

SCHIZOPHRENIA

DESCRIPTION

Characterized by losing touch with reality

- Affects thoughts, behaviors, and perception of the world

Symptoms

- Delusions
- Hallucinations
- Disorganized Thoughts & Speech
- Inappropriate Behavior



DELUSIONS

Thinking is fragmented,
bizarre, and distorted



False Beliefs

- Persecution
- Grandeur



HALLUCINATIONS

Virtual Reality Schizophrenia - A Day in the Life

- Disturbed Perceptions and *Sensations*
- Have sensory experiences that are not actually stimulated from the senses
- Auditory and Visual



DISORGANIZED THINKING AND SPEECH

UNABLE TO FILTER INFORMATION

- Breakdown of selective attention
- Due to the difficulty patients have organizing their thoughts, often they display jumbled speech
- Slip from one topic to the next
- Responses seem vaguely relevant



CONTINUED... DISORGANIZED SPEECH

- Neologisms: “new” “speech” making up words
- Clang Associations: using rhymes and alliterations
- Word Salad: gibberish or nonsense
- Echolalia: repeating word or phrase
- Thought Blocking: stopping abruptly in midsentence

Christmas
teeth! Radiant
brains! Apple
deaf!



EXAMPLE OF DISORGANIZED THOUGHTS AND SPEECH

Disorganized Speech –Gerald (watch first conversation)



INAPPROPRIATE BEHAVIOR

Emotions and Actions

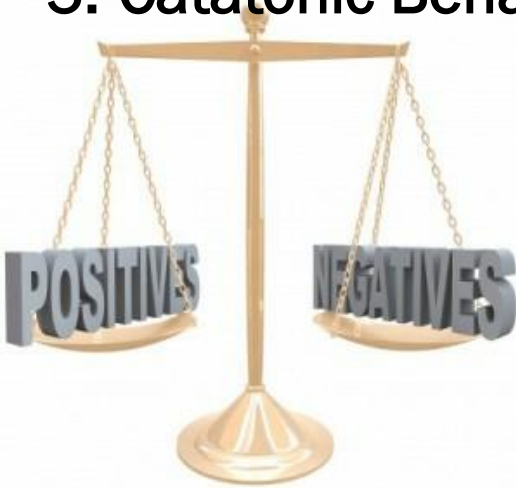
- Laughing at inappropriate times
- Flat affect: lack of emotional expression
- Senseless compulsive acts
- Catatonia: loss of motor skill



SYMPTOMS: POSITIVE VS. NEGATIVE

Positive: **Adding** Behaviors and Emotions


1. Delusions
2. Hallucinations
3. Disorganized Speech/Thinking
4. Grossly Disorganized Behaviors
5. Catatonic Behavior



Negative: **Taking Away** Behaviors and Emotions

1. Flat Affect
2. Not feeling pleasure
3. Lack of motivation
4. Lack of sleep
5. Self-care deficits
6. Social Withdrawal
7. Apathy



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- A woman in a red dress is seen from behind, standing in a dimly lit art studio. She is looking at a large painting on the wall. The room is filled with various art supplies, including easels, canvases, and a window with a lamp. The lighting is warm and dramatic, with strong shadows and highlights.
1. Paranoid
 2. Catatonic
 3. Disorganized
 4. Undifferentiated

SUBTYPES

ABC 20/20 SCHIZOPHRENIA

Living with Schizophrenia



PARANOID TYPE

- Auditory hallucinations or delusional thoughts about persecution or conspiracy
- Suspicion
- Most common subtype
- Onset of symptoms tend to happen later in life
- Hallucinations/Delusions may revolve around a consistent theme



CATATONIC TYPE

- Losing touch with reality in a physical sense
- Rare
- Includes episodes of physical body movements that may seem opposing
- Episodes can be:
 - Coma-like daze – unable to speak or move
 - Bizarre Hyperactivity



Catatonia

Examples of Catatonic States

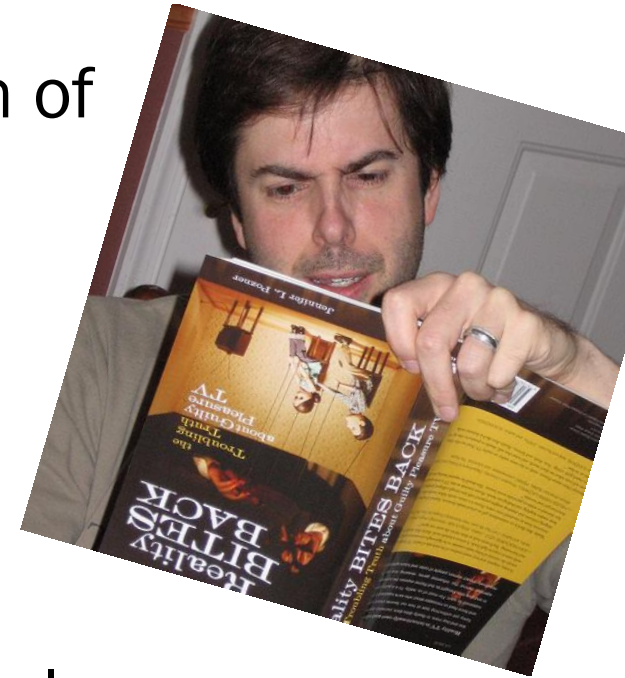
Symptoms:

- Physical immobility
- Excessive mobility
- Waxy Flexibility
- Extreme resistance
- Peculiar movements
- Averting away from someone
- Mimicking speech or movement



DISORGANIZED TYPE

- Predominant feature is disorganization of thought processes
- Disorganized (even incomprehensible) speech
- Less pronounced delusions and hallucinations
- Routines and even day tasks are severely impaired
- Flat affect: inappropriate display of emotions or do not show ordinary emotions



UNDIFFERENTIATED TYPE

- Characterized by having symptoms from all the other types but not enough to classify it as Paranoid, Catatonic, or Disorganized
- A mixture of symptoms making it difficult to classify into one single category



PREVALENCE

- 1 in 100 people in the United States
- Equally common between men and women
- Gradual onset or sudden onset
- Onset of schizophrenia tends to be earlier in men
- Tends to be more severe in men
- Average age of onset (common across cultures)
 - Men 18 years old
 - Women 25 years old
 - Typically diagnosed in late adolescence – early adulthood
- About 90% of patients are ages 15 - 55 years old
- Childhood schizophrenia is rare
 - 1 in 30,000



EXPLAINING SCHIZOPHRENIA

Heredity

Pre-natal environment

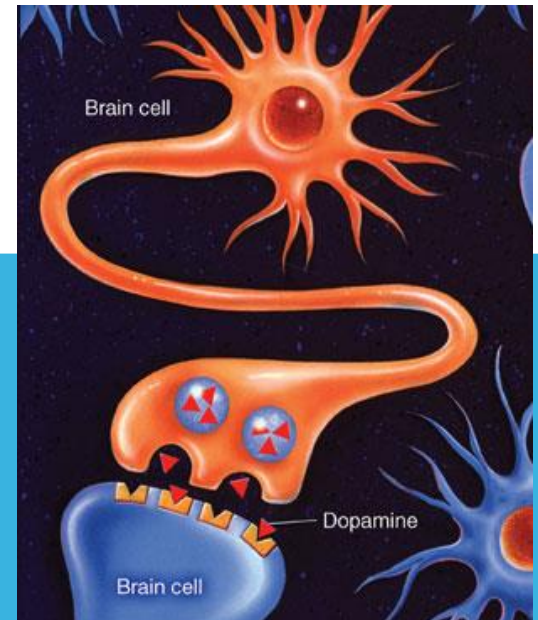
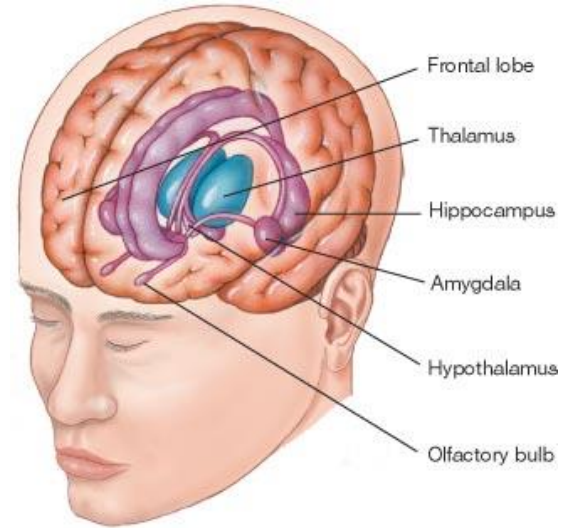
Social and psychological environment

- High stress does not cause schizophrenia but can trigger onset
- Causes



WHAT CAUSES THE SYMPTOMS?

- **Abnormalities in Brain Structure**
 - Smaller Thalamus
- **Abnormal Brain Chemistry**
 - Excessive Dopamine levels
 - Not enough Glutamate



TREATMENT AND CARE

- Medications

- Hadol, Clozapine, Risperadol
- Antipsychotics

- Therapy

- Electroconvulsive Therapy



CHILDHOOD SCHIZOPHRENIA

Children with Schizophrenia

Haywire - Jani ABC Children with Schizophrenia

