

Schizophrenia

- Characterized by **delusions, hallucinations and lack of insight**
- May also present with disturbed behaviour and thinking, insidious social withdrawal
- M > F, mid 20s but can be older

Pathogenesis

- Strong genetic contribution

Environmental factors: Obstetric complication at time of birth

Childhood adversity

Urban upbringing

- ↓ brain size, greater ↓ in temporal lobe
- Episodes precipitated by social stress, cannabis

Clinical features

- Suspected in individual with **bizarre behaviour + delusions + hallucinations** that is not due to brain disease or substance misuse
- Hallucinations usually auditory
- "**Passivity of thought**" described as disturbances in normal privacy of thinking as in thoughts are being withdrawn from them/ being broadcast to others/ alien thoughts are being inserted into their head
- "**Delusions of control**" where patient thinks their emotions and impulses are controlled by others
- Thought disorder causes incomprehensible speech, movement abnormalities (Patient becomes immobile/adopt awkward posture for prolonged time)

Symptoms

- A = Auditory hallucinations
- B = Broadcasting of thoughts
- C = Controlled feelings
- D = Delusional perception

@tribincol

In chronic schizophrenia: Apathy / loss of drive (avolition)

Social isolation (autism)

Poverty of speech (alogia)

Poor self care

- Other causes include functional psychosis, organic psychosis, drug misuse, auto immune/infectious encephalitis, temporal lobe epilepsy

Investigations

- Exclude treatable cause

Management

- Admit to hospital

Drug therapy

i) Antipsychotics

- 2 weeks for max effectiveness
- Continue for 1-2 yrs if first episode, many yrs if multiple episodes
- ADR include extrapyramidal side effects like acute dystonic reaction, akathisia, parkinsonism
- eg: 1st gen - Chlorpromazine, haloperidol
2nd gen - Olanzapine, Clozapine

Neuroleptic malignant syndrome

- Fever, tremor, rigidity, autonomic instability, delirium
- Characteristic finding is ↑ creatinine phosphokinase and leucocytosis
- Stop anti psychotics, give supportive therapy
- Treatment includes hydration, ↓ hyperthermia, dantrolene sodium and bromocriptine

@tribincol

Prognosis

- 1/3 have good outcome
- 1/3 develop chronic, incapacitating schizophrenia
- 1/3 recover but suffer relapses
- Also associated with ↑ suicide