Early Symptomatology of Schizophrenia

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Introduction

The management of schizophrenia and its related disorders has advanced substantially in the past decades, with the use of better tolerated antipsychotics and the introduction of specialised intervention programmes in many parts of the world. Patients’ outcome can be particularly improved when treated early within the critical period.1,2

Early identification of schizophrenia is thus crucial. In countries with low to medium level of resources, the World Health Organization (WHO) and International Early Psychosis Association (IEPA) recommend surveying high-risk population groups or instituting surveillance for early psychosis in the community.3 It is now recognised that in the majority (68%) of cases, the index psychotic episode is preceded by a prodromal stage.4 During this stage, subthreshold psychotic symptoms and other nonspecific early signs may be observed. These early signs and symptoms may serve as flags for identifying at-risk individuals clinically.

Subthreshold Psychotic Symptoms

Sometimes referred to as attenuated psychotic symptoms or brief limited intermittent psychotic symptoms (BLIPS), these are mental problems that occur close to the onset of a full-blown disease, either with a lower intensity or of a shorter duration (resolving without antipsychotic medication) than those seen in frank psychosis.

According to the Comprehensive Assessment of At-Risk Mental States (CAARMS),5 these symptoms can be grouped under four dimensions as listed in the Table. Attenuated psychotic symptoms are defined as those experienced occasionally at a moderate to severe (but not psychotic) intensity. When these are experienced at a severe to psychotic intensity but remitted spontaneously within 1 week, BLIPS is said to be present.

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Symptoms</th>
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<tbody>
<tr>
<td>Unusual thought content</td>
<td>Delusional mood and perplexity; ideas of reference; bizarre ideas (e.g., passivity, thought insertion, withdrawal, broadcasting, or mind reading)</td>
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<tr>
<td>Non-bizarre ideas</td>
<td>Suspiciousness or persecutory, grandiose, somatic, guilt, nihilistic, jealous, religious, and erotomanic ideas</td>
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<tr>
<td>Perceptual abnormalities</td>
<td>Visual, auditory, olfactory, gustatory, tactile, and somatic changes</td>
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<td>Disorganised speech</td>
<td>Subjective changes (e.g., difficulty with speech, trouble finding words, not getting to the point, difficulty in understanding, repeating words of others, staying silent) and objective changes (e.g., incorrect words, circumstantial, tangential, vague, overly abstract or concrete, use of strange words)</td>
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Nonspecific Early Signs

Sometimes referred to as “basic symptoms”, these are subtle and often subjective changes in cognition, affects, drive, stress tolerance, sleep, speech, perception, and motor actions, which are believed to be early expressions of the underlying physiological disturbances for later development of psychosis.

A wide range of early signs has been proposed, including for example coenaesthetic symptoms and cognitive abnormalities,6 changes in the sense of self and the world,7 disorder of selective attention,8 affective-dynamic disturbances (e.g., impaired tolerance to certain stressors or novel demands), and body perception disturbances (e.g., numbness, bodily sensations migrating through the body),9 to name a few.

Researchers have been trying to narrow down the list by identifying those most frequently precede onset of psychosis. Current data from prospective and retrospective studies4,10,11 suggest the following: reduced concentration and attention; reduced motivation and anergia; depression; slowness; sleep disturbances; anxiety and worrying; social withdrawal; lack of self-confidence; suspiciousness; deterioration in role functioning; irritability and restlessness; thought interferences, preservation, pressure, or blockages; disturbances of receptive language; decreased ability to discriminate between ideas and perception and between phantasy and true memory; derealisation; unstable ideas of reference; and visual and acoustic perception disturbances.

Discussion

While diagnosis of frank psychosis may be less problematic, early signs and symptoms suggestive of later psychosis are comparatively elusive. The nonspecificity of many of these features means possible overlaps with normal adjustment problems or other psychiatric conditions (e.g. depression).1 At present, a set of early signs and symptoms that are invariably followed by psychosis onset is yet to be identified.

Despite these problems, early detection and monitoring of help-seeking individuals presenting with risk features remains an important strategy to ensure timely intervention should they become ill. This is especially true when considered together with other risk factors (e.g. family history, age) and traits (e.g. schizotypy).
While routine screening of risk features may not be feasible, a number of self-assessment tools have been made available. Some of these, including the Psychosis Screening Questionnaire (PSQ)\textsuperscript{12} and Prodromal Questionnaire, Brief Version (PQ-B),\textsuperscript{13} have been translated and adapted for use by local organisations and early psychosis intervention projects, and can be accessed via the websites www3.ha.org.hk/easy, www.episo.org and www.jcep.hk. Suspected psychosis entails a more thorough mental state assessment.

**References**