Schizophrenia is a complex disorder with an extremely varied presentation of symptoms. It affects cognitive, emotional, and behavioral areas of functioning. According to the National Institute of Mental Health, the prevalence rate for schizophrenia is approximately 1.1% of the population over the age of 18. The age of onset is typically between the late teens and mid-thirties, although there are cases outside that range. For example, there is a rarely seen childhood schizophrenia as well as a late-onset schizophrenia (referred to as LOS) that is diagnosed after age 45 and seen more often in women. The illness is diagnosed most frequently in the early twenties for men and late twenties for women. The progression of the disease is as variable as its presentation. In some cases, the disease progresses through exacerbations and remissions; in other cases, it takes a chronic, stable course; while in still others, a chronic, progressively deteriorating course evolves. The National Institute of Mental Health website on schizophrenia (www.nlm.nih.gov/medlineplus/schizophrenia.html), which can be accessed through a direct link on the Companion Website for this book, will also serve as a resource on schizophrenia for you, your clients, and their families.

### DSM-IV-TR Diagnostic Criteria for Schizophrenia

A. Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):
   1. delusions
   2. hallucinations
   3. disorganized speech (e.g., frequent derailment or incoherence)
   4. grossly disorganized or catatonic behavior
   5. negative symptoms (i.e., affective flattening, alogia, or avolition)
   
   **Note:** Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person’s behavior or thoughts, or two or more voices conversing with each other.

B. Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

C. Duration: 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 may 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 two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

D. Schizoaffective and Mood Disorder exclusion: Schizoaffective Disorder and Mood Disorder with psychotic features have been ruled out because either (1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms; or (2) if mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.

E. Substance/general medical condition exclusion: The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

F. Relationship to a Pervasive Developmental Disorder: If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

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### Using DSM-IV-TR

Health care providers often use language unfamiliar to clients and their families. Reword this DSM statement to make it easier for clients and family members to understand: “Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated): delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms.”

### Symptoms of Schizophrenia

The diagnosis of schizophrenia requires not only the presence of distinct symptoms but also the persistence of those symptoms over time. Symptoms must be present for at least 6 months, and active-phase symptoms (called Criterion A symptoms in the DSM-IV-TR) must be present for at least 1 month during that time, before schizophrenia can be diagnosed. The diagnostic criteria for schizophrenia are presented in the DSM-IV-TR feature below.

The symptoms of schizophrenia are conceptually separated into positive symptoms, which represent an excess or distortion of normal functioning, or an aberrant response; and negative symptoms, which represent a deficit in functioning.

**Positive Symptoms**

Positive symptoms include the three most pronounced outward signs of the disorder: hallucinations, delusions, and disorganization in speech and behavior.

**Hallucinations**

Hallucinations are the most extreme and yet the most common perceptual disturbance in schizophrenia. A hallucination is a