

**M U N I**  
**A R T S**

# **Psychosis**

Clinical Psychology  
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# Synopsis

- Epidemiology
- Classification
- Rise and development of psychosis
- Schizophrenia and other psychotic disorders
- Symptoms, clinical forms
- Treatment

# Psychotic disorders

- Characterized by:
- Distortions of perception and thinking
- Disorganized acting and speech

# Epidemiology

- Lifespan prevalence is about 1%
- Incidence 2-4 cases/10 000 person/year
- Presence of psychosis more in men than women
- Variability of psychosis is world widely low
- Critical ages by gender

# Classification according to ICD-10

## **F20-F29 Schizophrenia, schizotypal and delusional disorders**

- F20 Schizophrenia
- F21 Schizotypal disorder
- F22 Persistent delusional disorders
- F23 Acute and transient psychotic disorders
- F24 Induced delusional disorder
- F25 Schizoaffective disorder
- F28 Other nonorganic psychotic disorders
- F29 Unspecified nonorganic psychosis

# Schizophrenia

- Characterized by distorted thinking and perception, cognitive deficits, influence or passivity, delusional perception, hallucinatory perception
- Process can be continuous, or episodic with progressive or stable deficit

# Clinical forms of Schizophrenia

## F20

- .0 Paranoid Schizophrenia
- .1 Hebephrenic Schizophrenia
- .2 Catatonic Schizophrenia
- .3 Undifferentiated Schizophrenia
- .4 Post-Schizophrenic depression
- .5 Residual Schizophrenia
- .6 Simple Schizophrenia
- .8 Other Schizophrenia; .9 Unspecified

# Paranoid Schizophrenia

- Paranoid delusions, accompanied by hallucinations
- Disturbances of affect, volition and speech



# Hebephrenic Schizophrenia

- Affective changes
- Delusions and hallucinations fleeting and fragmentary
- Behaviour irresponsible and unpredictable, and mannerisms common
- Mood is shallow and inappropriate, thought is disorganized, and speech is incoherent
- Not good prognosis because of rapid development of symptoms

# Catatonic Schizophrenia

- Psychomotor disturbances
- Automatic obedience or negativism
- Postures may be maintained for long periods
- Sometimes connected to vivid scenic hallucinations

# Undifferentiated Schizophrenia

- General diagnostic criteria for schizophrenia

# Post-schizophrenic depression

- A depressive episode - may be prolonged (aftermath of a schizophrenic illness)
- Some of SCH symptoms present
- Increased risk of suicidal behavior

# Residual Schizophrenia

- A chronic stage in the development of a schizophrenic illness in which there has been a clear progression from an early stage to a later stage
- Not necessarily irreversible
- Negative symptoms
- Poor nonverbal communication, poor self-care, PM slowing

# Simple Schizophrenia

- Insidious but progressive development of oddities
- Incapability to meet the demands of society
- Negative features of residual schizophrenia (blunting of affect and loss of volition)
- **Without any other overt psychotic symptoms**

# Causes of Schizophrenia

- What etiological hypothesis do you know?



# Causes of Schizophrenia

- Neurodevelopmental hypothesis
- Dopamine hypothesis
- Glutamate hypothesis
- The social brain hypothesis



# Classification according to ICD-10

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# Schizotypal disorder

- Eccentric behavior and anomalies in thinking without any SCH symptoms at any stage  
(e.g. inappropriate affect; anhedonia; odd or eccentric behaviour; a tendency to social withdrawal; paranoid or bizarre ideas not amounting to true delusions; obsessive ruminations,...)

# Persistent delusional disorder

- A disorder characterized by the development either of a single delusion or of a set of related delusions that are usually persistent.
- Content of delusion/s can be varied.
- Persistent at least for 2 months.

# Acute and transient psychotic disorders

- A heterogeneous group of disorders characterized by the acute onset of psychotic symptoms such as delusions, hallucinations, and perceptual disturbances, and by the severe disruption of ordinary behaviour.
- Lasts within 2 weeks

## **F23**

- **.0 Acute polymorphic psychotic disorder without symptoms of schizophrenia**
- **.1 Acute polymorphic psychotic disorder with symptoms of schizophrenia**
- **.2 Acute schizophrenia-like psychotic disorder**
- **.3 Other acute predominantly delusional psychotic disorders**
- **.8 Other acute and transient psychotic disorders**
- **.9 Acute and transient psychotic disorder, unspecified**

# Induced delusional disorder

- A delusional disorder shared by two or more people with close emotional links.

# Schizoaffective disorder

- Episodic disorders in which both affective and schizophrenic symptoms are prominent, but which do not justify a diagnosis of either schizophrenia or depressive or manic episodes.

## **F25**

- **.0 SD, manic type**
- **.1 SD, depressive type**
- **.2 SD, mixed type**
- **.8 Other Schizoaffective disorders**
- **.9 Schizoaffective disorders, unspecified**

# **Other nonorganic psychotic disorders or Unspecified nonorganic psychosis**

– disorders that do not justify any of previous diagnosis

# Main symptoms of psychosis

## Positive symptoms

Hallucinations

Delusions

Agitation

Bizarre behavior

## Negative symptoms

Anhedonia

Cognitive impairment

Lack of motivation

Apathy



# What to do if you meet person with psychosis

- Never argue about things individual believes or perceives.
- Do not also agree with him.
- Try to calm him down.
- Motivate him to see doctor or take meds.
- Think about your own safety first!

# Differential diagnosis

Schizophrenia

- x other psychotic diagnosis
- x organic neurocognitive disorders
- x intoxication
- x affective disorders
- x personality disorders

# Treatment

Antipsychotic medication:

1. Generation (typical antipsychotics)
  1. - Haloperidol, Chlorpromazine,...
2. Generation (atypical antipsychotics)
  1. - Risperidone, Quetiapine, Ziprasidone, Olanzapine,...
3. Generation (selective or partial antagonist)
  - Aripiprazole, Brexpiprazole

# Treatment

Nonpharmacological treatment:

ECT – electroconvulsive therapy

Psychotherapy – CBT, group therapy, Integrative PT

**Schizophrenia Brain**



**Healthy Brain**



# Early Intervention for Psychosis: Building a Mental Health Community- TEDx

<https://www.youtube.com/watch?v=5amruBXrqOE>

# Literature

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