

# Clinical symptoms of schizophrenia

Gudisa Bereda

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## ABSTRACT

Schizophrenia is a complex mental illness that affects how a person thinks, feels, behaves and relates to others. Patients with schizophrenia experience delusions; hallucinations; disorganized thought, speech or behaviour; and other symptoms that affect their ability to work in their daily activities. Delusions are the state of being deluded or a person has strong beliefs that are not true

and may seem irrational to others and also involve unusual thought content such as, individuals experiencing delusions talk as they got messages *via* television from their friends or relatives and response to then *via* television or radio, or they may believe that as others are trying to hurt them (also referred to as paranoia) or as they are in danger, their bodies or thoughts are being controlled by outside forces, they are especially important or have unusual powers over others and they also believe as other people read their thoughts.

**Key Words:** *Clinical; Schizophrenia; Symptoms*

## INTRODUCTION

Schizophrenia is a chronic psychiatric disorder with a heterogeneous genetic and neurobiological background that affects early brain development and is characterized as a combination of psychotic symptoms such as hallucinations, delusions and unusual speech and motivational and cognitive dysfunctions [1]. Schizophrenia is a complex mental illness that affects how a person thinks, feels, behaves and relates to others [2]. Psychotic symptoms include changes in the way a person thinks, acts, and experiences the world. Individuals with psychotic symptoms may lose a shared sense of reality with others and experience the world in a distorted way [3]. Patients with schizophrenia experience delusions; hallucinations; disorganized thought, speech or behavior; and other symptoms that affect their ability to work in their daily activities. There are four more common clinical symptoms of psychotic such as positive symptoms, negative symptoms, cognitive symptoms and mood symptoms [4].

### Positive symptoms

Positive symptoms are psychotic behaviors that are not seen in healthy people at all. Individuals with positive symptoms may “lose touch” with some aspects of reality. Positive symptoms of psychosis are including the following terms:

- Hallucinations is an experience of involving the apparent perception of something not present or a person sees, hears, smells, tastes, or feels things that are not actually there. The most common hallucinations among

individuals with schizophrenia are response without stimuli in all 5 senses such as auditory the most common form means hearing things that other people cannot hear, visual means see things that are not there or other people cannot see, olfactory means smelling things that other people cannot smell or don't smell like other can smell, gustatory means tasting things that are not there, and tactile means feeling something that is not there are touching there skin [5].

- Delusions are the state of being deluded or a person has strong beliefs that are not true and may seem irrational to others and also involve unusual thought content such as, individuals experiencing delusions talk as they got messages *via* television from their friends or relatives and response to then *via* television or radio, or they may believe that as others are trying to hurt them (also referred to as paranoia) or as they are in danger, their bodies or thoughts are being controlled by outside forces, they are especially important or have unusual powers over others and they also believe as other people read their thoughts [6].
- Disorganized speech or thought disorder is when an individual has ways of thinking that are unusual or illogical. People with disorganized speech may have trouble organizing their thoughts and speech. Sometimes a person will stop talking in the middle of a thought, jump from topic to topic, make up words that have no sense, talk

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Department of Pharmacy, Negelle Health Science College, Guji, Ethiopia

Correspondence: Gudisa Bereda, Department of Pharmacy, Negelle Health Science College, Guji, Ethiopia. Telephone +251913118492/+251919622717, e-mail [gudisabareda95@gmail.com](mailto:gudisabareda95@gmail.com)

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about ideas that seem to be unrelated, answer questions in ways that are off-topic or irrelevant and string together rhyming words that make no sense [7].

- Catatonia or movement disorder- means occur when individual with movement disorder may repeat certain motions again and again. Catatonia is characterized by a marked psychomotor disturbance that perhaps involve stupor, rigidity, negativity, excitement, purposeless and inappropriate bizarre posturing [8].

#### Negative symptoms

Negative symptoms include loss of motivation, loss of interest or enjoyment in daily activities, withdrawal from social life, difficulty showing emotions, and difficulty functioning normally. Negative symptoms significantly limit potential for successful functional outcome and recovery in individuals with schizophrenia. Negative symptoms of psychosis are including the following terms called 5As: [9]

- Affect flattening is a fairly negative symptom among certain schizophrenia patients means the individuals has monotone or flat voice with no expression; lack of eye contact and lack of verbal response to emotional stimuli [10]
- Anhedonia is defined as a diminished capacity to experience pleasant emotions; for example, when schizophrenic patients engaging in an activity that formerly brought as joy or positive feelings, but no longer elicits for these feelings [11]
- Alogia defined as a difficulty with speaking or the tendency to speak little due to brain impairment such as answer only what someone asks you, give one word responses, interrupt speaking for long time during communication, more time uses sign language and etc [12]
- Avolition refers to reflects decrease in the motivation to initiate and perform purposeful activities such as lack of motivation or reduced drive to complete goal direct activities, not show clear signs of emotion [13]
- Asociality defined as reduction in social initiative due to decreased interest in forming close relationships with others [14]

#### Cognitive symptoms

The cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients perhaps notice changes in their memory or other aspects of thinking. Cognitive symptoms include problems with attention, concentration, and memory. These symptoms can make it hard to follow a conversation, learn new things, or remember appointments. An individual's level of cognitive functioning is one of the best predictors of their day-to-day functioning. Cognitive symptoms expressed as having trouble focusing or paying attention, poor "executive functioning" (the ability to understand information and use it to make decisions), and problems with "working memory" (the ability to use information immediately after learning it) [15]. Cognitive symptoms of psychosis are including the following terms:

- Lack of insight Patients with schizophrenia may not worry or know about the disease she/he will faced This lack of

insight or awareness may be present throughout the illness, and can contribute to a decision to reject a recommended treatment plan [16]

- Ambivalence means having conflicting ideas, wishes and feelings toward a person, thing or situation. A patient with schizophrenia may feel uncertainty and doubt [17]
- Disturbances of feeling or mood, A patient with schizophrenia feels difficulty to identify and express their feelings. At times they may have inappropriate or intense bursts of feeling that seem to come out of nowhere, while at other times they may feel empty of emotions [18]
- Changes in cognitive function, Schizophrenia affects how the thinking part of the brain functions, known as cognitive function. These changes can be subtle or obvious, and can affect a person's ability to: pay attention, concentrate and remember, interpret their environment, use reason and judgment, understand and process information, express them through language, read social signals and make sense of social interactions and plan and organize tasks [19]

#### Mood Symptoms

Mood symptoms of psychosis are including the following terms:

- Depression means very serious mood disorder that requires hospitalization because they cause major depression disorder which is itself debilitating and scary [20]
- Anxiety means feeling threat such as phobias, panic disorder, social anxiety disorder and etc. which are common in psychotic patients [21]
- Hopelessness means expressed as persistent feelings of sadness or hopelessness [22]
- Demoralization is the state of mind of a person deprived of courage, disheartened, bewildered and thrown into disorder and also it is a dysphoric state encountered in both psychiatric and medical populations described as individual's sense of disempowerment and futility [23]
- Stigmatization means when individuals with schizophrenia are at risk of perceived discrimination and their negative consequences than others without bias or those diagnosed with non-psychotic conditions [24]
- Suicidality is thoughts and behaviors are very common among patients with schizophrenia. Suicidal behaviour occurs mostly because individuals are distressed or overly preoccupied by the psychotic symptoms they are experiencing [25]

#### CONCLUSION

Psychotic symptoms include changes in the way a person thinks, acts, and experiences the world. Individuals with psychotic symptoms may lose a shared sense of reality with others and experience the world in a distorted way. Anhedonia is defined as a diminished capacity to experience pleasant emotions; for example, when schizophrenic patients engaging in an activity that formerly brought as joy or positive feelings, but no longer elicits for these feelings.

## REFERENCES

1. Strauss GP, Rough IM, Zhang L et al. Validation of accelerometry as a digital phenotyping measure of negative symptoms in schizophrenia. *Schizophrenia*. 2022;8(1):1-6.
2. Strauss GP, Chapman HC. Preliminary psychometric properties of the brief negative symptom scale in youth at clinical high-risk for psychosis. *Schizophr Res*. 2018; 193:435-7.
3. Ahmed AO, Kirkpatrick B, Galderisi S et al Cross-cultural validation of the 5-factor structure of negative symptoms in schizophrenia. *Schizophrenia bulletin*. 2019;45(2):305-14.
4. de Medeiros HL, Vasconcelos SC, Elkis H et al The brief negative symptom scale: validation in a multicenter Brazilian study. *Compr. Psychiatry*, 2018; 85:42-7.
5. Wójciak P, Górna K, Domowicz K et al Polish version of the brief negative symptom scale (BNSS). *Psychiatr Pol*. 2019; 53(3):541-9.
6. Xie DJ, Shi HS, Lui SS et al. Cross cultural validation and extension of the Clinical Assessment Interview for Negative Symptoms (CAINS) in the Chinese context: evidence from a spectrum perspective. *Schizophrenia bulletin*. 2018; 44(2):547-55.
7. Rough, I. M. et al. Geolocation as a digital phenotyping measure of negative symptoms and functional outcome. *Schizophr. Bull*. 2020; 46(6):1596-1607.
8. Yates T, Gray LJ, Henson J et al Impact of depression and anxiety on change to physical activity following a pragmatic diabetes prevention program within primary care: pooled analysis from two randomized controlled trials. *Diabetes Care*. 2019;42(10):1847-53.
9. Firth J, Stubbs B, Vancampfort D et al The validity and value of self-reported physical activity and accelerometry in people with schizophrenia: a population-scale study of the UK Biobank. *Schizophr. bull*. 2018;44(6):1293-300.
10. Yates T, Gray LJ, Henson J et al Impact of depression and anxiety on change to physical activity following a pragmatic diabetes prevention program within primary care: pooled analysis from two randomized controlled trials. *Diabetes Care*. 2019; 42(10):1847-53.
11. Rough IM, James SH, Gonzalez CM et al Digital phenotyping adherence, feasibility, and tolerability in outpatients with schizophrenia. *J. Psychiatr. Res*. 2021; 138:436-43.
12. Goldsack JC, Coravos A, Bakker JP et al Verification, analytical validation, and clinical validation (V3): the foundation of determining fit-for-purpose for Biometric Monitoring Technologies (BioMeTs). *npj digit. med*. 2020;3(1):1-5
13. Umbricht D, Cheng WY, Lipsmeier F et al Deep learning-based human activity recognition for continuous activity and gesture monitoring for schizophrenia patients with negative symptoms. *Front. Psychiatry*, 2020; 11:967.
14. Fulford D, Mote J, Gonzalez R et al Smartphone sensing of social interactions in people with and without schizophrenia. *J. Psychiatr. Res*. 2021; 137:613-20.
15. Strassnig MT, Miller ML, Moore R et al Evidence for avolition in bipolar disorder? A 30-day ecological momentary assessment comparison of daily activities in bipolar disorder and schizophrenia. *Psychiatry res*. 2021; 300:113924.
16. Strassnig M. T., Harvey P. D., Miller M. L et al Real world sedentary behavior and activity levels in patients with schizophrenia and controls: an ecological momentary assessment study. *Ment. Health Phys. Act*. 2021;20:100364.
17. Leamy M., Bird V., Le Boutillier et al Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *Br. J. Psychiatry*, 2011;199(6),445-52
18. Bishara D, Taylor D. Upcoming Agents for the Treatment of Schizophrenia. *Drugs*. 2008; 68(16):2269-92.
19. Girgis RR, Javitch JA, Lieberman JA. Antipsychotic drug mechanisms: links between therapeutic effects, metabolic side effects and the insulin signaling pathway. *Mol. Psychiatry*. 2008;13(10):918-29.
20. Hu W, MacDonald ML, Elswick DE et al The glutamate hypothesis of schizophrenia: evidence from human brain tissue studies. *Ann. N. Y. Acad. Sci*. 2015;1338(1):38-57.
21. Clinton SM, Meador-Woodruff JH. Abnormalities of the NMDA Receptor and Associated Intracellular Molecules in the Thalamus in Schizophrenia and Bipolar Disorder. *Neuropsychopharmacology*. 2014;29(7):1353-62.
22. Lewis S, Patel KR, Cherian J et al Treatment of Schizophrenia: Discussion. *J. Schizophr. Res*. 2009, 441-445
23. Messias E, Chen CY, Eaton WW. Epidemiology of Schizophrenia: Review of Findings and Myths. *The Psychiatr. Clin. North. Am*. 2007;30(3):323-38.
24. McGrath J, Saha S, Welham J et al. A systematic review of the incidence of schizophrenia: the distribution of rates and the influence of sex, urbanity, migrant status, and methodology. *BMC. Med*. 2004;13
25. Fatemi SH, Folsom TD. The Neurodevelopmental Hypothesis of Schizophrenia, *Schizophr. Bull*. 2009;35(3):528-48.