The Development of Schizophrenia Spectrum and Other Psychotic Disorders in the DSM-5

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The Kraepelinian “Dichotomy”

Old: “Manic-Depressive Insanity”
New: Bipolar I Disorder with Psychotic Features

Old: “Dementia Praecox”
New: Schizophrenia

Syndromal Classification

Emil Kraepelin
1856-1926
“The schizophrenic process is essentially a profound regression into a state of ego development which antedates the oral and anal phases.”

-Beulah C. Bosselman, M.D.

Chapter IX in

“Neurosis and Psychosis, 3rd Ed,”

Charles C. Thomas, Springfield: 1964
Neo-Kraepelinian Schizophrenia in DSM-IV-TR: “A” Criteria Matching

- Delusions
- Hallucinations
- Disorganized Speech
- Disorganized Behavior
- Negative Symptoms
- Paranoid
- Disorganized
- Catatonic
- Residual
- Undifferentiated
## Trends in Subtype Usage

<table>
<thead>
<tr>
<th>Journal</th>
<th>Number of Articles/Schizophrenia</th>
<th>Subtypes Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molecular Psychiatry</td>
<td>N/A</td>
<td>33</td>
</tr>
<tr>
<td>American Journal of Psychiatry</td>
<td>29</td>
<td>41</td>
</tr>
<tr>
<td>Archives of General Psychiatry</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Schizophrenia Bulletin</td>
<td>48</td>
<td>56</td>
</tr>
<tr>
<td>Biological Psychiatry</td>
<td>36</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>137</td>
<td>207</td>
</tr>
<tr>
<td>Percent Subtype Usage</td>
<td></td>
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</tr>
</tbody>
</table>

Braff et al 2013
Conclusions

- There are a number of compelling reasons to believe that current DSM-ICD schizophrenia subtypes do not clarify the heterogeneity or etiopathophysiology of schizophrenia.

- Use of traditional schizophrenia subtypes is now uncommon in scientific reports. Genotype-guided subtype classification is promising, but still a distant goal.\(^{21}\)

- Dropping subtypes in DSM-5 and ICD-11 schizophrenia classification is justified by the lack of stability, validity, heterogeneity reduction, and practical utility in the scientific literature.

- Hopefully, as new “cuts” through the complex data space of schizophrenia evolve, we will develop more useful and valid subtype nosologies in the future.\(^{8,21}\)

Braff et al 2013
“Schizophrenia Spectrum”

Key Features that Define the Psychotic Disorders

- Delusions
- Hallucinations
- Disorganized Thinking (Speech)
- Grossly Disorganized or Abnormal Motor Behavior (including catatonia)
- Negative Symptoms
- Impaired Cognition
- Depression
- Mania
Schizophrenia Spectrum
“gradient of psychopathology”

**Attenuated Psychosis Syndrome** (Conditions for Further Study)
- Schizotypal Personality Disorder (subthreshold for psychotic disorder)
- Brief Psychotic Disorder (1 day to 1 month)
- Schizophreniform Disorder (>1 month to 6 months)
- Schizophrenia Disorder (> 6 months)

**Catatonia (specifier)**
- Delusional Disorder (> 1 month)

Duration and Number of Dimensions
DSM-IV-TR: Schizophrenia and Other Psychotic Disorders

- Schizophrenia
- Schizophreniform Disorder
- Schizoaffective Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Shared Psychotic Disorder
- Psychotic Disorder Due to a General Medical Condition
- Substance-Induced Psychotic Disorder
- Psychotic Disorder, Not Otherwise Specified
DSM-5: Schizophrenia Spectrum and Other Psychotic Disorders

- Schizotypal Personality Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder
- Substance/Medication-Induced Psychotic Disorder
- Psychotic Disorder Due to Another Medical Condition
- Catatonia Associated With Another Mental Disorder (Catatonia Specifier)
- Catatonic Disorder Due to Another Medical Condition
- Unspecified Catatonia
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
Clinician-Rated Assessment of Symptoms and Related Clinical Phenomena in Psychosis

http://www.psychiatry.org/dsm5

http://www.dsm5.org/Pages/Feedback-Form.aspx
# Clinician-Rated Assessment of Symptoms and Related Clinical Phenomena in Psychosis

## Clinician-Rated Dimensions of Psychosis Symptom Severity

**Instructions:** Based on all the information you have on the individual and using your clinical judgment, please rate (with checkmark) the presence and severity of the following symptoms as experienced by the individual in the past seven (7) days.

<table>
<thead>
<tr>
<th>Domain</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Hallucinations</td>
<td>Not present</td>
<td></td>
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<tr>
<td>II. Delusions</td>
<td>Not present</td>
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<tr>
<td>III. Disorganized speech</td>
<td>Not present</td>
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<td>IV. Abnormal psychomotor behavior</td>
<td>Not present</td>
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<td>V. Negative symptoms (restricted emotional expressivity or auditory)</td>
<td>Not present</td>
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<td>VI. Impaired cognition</td>
<td>Not present</td>
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<tr>
<td>VII. Depression</td>
<td>Not present</td>
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<td></td>
</tr>
<tr>
<td>VIII. Mania</td>
<td>Not present</td>
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</tbody>
</table>

*Note: SD = standard deviation; SES = socioeconomic status.*
Clinician-Rated Assessment of Symptoms and Related Clinical Phenomena in Psychosis

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Picture:
Type the characters in the picture below.
The picture contains 6 characters.

Characters: *
The characters you entered do not match the picture. Please try again.
Can't see the word?

Submit
Catatonic Disorder

Kraepelin 1896
References


Kraepelin, E. Psychiatrie. Leipzig: Johann Ambrosius Barth, 1896.