

Psychotic Disorders



Psychotic Disorders



- Disorders with psychotic symptoms as the defining feature
 - Psychotic Symptoms:
 - Delusions
 - Prominent hallucinations
 - Disorganized speech
 - Disorganized or catatonic behavior

Psychotic Disorders



- Schizophrenia
- Schizophreniform disorder
- Schizoaffective Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Shared Psychotic Disorder
- Psychotic Disorder due to a general medical condition
- Substance-Induced Psychotic Disorder
- Psychotic Disorder Not Otherwise Specified

Schizophrenia



- Schizophrenia is a complex illness
 - Characterized by hallucinations, delusions, behavioral disturbances, disrupted social functioning, and associated symptoms
 - Subtypes include: paranoid, catatonic, disorganized, undifferentiated, and residual
- Prevalence: 1% of the U.S. population

Symptoms of Schizophrenia



- Schizophrenia involves at least a 6-month period of continuous signs of illness
- Active symptoms include:
 - **Delusions**
 - **Hallucinations** (Most common?)

Symptoms of Schizophrenia



Delusions

- Bizarre
- Thought insertion
- Thought withdrawal
- Thought broadcast
- Control
- Somatic
- Nihilistic
- Grandiose
- Religious
- Persecutory
- Reference

Symptoms of Schizophrenia



- Grossly disorganized or catatonic behavior
 - Extremely awkward movements or repeated grimaces and odd gestures
 - Catatonic behaviors
 - Stupor
 - Rigidity
 - Posturing

Symptoms of Schizophrenia



- Disorganized Speech
 - Loose associations
 - Incoherence
 - Frequent derailment
 - Clang
 - Neologisms
 - Circumstantial
 - Tangential – starts to answer question, but never gets around to answering it

Symptoms of Schizophrenia



- **Positive symptoms**
 - Symptoms that are excesses of or bizarre additions to normal thoughts, emotions, or behaviors (e.g., delusions, disorganized thinking and speech, hallucinations, inappropriate affect)
- **Negative symptoms**
 - Symptoms that seem to be severe deficits such as flat affect or decreased emotional reactivity, alogia (poverty of speech), avolition (lack of purposeful action)

Heather



<http://www.youtube.com/watch?v=kvdw4b7tC-8&feature=related>

Symptoms of Schizophrenia



- Prodromal or residual phases are marked by:
 - social isolation or withdrawal
 - peculiar behavior
 - digressive over-elaborative speech
 - odd beliefs or magical thinking
 - unusual perceptual experiences
 - marked lack of initiative, energy, or interests
- Age of onset: _____

Schizophrenia



- Life expectancy is shorter for a person with Schizophrenia
 - 40% attempt suicide
 - 10-20% succeed

Medical Conditions That May Induce Psychosis



- Space-occupying lesions
- Head trauma
- Infections
- Endocrine diseases (Cushing's, Addison's, thyroid, pituitary)
- SLE and MS
- CVA
- Huntington's disease
- Parkinson's disease
- Migraine headaches
- Temporal arteritis
- Pellagra (niacin)
- Pernicious anemia
- Porphyria
- Withdrawal states
- Delirium and dementia
- Sensory deprivation

Drugs and Medications that May Induce Psychotic Symptoms



- Cocaine
- Phencyclidine
- LSD
- Mescaline
- Psilocybin
- Marijuana
- Alcohol
- Antibiotics
- Antidepressants
- L-dopa
- Bromocriptine
- Amantadine
- Ephedrine
- Phenylpropanolamine
- NSAIDS
- Antihistamines
- Cardiac medications
- Thyroid hormones
- Strong anticholinergic agents

What causes schizophrenia?



- The cause is unknown, but many factors have been implicated
 - Genetic factors
 - Endocrine factors
 - Neurochemical changes
 - Neurophysiological changes
 - Brain structural changes
 - Viral and immune factors

Genetic Factors



- Play a significant role, but are not sufficient alone to account for the development of schizophrenia
- Family history of Schizophrenia
 - Risk of developing Schizophrenia
 - 10% chance if you have a full sibling with Schizophrenia
 - 13% chance if you have a parent with Schizophrenia
 - 42% if you have an MZ cotwin with Schizophrenia
 - 46% if you have two parents with Schizophrenia

Endocrine Factors



- Females tend to develop schizophrenia later and have less severe symptoms than males
- In males, the onset is usually during puberty
- Changes in prolactin, melatonin, and thyroid function have been found in patients with schizophrenia

Neurochemical Factors



- **Dopamine hypothesis**
 - An excess in dopaminergic activity in the CNS is central to the development of symptoms
- Compelling data also implicate:
 - Norepinephrine
 - Serotonin
 - Muscarinic
 - Nicotinic
 - Glutamatergic
 - GABAergic
 - Neuropeptide systems

Brain Structure Changes



- As yet, there is no pathognomonic lesion identified
- CT, MRI, and autopsies have found changes in the frontal, temporal, limbic, and basal ganglia areas
- Brain symmetry is also altered
- Functional MRI (fMRI) and PET corroborate changes in regional blood flow

Viral and Immune Factors



- A search for a causative virus has not been rewarding, but...
- A number of immune changes have been found, such as IgG, IgA, and IgM
- Perinatal viral infections?

Psychosocial Factors



- Psychosocial factors are no longer thought to be the cause of schizophrenia
 - **Schizophrenogenic mother**
- **Psychosocial factors do play a role in the course of the illness**

(Parker, 1982)

Psychotic Disorders



- **Delusional Disorder**
 - Characterized by at least 1 month of non-bizarre delusions without other active-phase symptoms of Schizophrenia
- **Brief Psychotic Disorder**
 - A psychotic disorder that lasts more than 1 day and remits by 1 month

Psychotic Disorders



- **Schizophreniform disorder**
 - Differentiated from schizophrenia by two criteria
 - Duration – At least one month, but less than 6 months
 - Does not necessarily impair social/occupational functioning

Psychotic Disorders



- **Shared Psychotic Disorder**
 - A disturbance that develops in an individual who is influenced by someone else who has an established delusion with similar content
- **Psychotic Disorder due to a General Medical Condition**

Psychotic Disorders



- Substance-Induced Psychotic Disorder
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Schizoaffective Disorder



- **Schizoaffective disorder** combines the symptoms of schizophrenia with a major affective disorder (i.e. major depressive disorder or bipolar disorder)

Treatment



- Drug therapy
- Inpatient and outpatient psychotherapy
- Family therapy
- Social skills training
- Vocational rehabilitation

Drug therapy



- Antipsychotic medications
 - Antipsychotics of the 1990s were much more effective in controlling positive symptoms than negative symptoms
 - Newer antipsychotics provide much better management of both positive and negative symptoms
- Common antipsychotics: Clozaril, Risperdal, Zyprexa, Seroquel, and Geodon

Drug therapy



- Today antipsychotics have fewer side effects, but still have incidences of:
 - **Tardive dyskinesia**
 - Seizures
 - Reduced WBC count

Chiropractic Treatment



- A 29 y/o female affected by tardive dyskinesia
 - Lower back pain and sciatica related to posture resulting from tardive dyskinesia
 - Chiropractic treatment –soft tissue therapy, assisted stretching, and spinal manipulative therapy
 - Results: subjective report of decreased pain, increased comfort and ability to concentrate, increased functioning

(Schoonderwoerd, 2005)

References



Parker, G. (1982). Re-searching the schizophrenogenic mother. *J Nerv Ment Dis*: 170(8):452-62.

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