episode while criterion for schizophrenia are met.
- There have also been periods where there have been delusions or hallucinations for >2 weeks without prominent mood symptoms
- Symptoms that meet criteria for a mood disorder are present for a substantial portion of the illness
- Lifetime prevalence rates is 0.7%

### Schizoaffective Disorder treatment

- Antipsychotics are the mainstay
- If depressed type use antidepressants as well
- If Bipolar type often need to use mood stabilizers as well

### Delusional Disorder

- Nonbizarre delusions (i.e. involving situations that occur in real life such as being poisoned, loved at a distance, deceived by a spouse) of at least one month's duration.
- Criterion A for Schizophrenia has never been met
- Apart from the impact of the delusions functioning is not markedly impaired
- It is not due to a mood disorder or substance
- Lifetime prevalence is 0.7%

## Delusional disorder subtypes

- Erotomaniac
- Grandiose
- Persecutory
- Jealous
- Somatic
- Mixed

## Psychotic Disorder due to a General Medical Condition

- Brain tumors
- Seizure disorders
- Delirium
- Huntington's disease
- Multiple Sclerosis
- Cushing's syndrome
- Vitamin deficiencies
- Electrolyte abnormalities
- Thyroid disorders
- Uremia
- SLE
- HIV
- Wellbutrin
- Anabolic steroids
- Corticosteroids
- Antimalarial drugs

## Brief Psychotic disorder

- Presence of one or more of the following
  - delusions
  - Hallucinations
  - Disorganized speech
  - Disorganized or catatonic behavior
- Duration of episode is <1 month with eventual return to premorbid level of functioning

## Other psychotic illnesses

- Shared Psychotic disorder (Folie a' Deux)
- Substance-Induced Psychotic Disorder\*\*\*
- Psychotic Disorder NOS
- Keep in mind Paranoid Personality Disorder