



Psychosis

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Psychotic Symptoms



- Psychosis in a broad sense , signifies impaired reality testing ability
- Symptoms include: hallucinations, delusions, disorganized speech and behavior and catatonia
- Psychosis is not a diagnosis but can occur in a variety of clinical contexts
- Psychiatric psychotic disorders include:
Schizophrenia, Schizoaffective disorder, Bipolar disorder, Major Depression with psychosis, Delusional disorder, Shared Delusional disorder, Brief Psychotic Episode, Paranoia

Psychotic Symptoms

- Personality disorders that can get psychotic symptoms include: Schizotypal, Schizoid, Paranoid, Borderline
- Basic Work up psychosis:
 - CBC
 - CMP
 - TSH
 - Screen for drugs of abuse



Psychotic Symptoms

- Other Labs:
- HIV
- RPR
- ANA
- Ceruloplasmin
- B12 and Folate
- MRI of the brain
- EEG



Psychotic Symptoms

- Schizophrenia:
- Clinical Features:
 - Positive symptoms: Hallucinations, delusions, thinking abnormalities, bizarre speech or behavior, catatonia
 - Negative symptoms: Blunted/flat affect, Asocial, Alogia, Anhedonia, Avolition.
 - Cognitive changes
 - Mood symptoms



Schizophrenia DSM-5

- A. Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3):
 - Delusions
 - Hallucinations
 - Disorganized speech
 - Grossly disorganized or catatonic behavior
 - Negative symptoms



Schizophrenia DSM-5



- B. For a significant portion of time since the onset of the disturbance, level of functioning in one of more major areas, such as work, interpersonal relationships, of self-care, is markedly below the level achieved prior to the onset.
- C. Continuous signs of disturbance persists for at least 6 months. This 6 month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (ie, active phase symptoms) and may include periods of prodromal or residual symptoms.

Schizophrenia DSM-5

- C. During these prodromal or residual periods. The signs of the disturbance may be manifested by only negative symptoms or by two or more symptoms listed in Criterion A present in an attenuated form (odd beliefs, unusual perceptual experiences)
- D. Schizoaffective disorder, Depression with psychosis and Bipolar with psychosis has been ruled out.
- E. the disturbance is not attributed to the physiological effects of substances (recreational drugs or medications)



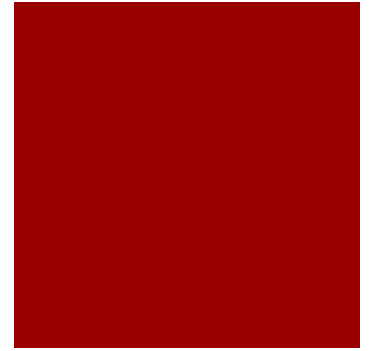
Schizophrenia DSM-5

- F. If there is a history of Autism Spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if predominant delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least 1 month (or less if successfully treated).



Hallucinations

- Auditory 2/3 of patients have this
- Visual
- Tactile
- Somatic
- Olfactory
- Gustatory



Hallucinations

- Auditory are described as any sound, such as banging doors, footsteps, music or voices. Voices are characterized as a third person talking about the patient (“He is such a loser”). Several people talking about the patient or to the patient (derogatory) as a running commentary on the what the patient is doing or thinking.



Delusions

- False beliefs that may be bizarre or feasible
- Persecutory
- Reference
- Control
- Somatic
- Grandiosity (mania)
- Nihilism (depression)
- Delusions of love
- Jealousy
- Capgras



Diagnostic Rating Scales for Psychotic Disorders



- PANSS www.mhs.com
- BPRS Overall JE, Gorham DR: The Brief Psychiatric Rating Scale, Psycho Rep 10:799. 1962

SCHIZOPHRENIA

- Anderson Cooper – Psychosis Simulator
 - <https://www.youtube.com/watch?v=yL9UJVtgPZY>

