

Schizophrenia

By DR/ Saber Haddad

Lecturer of Psychiatry, Faculty of Medicine , Sohag University

Lifetime Prevalence : 1% of general population.

Diagnosis

☒ DSM -5 criteria for diagnosis of schizophrenia:

Presence of **2 or more** of the following , for **at least 6 months**:

1. **Delusions**: false fixed belief not shared by others of the community, and not amenable to change by reasoning.

Types :

- a. Delusion of persecution: patient is convinced that some one wants to harm him.
- b. Delusion of reference: patient is convinced that other people refer to him.
- c. Delusion of grandiosity: patient is convinced that he is great or has special abilities.
- d. Delusion of infidelity: patient is convinced that his spouse is not faithful to him.
- e. Somatic delusion: patient is convinced that he has serious illness.
- f. Erotomanic delusion: patient is convinced that some one of higher social status is in love with him.

2. **Hallucinations** : perception of non-existing stimulus.

Types : according to the five senses:

- a. Auditory hallucinations: the patient hears voices that are not present

- b. Visual hallucinations: patient sees shapes or people that are not present.
- c. Olfactory hallucinations: patient smells odours not present in the environment.
- d. Gustatory hallucinations: patient tastes things not present.
- e. Sensory hallucinations: feels things on his skin that are not present.
 - ✓ The characteristic hallucination to schizophrenia is auditory hallucinations.

2. **Disorganized speech:** patient speech is not organized, Includes:

- Circumstantiality
- Tangentiality
- Looseness of association
- Incoherent speech
- Neologism

4. **Disorganized behavior:** like unexplained aggression, silly smile, wandering, wearing inappropriate clothes.

5. **Negative symptoms:**

5 A s

- Asociality: social isolation
- Avolition : no will or drive to do any thing.
- Alogia : poverty of speech.
- Anhedonia : loss of pleasure
- Affective flattening: no reaction to event around him.

We must exclude substance abuse or medications or organic disease that may cause the symptoms.

Aetiology

Dopamine hypothesis: excess dopamine in certain areas of the brain.

Psychosocial stressors: may act as precipitating factors.

Treatment

1. **Hospitalization**: admission in hospital , indicated when there is risk to the patient or risk to others around him.
2. **Pharmacological treatment**: main treatment is by antipsychotics; like haloperidol, risperidone and others.
3. **Behavioral treatment**: to increase the social skills of the patient.
4. **Electroconvulsive therapy (ECT)** : العلاج بالصدمات الكهربائية . In agitated patient or aggressive patient.

thanks