



# Schizophrenia: Symptoms, Course, and Treatment

State of Georgia  
Crisis Intervention Team  
Training Program



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# Schizophrenia

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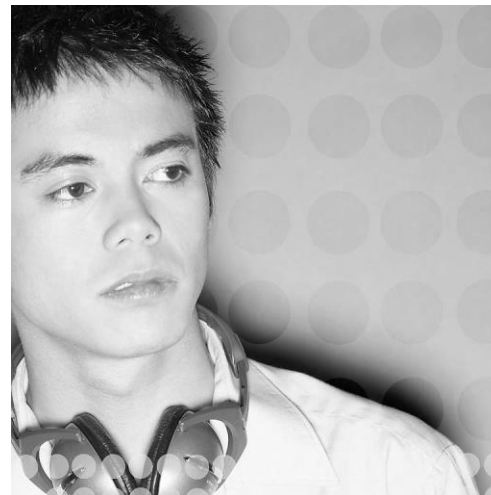
- ◆ 1. Symptoms
- ◆ 2. Course
- ◆ 3. Treatment

# *Sam*: Initial Presentation

- ◆ 11pm, psychiatric emergency room: Fulton County police bring in a 20yoAAM due to “threatening and violent behavior” at home
- ◆ mother reports that he had kicked six holes in the walls, “looking for the cameras”
- ◆ Sam is clearly paranoid and agitated in the emergency room, often whispering to himself

# *Sam*: Initial Presentation

- ◆ he was given a shot of Haldol and Ativan because he became combative with staff due to his marked paranoia
- ◆ mom says that he is convinced that the drug dealers are recording his every move, because they have a “plot” against him



# Schizophrenia

## 1. Symptoms

# “Positive” Symptoms

- ◆ things that are present, but they shouldn't be
- ◆ auditory hallucinations (hearing voices)
- ◆ delusions
- ◆ suspiciousness, paranoia
- ◆ ideas of reference (TV/radio referring to you)

# “Negative” Symptoms

- ◆ things that aren't present, but should be
- ◆ blunted affect, flat affect
- ◆ emotional withdrawal
- ◆ social isolation
- ◆ slow or impoverished thinking and speech
- ◆ low motivation
- ◆ slow movements
- ◆ low energy

# Disorganized Symptoms

- ◆ disorganized thinking (loosening of associations, tangential or circumstantial thinking, neologisms, word salad)
- ◆ disorganized speech
- ◆ disorganized behavior

# Symptoms of Hostility/Aggression

- ◆ usually related to positive symptoms such as paranoid delusions
- ◆ irritability
- ◆ agitation
- ◆ threatening behavior



# Cognitive Symptoms



- ◆ subtle difficulties with attention
- ◆ subtle difficulties with memory
- ◆ subtle difficulties with planning

# Symptoms of Schizophrenia

- ◆ different patients have different combinations of symptoms
- ◆ some patients have mostly positive symptoms, like delusions and hallucinations
- ◆ some patients have mostly negative symptoms, like withdrawal and isolation
- ◆ some patients have mostly disorganization

# *Sam*: Symptoms

- ◆ suspiciousness, paranoia
- ◆ delusion that cameras were in the walls
- ◆ withdrawal, blunted affect, social isolation
- ◆ irritability, hostility, aggression



# Psychosis: A Syndrome

- ◆ a cluster of signs and symptoms that is commonly present in schizophrenia
- ◆ may also be present in major depression, bipolar disorder, delirium, dementia, etc.
- ◆ loss of touch with reality (such as delusions and hallucinations)

# Diagnosis of Schizophrenia

- A. 2 or more for at least 1 month
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Grossly disorganized or catatonic behavior
  - Negative symptoms
- B. Social/Interpersonal/Occupational problems (for at least 6 months)

# Subtypes of Schizophrenia

- ◆ Schizophrenia, paranoid type
- ◆ Schizophrenia, disorganized type
- ◆ Schizophrenia, catatonic type
- ◆ Schizophrenia, undifferentiated type
- ◆ Schizophrenia, residual type
- ◆ Schizoaffective disorder, bipolar type
- ◆ Schizoaffective disorder, depressive type

# Schizophrenia

## 2. Course

# Schizophrenia: Onset

- ◆ usually first appears in late teens to mid-30s
- ◆ usual age at onset for men is 18-25
- ◆ usual age at onset for women: 25 to mid-30s
- ◆ for women, second peak after 40

# Schizophrenia: Cause

- ◆ abnormalities in certain circuits/pathways in the brain (e.g., the dopamine pathway)
- ◆ this may come from certain genes, as well as from certain problems early in life (such as pregnancy and delivery complications, etc.)
- ◆ biological brain disease with psychological symptoms (Parkinson's is a biological brain disease with movement symptoms)

# Schizophrenia: Course

- ◆ many patients experience three phases:
  - Prodromal – beginning of deterioration with mild, often non-specific symptoms
  - Active – symptoms become increasingly apparent and psychosis emerges
  - Residual – a return to prodromal levels
- ◆ each phase may last days to years
- ◆ often relapses of active-phase symptoms

# *Sam*: Course

- ◆ dropped out of school in his senior year
- ◆ over the past two years, he prefers to stay at home
- ◆ has been hospitalized twice (1 week each)
- ◆ often refuses to take medicines
- ◆ normally stays to himself
- ◆ this is a flare-up/relapse



# *Sam*: Relapse Symptoms

- ◆ increasingly focused on the plot, stopped usual activities (no longer listening to rap)
- ◆ mom often hears him in his room pacing and talking to himself; first started doing this about 4 months ago; now does it everyday
- ◆ believes that the TV is talking about him
- ◆ occasionally mentions hidden cameras

# *Sam*: Relapse Symptoms

- ◆ he neglects his hygiene and self-care, and refuses to eat any food unless mom makes it for him; has lost at least 15 pounds
- ◆ doesn't leave home
- ◆ impaired insight



# Psychosocial Impairment

- ◆ dysfunction in 1 or more major areas of functioning (relationships, work, education, self-care)
- ◆ educational progress often disrupted
- ◆ employment at lower levels than expected (>70% unemployment)
- ◆ 60-70% do not marry
- ◆ limited social contacts

# Schizophrenia

## 3. Treatment

# Antipsychotic Drugs

- ◆ discovery of antipsychotic drugs in the mid-1950s revolutionized care for those with schizophrenia
- ◆ two types:
  - “conventionals” / neuroleptics / typicals / first generation agents
  - “atypicals” / second generation agents

# Conventional Antipsychotics

- ◆ chlorpromazine (Thorazine)
- ◆ thioridazine (Mellaril)
- ◆ mesoridazine (Serentil)
- ◆ loxapine (Loxitane)
- ◆ molindone (Moban)
- ◆ fluphenazine (Prolixin)

# Conventional Antipsychotics

- ◆ haloperidol (Haldol)
- ◆ perphenazine (Trilafon)
- ◆ pimozide (Orap)
- ◆ thiothixene (Navane)
- ◆ trifluoperazine (Stelazine)
- ◆ Haldol decanoate / Prolixin decanoate (one shot every 2-4 weeks)

# Atypical Antipsychotics

- ◆ clozapine (Clozaril)
- ◆ risperidone (Risperdal)
- ◆ olanzapine (Zyprexa)
- ◆ quetiapine (Seroquel)
- ◆ ziprasidone (Geodon)
- ◆ aripiprazole (Abilify)

# Medication Side Effects

- ◆ dry mouth
- ◆ dizziness
- ◆ sleepiness
- ◆ weight gain
- ◆ “secondary negative symptoms”
- ◆ movement abnormalities (stiffness, tremor, chewing movements)

# *Sam*: Pharmacologic Treatment

- ◆ initially started on Risperdal, but this caused an acute dystonic reaction and he refused to take it further
- ◆ stabilized on Zyprexa, but it was stopped after 4 months due to 40 pound weight gain
- ◆ switched to Geodon
- ◆ tolerates mild sedation



# Effectiveness of Antipsychotics

- ◆ research repeatedly has shown that antipsychotic drugs reduce symptoms in the majority of patients with schizophrenia
- ◆ although the use of such drugs is now widely accepted, patients sometimes refuse to take them (due to side effects, cost, or impaired insight)

# Psychosocial Treatments

- ◆ supportive counseling can be very helpful when used in combination with medication
- ◆ family therapy and specific forms of individual therapy
- ◆ day treatment, vocational rehab, social skills training, supported housing/employment
- ◆ these approaches are combined and tailored to the needs of the individual patient

# The Community Approach

- ◆ the broadest treatment approach
- ◆ 1963: Congress passed the Community Mental Health Act, patients should be able to receive care within their own communities, rather than institutions far from home
- ◆ the era of “deinstitutionalization”
- ◆ community care is often inadequate for the care of such a complex disorder

# Effective Community Care

- ◆ coordinated services and case management
- ◆ medication + psychosocial treatment
- ◆ short-term hospitalization/crisis stabilization
- ◆ partial hospitalization/day treatment
- ◆ transitional residences/supportive housing
- ◆ vocational training/supported employment
- ◆ supportive and informed law enforcement

# *Sam*: Community Treatment

- ◆ after discharge from 2-week hospitalization, he has been attending a day treatment program where he is working with the food services group for job preparation
- ◆ still suspicious, but no longer focused on paranoid delusions
- ◆ no more talk about the TV talking about him or hidden cameras at home

# *Sam*: Community Treatment

- ◆ he saw a psychiatrist every 2 weeks for 2 months, then monthly
- ◆ no prominent positive symptoms, but still left with moderate negative symptoms and some cognitive deficits
- ◆ hopes to get a job in his uncle's restaurant



# Barriers to Effective Care

- ◆ fewer than half of all people who need them receive appropriate community mental health services
- ◆ in any given year, 40% of all people with schizophrenia receive no treatment at all
- ◆ two factors primarily are responsible:
  - shortage of services
  - poor coordination of services

# Consequences of Inadequate Community Treatment

- ◆ many people with schizophrenia become homeless or are incarcerated, usually for petty crimes
- ◆ illness is often untreated or under-treated in detention facilities
- ◆ “criminalization”

# The Promise of Community Treatment

- ◆ despite these very serious problems, proper community care has shown great potential for assisting the recovery from schizophrenia
- ◆ task forces have been created to find more effective ways for all levels of government to meet the needs of people with such disorders
- ◆ another important advancement has been the formation of national advocacy groups (e.g., NMHA, NAMI)

# Crisis Intervention Team Training

CIT training is another important part of community care for people with severe and persistent mental illnesses such as schizophrenia!

Thank you for being a part of the effort, and for your commitment to improving the lives of our patients!

# Schizophrenia

Questions, Comments, Discussion



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