

SCHIZOPHRENIA CLINICAL PICTURE AND TYPES

When we think of severe mental illness, in all probability we think of schizophrenia. It occurs in people from all cultures from all walks of life and its characteristic symptoms have long been recognised. The disorder is characterized by an array of diverse symptoms including extreme oddities in perception, thinking, action, sense of self and manner of relating to others. However schizophrenia is significant loss of contact with reality, referred to as psychosis. The clinical picture of schizophrenia differs from one patient to another.

Bleuler used schizophrenia, meaning splitting of mind. The splitting does not refer to multiple personalities. Instead in schizophrenia there is a split within the intellect, between the intellect and emotion and between the intellect and external reality.

The clinical picture in schizophrenia

Delusions

Delusion is essentially erroneous belief that is fixed and firmly held despite clear evidence. In this tricks are played on the mind. People with delusions believe things that others who share their social, religious, and cultural backgrounds do not believe. A delusion involves a disturbance in the content of thought. In schizophrenia certain types of delusions are quite prominent. Among these are believe that once thought feelings or actions are being controlled by external agent, that one's private thoughts are being broadcast indiscriminately to others, that thoughts are being inserted into one's brain by some external agency.

Hallucination

A hallucination is a sensory experience in the absence of any external perpetual stimulus. Hallucinations can occur in any sensory modality that is auditory, visual, olfactory, tactile or gustatory. However auditory hallucinations are most common. In contrast to visual hallucination occur less frequently. Tactile hallucinations are more rare.

Disorganised speech

It is the external manifestation of a disorder in thought form. An affected person fails to make sense, despite seemingly to conform to semantic and syntactic rules governing verbal communication. In disorganised speech, the

words and word combinations sound communicative but listener is left with little or no understanding of the point the speaker is trying to make. In some cases completely new made up words known as neologisms appear in the patient's speech.

Disorganised and catatonic behaviour

Goal directed activity is almost universally disrupted in Schizophrenia. The impairment occurs in areas of routine daily functioning, such as work, social relation, and self care, such that observers note that the person is not himself or herself anymore. There is deterioration from a previously master standard of performance in every day affairs. In other cases, grossly disorganised behaviour appears as silliness or unusual dress. Catatonia is an even more striking behavioural disturbance. The patient with catatonia show a virtual absence of all movement and speech and be in what is called a catatonic stupor.

Negative symptoms

Two general symptom patterns of schizophrenia have been differentiated. These are referred to as positive and negative syndromes schizophrenia. Positive symptoms are those that reflect an excess or distortion for in a normal repertoire of behaviour and experience such as delusions and hallucinations. Negative symptoms by contrast reflect an absence or deficit of behaviours that are normally present. Important negative symptoms in schizophrenia include flat or blunted emotional expressiveness, very little speech and avolition.

Subtypes of schizophrenia

Paranoid type

Patient with paranoid schizophrenia shows a history of increasing suspiciousness and of severe difficulties in interpersonal relationship. persecutory delusions are most frequent and involve a wide range of bizarre ideas and plots. Individual may become highly suspicious of relatives or associates and may complain of being watched, followed, poisoned, talked about, or influenced by various tormenting devices rigged up by enemies. Delusion of grandeur are also common in paranoid schizophrenia. Patients with such delusions may for eg claim to be the world's economist or philosopher. patients with the paranoid subtype of schizophreniatend to function at a higher level overall and also to have more intact cognitive skills

than patients with other subtypes, although the differences are not large and are not consistent across all cognitive domains.

Disorganized type

Compared with the other subtypes of schizophrenia, disorganized schizophrenia usually occurs at an earlier age, has a gradual, insidious onset. It is characterized by disorganized speech, disorganized behaviour, and flat or inappropriate affect. In the past it was called hebephrenic schizophrenia. A silly smile and inappropriate, shallow laughter after little or no provocation are common symptoms. Speech becomes difficult to understand, may include considerable baby talk, childish giggling, and a repetitive use of similar-sounding words.

Catatonic type

Feature of catatonic schizophrenia is motor signs, either of excited or a stuporous type. Some of these patients are highly suggestible and will automatically obey commands or imitate the actions of others (echopraxia) or mimic their phrases (echolalia). Ordinarily in a catatonic stupor, stubbornly resist any effort to change their position, may become mute, refuse attempts at feeding, and refuse to comply with even the slightest request. Catatonic patients may pass suddenly from extreme stupor to a state of great excitement, during which they seem to be under great pressure of activity and may become violent. They may talk or shout excitedly and incoherently, pace rapidly back and forth, openly indulge in sexual activities, attempt self-mutilation or even suicide or try to kill others.

Undifferentiated type

The diagnosis of undifferentiated schizophrenia is something of a waste basket category. A person with undifferentiated schizophrenia meets the usual criteria for schizophrenia including delusions, hallucinations, disordered thoughts, and bizarre behaviour but does not clearly fit into one of the other types because of a mixed symptom picture.

Residual type

Residual schizophrenia is a category used for people who have suffered at least one episode of schizophrenia but do not now show prominent positive symptoms such as hallucinations, delusions, or disorganized speech or behaviour. Instead, the clinical picture contains mostly negative symptoms, although some positive symptoms may also be present in a mild form.