Schizophrenia

Negative Symptoms

• Behavioural Deficits:
  – Avolition *(without will)* - lack of energy
  – Alogia - poverty of speech
  – Anhedonia - lack of interest/pleasure
  – Flat affect - lack of emotional expressiveness
  – Asociality - poor social skills and little interest in being around/with others

• Attentional deficits: reduced/impaired working memory
• Symptoms persist beyond acute episode
• Profound functional interference
• Many negative symptoms --> predicts poor QoL (occupation, social) two years after hospitalization (CME Institute, 2007)
• Determine true underlying cause for negative symptoms - Sx or something else (Carpenter, Heinrichs & Wagman, 1988)
  • E.g., flat affect - antipsychotic side effect

Avolition

• Lack of energy; absence of interest/ability for routine activities
• Grooming/personal hygiene (uncombed hair, dirty nails and disheveled clothes)
• Functioning: solitary and doing nothing
• 10-year longitudinal study: apathy unique predictor of poorer life functioning and negative rating of quality of life (see Evensen et al., 2012)

Alogia

• Negative thought disorder
• PoS: amount of speech reduced
• PoCoS: amount of speech adequate, but little info conveyed; tendency to be vague and repetitive

Anhedonia

• Inability to experience pleasure
• Appears as lack of interest (recreation, social, libido)
• Self-awareness of symptom; report activities typically of pleasure for others, not for them

Flat Affect

• With this symptom, virtually no stimulus elicits an emotional response
• Face: may stare vacantly, muscles of face flaccid
• Voice: toneless, flat
• Found in majority of people with Sx
Prefrontal Lobotomy
• Destroyed cnns from FL to brain lower centres
• Initial reports high success (Moniz, 1936); 20 years continued
• Leucotomy: more specific
• Especially for those with violent behav.
• Subdued many even leading to discharge
• 1950’s discredited: pts dull, listless, ↓ cognitive capacity (can’t converse)

First-Generation (Conventional) Antipsychotic Drugs
• Can reduce positive symptoms, but not a cure
• 30-50% do not respond well to these, but may respond to newer antipsychotics
• Cognitive aspects and negative symptoms of Sx “unmet therapeutic challenges”

First-Generation (Conventional) Antipsychotic Drugs
• Common side effects: dizziness, blurred vision, restlessness, sexual dysfunction
• Extrapyramidal side effects: nerve tracts from brain to spinal motor neurons; Parkinsonian
• Treat symptoms with Parkinson’s drugs

First-Generation (Conventional) Antipsychotic Drugs
• Tardive Dyskinesia:
  – Mouth muscles involuntary motion
  – Severe cases: whole body affected
  – 10-20% of pts with long-term side effects not responsive to tx (Sweet et al., 1995)
• Neuroleptic Malignant Syndrome
  – About 1% of cases; also, sometimes fatal
  – Severe muscular rigidity followed by fever
  – Heart races, BP increases and may lapse into coma

First Generation (Conventional) Antipsychotic Drugs
• About 1/2 people who take, quit after 1 year and up to 3/4 quit after 2 years (e.g., Lieberman et al, 2005)
• Common reason: side effects (Schizophrenia Society of Canada, 2002)

First Generation (Conventional) Anti-psychotic Drugs
• Positive responses: kept on maintenance doses to continue therapeutic effect
• Keep positive symptoms from returning, but little effect on negative symptoms
• Reduced long-term institutionalization, but also started revolving door pattern of admission, discharge and readmission for some

Second Generation (Atypical) Antipsychotics
• Decades following conventional, little interest in new drug devmt for Sx