

**Depression in Schizophrenia** (summarized from UpToDate)

- Depressive symptoms are frequent features of schizophrenic patients
- Schizophrenic patients who have mood symptoms actually have better prognosis than patients with pure schizophrenia
- However, schizophrenic patient with depression are more likely to relapse, have longer hospitalizations, increased suicide attempt and completion rates.
- Epidemiologically, the lifetime prevalence of depression in schizophrenic range widely from 6-75%; risk factors include hx of depression, intelligence and insight, critical attitudes regarding illness (either from self or from social circle), multiple hospitalizations, recent hospital discharge
- Depressive symptoms can occur either during an acute psychotic episode or subsequent to it.
- When depression occurs during acute psychosis, it might be less apparent, but should subside with the psychotic symptoms in response to an antipsychotic agent, although this is not always true

**DDx**

- Organic depression as a separate entity from schizophrenia
- Antipsychotic drug-induced dysphoria – particularly with typicals directly due to dopamine blockade
- Extrapyramidal side effects of antipsychotics – dysphoria caused by discomfort associated with the drugs' SEs, particularly with akathisia
- Negative symptoms of schizophrenia – features similar to components of depression, e.g. anhedonia, anergia, alogia, blunted affect, social withdrawal, loss of drive or motivation; BUT depression should have more cognitive features e.g. guilt, shame, pessimism, suicidality, and affective manifestation e.g. tearfulness
- Prodrome of psychotic episode – depression has been described as one of the prodrome symptoms for many schizophrenic with a first psychotic episode, that will manifest very similarly to a major depressive episode. This episode typically lasts between days to a couple of weeks at the longest, but which time the psychotic symptoms will have become more apparent
- Disappointment reactions – in response to their disease and how their life is progression; however, this will always be associated with an identifiable unpleasant event/precipitating circumstance, and typically does not last more than a few weeks.

Schizophrenia Diagnostic Criteria (DSM-V)

- **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 (e.g., frequent derailment or incoherence)
  - Grossly disorganized or catatonic behavior
  - Negative symptoms (i.e., diminished emotional expression or avolition)
- For a significant portion of the time since the onset of the disturbance, **level of functioning** in one or more major areas, such as work, interpersonal relations, or self-care, is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, there is failure to achieve expected level of interpersonal, academic, or occupational functioning).
- Continuous signs of the disturbance **persist 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 (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. 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 (e.g., odd beliefs, unusual perceptual experiences).
- **Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently**

**with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.**

- The disturbance is **not attributable to** the physiological effects of a **substance** (e.g., a drug of abuse, a medication) or another medical condition.
- 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 prominent 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).

#### Psychotic Depression/Depressive Psychosis

Major Depressive Disorder with Psychotic Features – (DSM-V)

##### **Diagnostic Criteria**

1. Five (or more) of the SIGECAPS symptoms have been present during the same 2-week period and represent a change from previous functioning; **at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.**
2. The symptoms **cause clinically significant distress or impairment** in social, occupational, or other important areas of functioning.
3. The episode is **not attributable to** the physiological effects of a **substance** or to **another medical condition.**
  - Psychotic features of delusions and/or hallucinations occurring during either major depressive or bipolar depressive episode
  - Delusions/hallucinations can be classified as mood congruent or incongruent, depending on whether or not the nature of the delusions is in keeping with the individual's mood state
  - Common themes of mood congruent delusions/hallucinations include thoughts of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment

#### Schizoaffective Disorder Diagnostic Criteria

1. An **uninterrupted period** of illness during which there is a **major mood episode** (major depressive or manic) **concurrent with Criterion A of schizophrenia.**
  - Note: The major depressive episode must include Criterion A1: Depressed mood.
2. **Delusions or hallucinations for 2 or more weeks** in the **absence of a major mood episode** (depressive or manic) during the lifetime duration of the illness.
3. Symptoms that meet criteria for a **major mood episode are present for the majority of the total duration** of the active and residual portions **of the illness.**
4. The disturbance is **not attributable to** the effects of a **substance** (e.g., a drug of abuse, a medication) or another medical condition.
  - Basically have to meet criteria for both schizophrenia and depressive disorder; the depressive symptoms must exist for at least 50% of the illness, hallucinations/delusions must exist for at least 2 weeks in the absence of mood disorders
  - 2 types
    - bipolar type: presence of manic or mixed episodes
    - depressive type: no manic, hypomanic, or mixed episodes

#### References:

1. <http://www.uptodate.com/contents/depression-in-schizophrenia>
2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.

## Depression & Schizophrenia

Diagnosis	A: 2 or more	B: Dysfunction	C: 6 month	D: No Mood Disorder	E: No Substance/GMC
Schizophrenia	Yes	Yes	Yes	Yes	Yes
Schizoaffective Disorder	Yes			No	Yes
Schizophreniform Disorder	Yes		No	Yes	Yes
Brief Psychotic Disorder			No	Yes	Yes
Delusional Disorder	No	No		Yes	Yes
Bipolar Disorder, with psychosis				No	Yes
Psychotic disorder due to GMC					No
Substance-induced psychotic disorder					No

From Dr. Cowan's Schizophrenia lecture in B&B