

ANTICIPATING DSM-V

William T. Carpenter, MD

Professor of Psychiatry and Pharmacology

University of Maryland School of Medicine

Director, Maryland Psychiatric Research Center

Baltimore, Maryland

STATEMENT OF INTEREST

Past 12 Months

Speakers Bureau: none

Stock: none

Scientific Advisor: **Genentech**

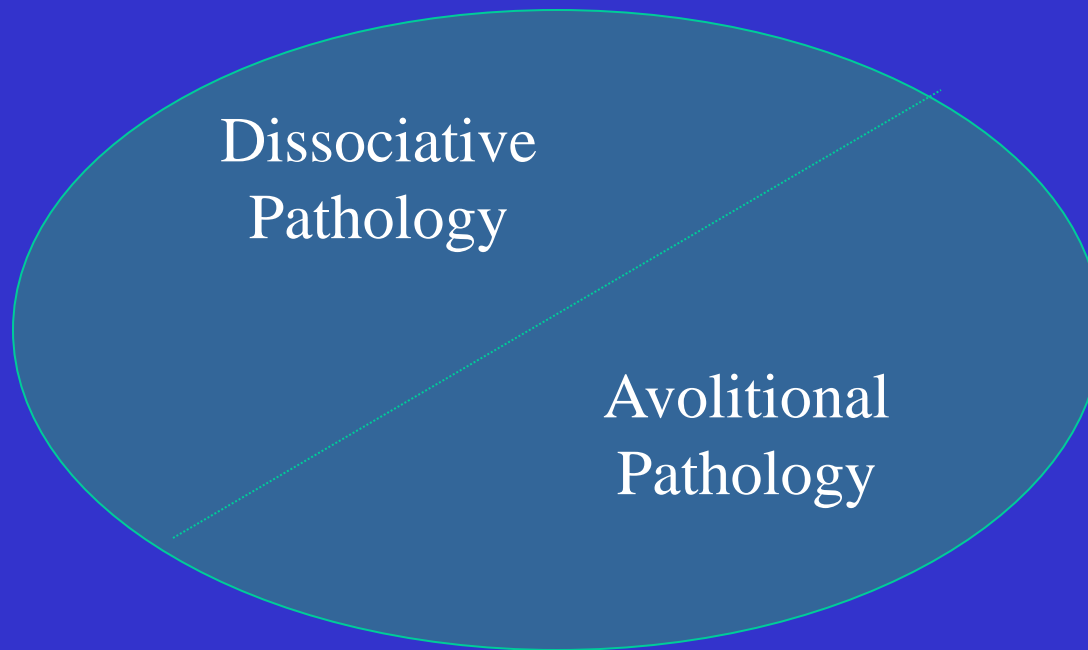
Patent: (no personal funds)

European Regional Patent Number 1487998 (June 6, 2007) “Methods for Diagnosing and Treating Schizophrenia”

Three Challenges for the Schizophrenia Construct

- establish as a single disease entity
or
- find disease entities within the syndrome
and/or
- deconstruct the syndrome into pathology domains

Dementia Praecox

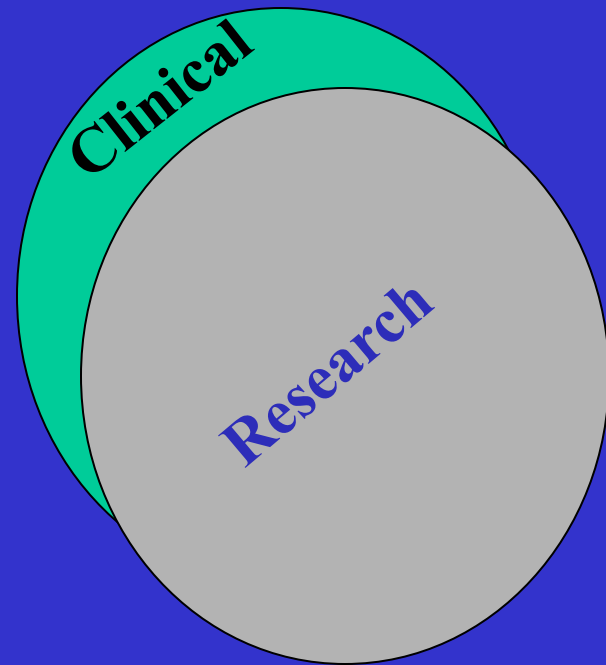
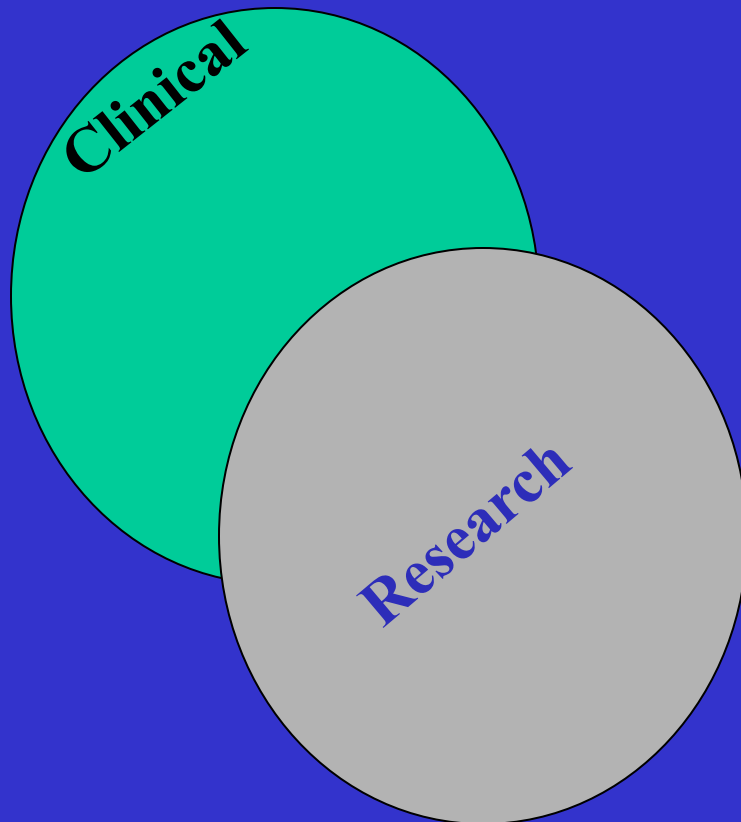


Schizophrenia



DSM II Schizophrenia

- United States
- United Kingdom



Nuclear Schizophrenia-- Schneider

First Rank Symptoms

Audible thoughts

Somatic passivity

Thought insertion

Thought withdrawal

Thought broadcast

Made feelings

Made impulses

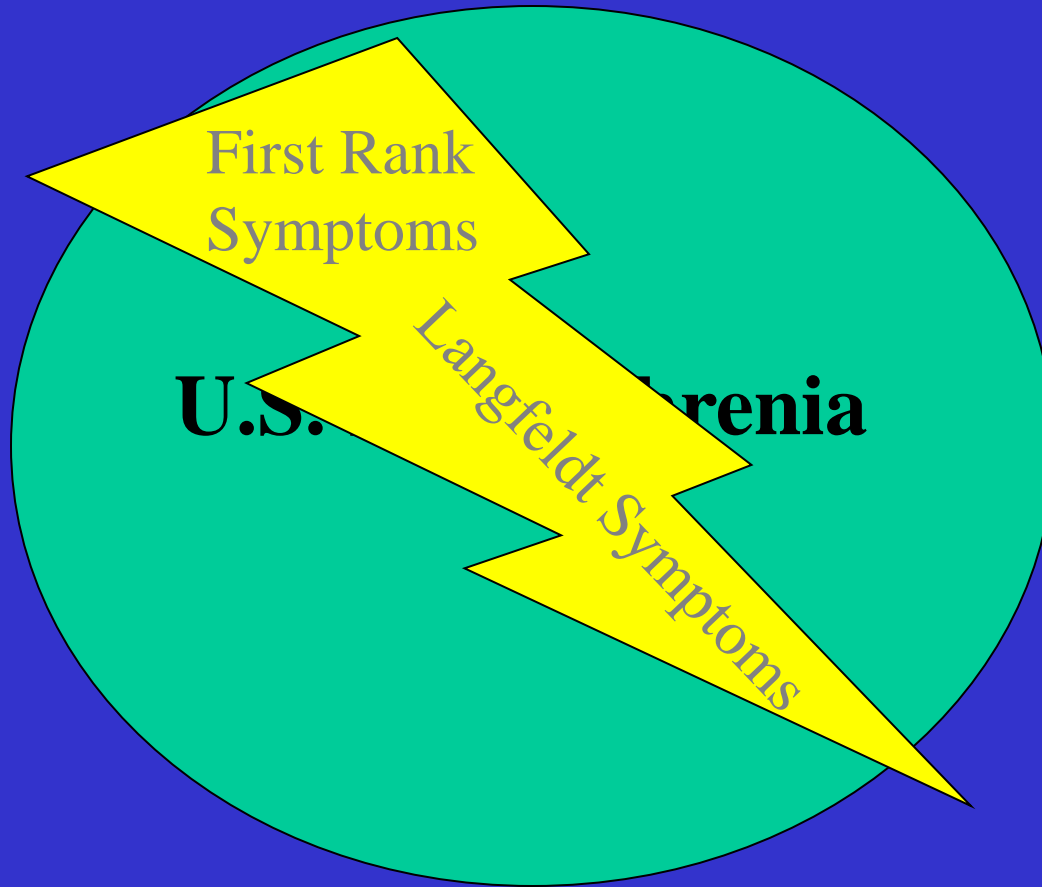
Made volition

Voices arguing

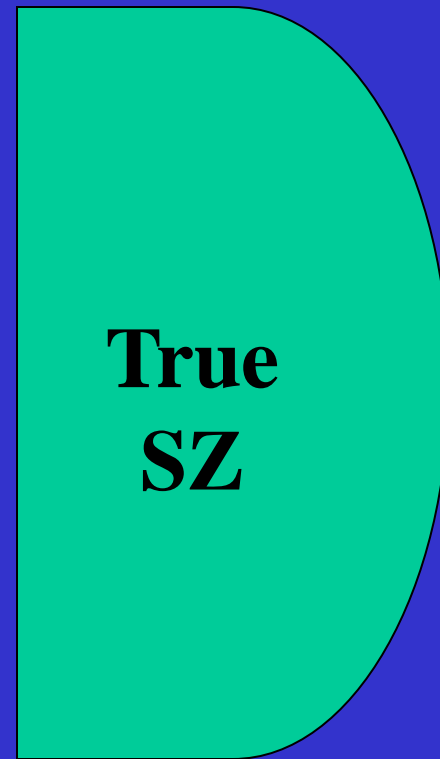
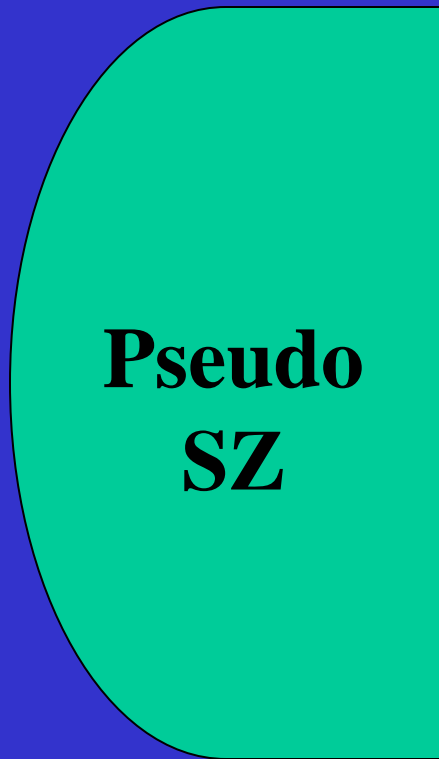
Voices commenting

Delusional percepts

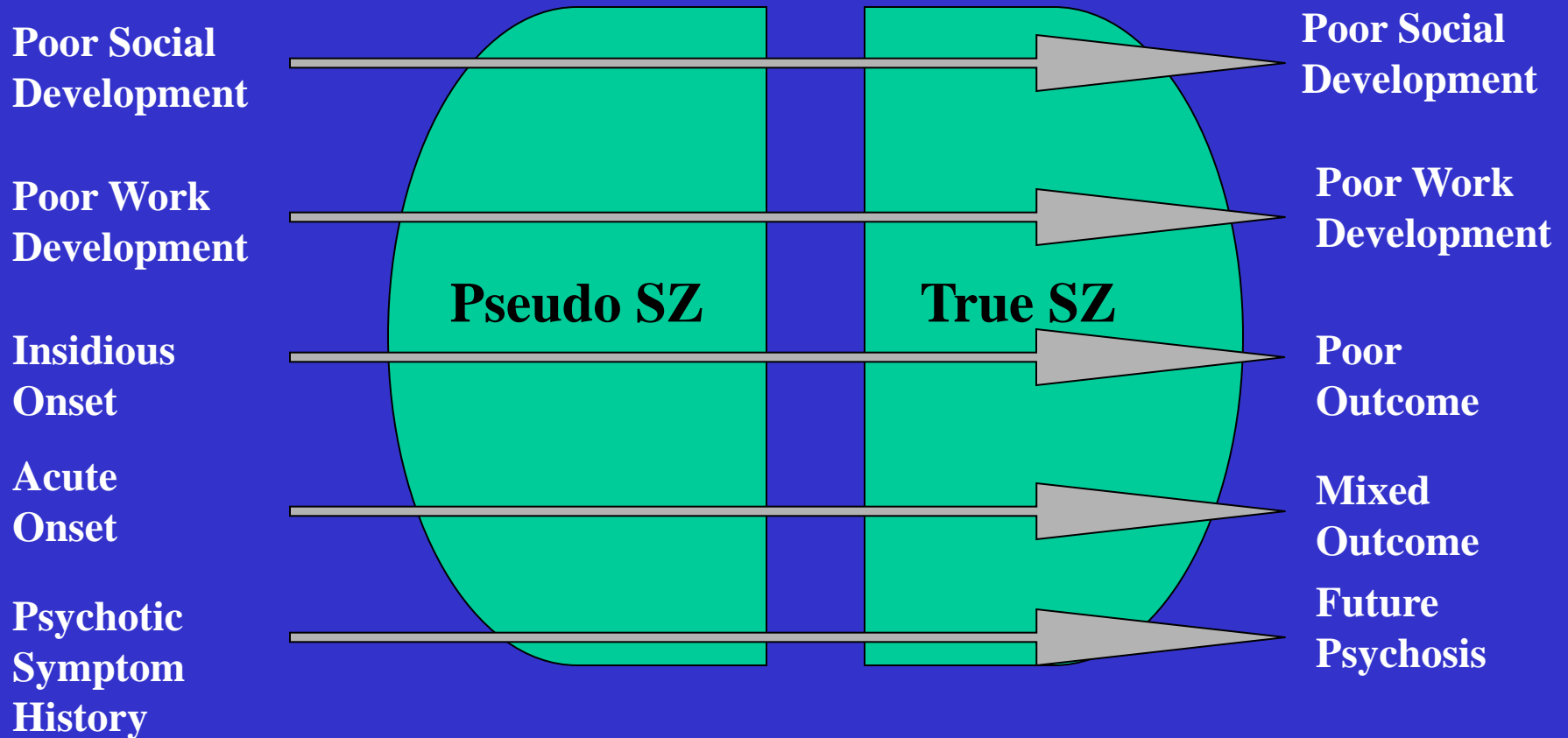
From Broad Syndrome...

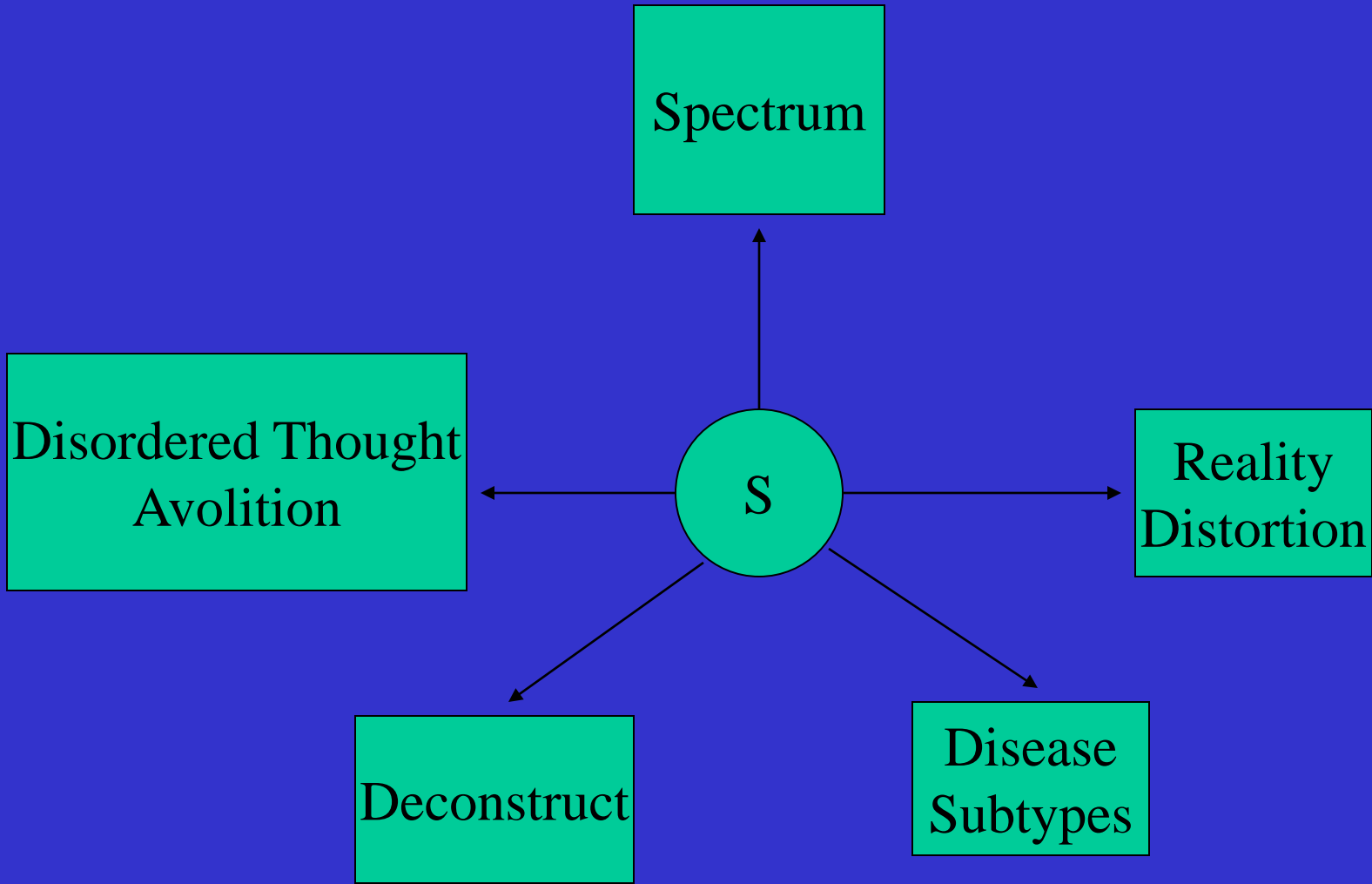


...to Disease



Nuclear Schizophrenia Onset and Course





spectrum

S



Spectrum Validators

Associated Factors:

1. genetic risk factors
2. familiarity
3. environmental risk factors
4. neural substrates
5. biomarkers
6. temperamental antecedents
7. cognitive and emotional abnormalities

Clinical Manifestations:

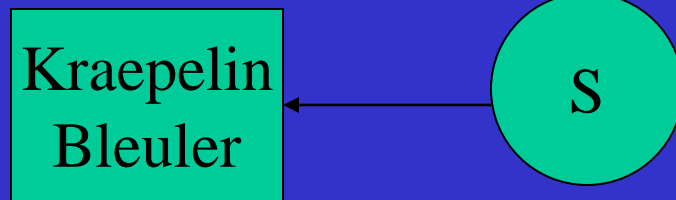
8. symptom similarity
9. rates of co-morbidity
10. course of illness
11. treatment response

Early Issues for the Psychoses

- Add Bipolar?
- Add Schizotypal?

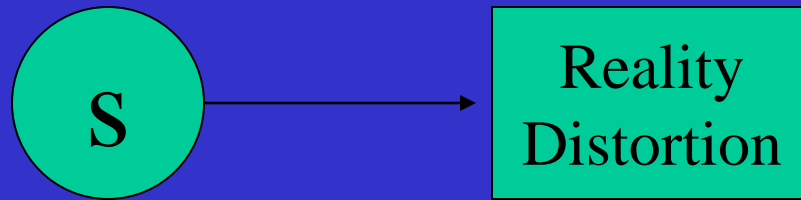
DSM 5 Spectrum

- Schizophrenia
- Schizoaffective
- Schizophreniform
- Schizotypal Personality
- Attenuated psychosis



The Flexible 12-point System

1. Restricted affect
2. Poor insight
3. Poor rapport
4. Thoughts aloud
5. Incoherent speech
6. Bizarre delusions
7. Nihilistic delusions
8. Widespread delusions
9. Unreliable informant
10. Depressed facies
11. Elation [-]
12. Waking early [-]



DSM-III Schizophrenia

1. Delusions
2. Hallucinations
3. Disorganized speech
4. Grossly disorganized or catatonic behavior

Characteristic Symptoms of Schizophrenia in DSM-IV-TR (Criterion A)

Two of the following:

- Delusions*
- Hallucinations
- Disorganized speech
- Grossly disorganized or catatonic behavior
- Negative symptoms: affective flattening, alogia, or avolition

Psychosis Work Group Members

William Carpenter

Deanna Barch

Juan Bustillo

Wolfgang Gaebel

Raquel Gur

Stephan Heckers

Dolores Malaspina

Michael Owen

Susan Schultz

Rajiv Tandon

Ming Tsuang

Jim van Os

Liaisons

J. Raymond DePaulo Judith Rapoport

Larry Siever

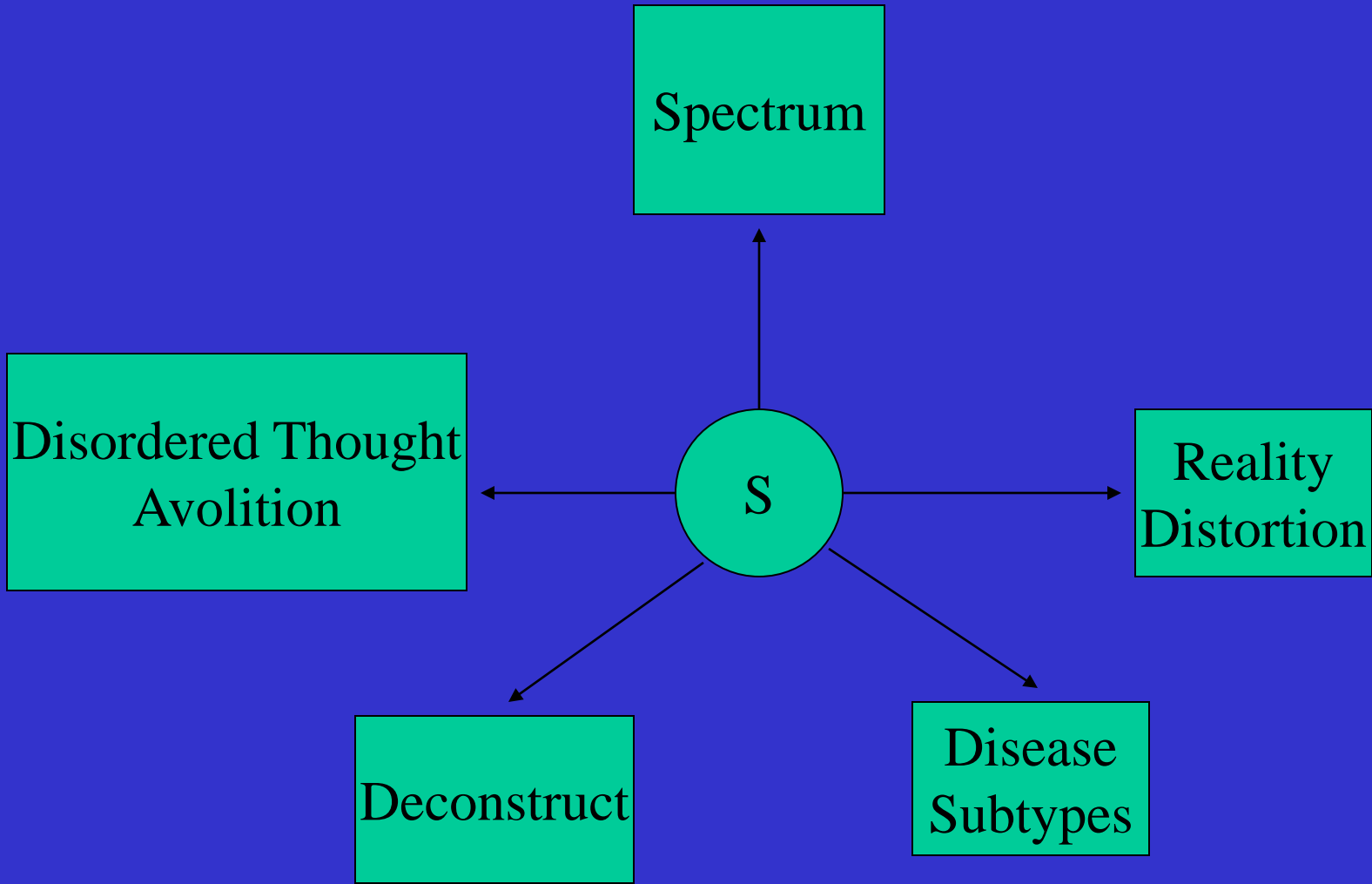


DSM-IV Diagnoses under Review

1. Schizophrenia
2. Schizophreniform Disorder
3. Schizoaffective Disorder
4. Delusional Disorder
5. Brief Psychotic Disorder
6. Shared Psychotic Disorder
7. Psychotic Disorder due to [GMC]
8. (Substance) Induced Psychotic Disorder
9. Psychotic Disorder NOS
10. Hallucinogen Persisting Perception Disorder

Issues in Psychoses

- Criteria
- Subtypes
- Catatonia
- Schizoaffective
- Dimensions
- APS



Schizophrenia Subtypes in DSM-IV-TR

- Catatonic type
- Disorganized type
- Paranoid type
- Undifferentiated type
- Residual type

Catalepsy

Waxy flexibility



Catatonia in DSM IV

1. Catatonia due to a GMC (293.89),
2. Catatonia subtype of schizophrenia (295.20)
3. Episode specifiers (no additional codes given) for:
 - a. Major depressive disorder, single episode
 - b. Major depressive disorder, recurrent
 - c. Bipolar I disorder, single manic episode
 - d. Bipolar I disorder, MRE manic
 - e. Bipolar I disorder, MRE mixed
 - f. Bipolar I disorder, MRE depressed
 - g. Bipolar I disorder, depressed
4. A related diagnosis to consider is: Neuroleptic malignant syndrome (333.92)

Proposed Criteria

1. Stupor (i.e., no psychomotor activity; not actively relating to environment)
2. Catalepsy (i.e., passive induction of a posture held against gravity)
3. Waxy flexibility (i.e., slight, even resistance to positioning by examiner)
4. Mutism (i.e., no, or very little, verbal response [exclude if known aphasia])
5. Negativism (i.e., opposing or not responding to instructions or external stimuli)
6. Posturing (i.e., spontaneous and active maintenance of a posture against gravity)
7. Mannerism (i.e., odd, circumstantial caricature of normal actions)
8. Stereotypy (i.e., repetitive, abnormally frequent, non-goal-directed movements)
9. Agitation, not influenced by external stimuli
10. Grimacing
11. Echolalia (i.e., mimicking another's speech)
12. Echopraxia (i.e., mimicking another's movements)

Arguments for a Single Diagnostic Entity

- Catatonia is not recognized by many clinicians
- Optimal treatment for catatonia differs from the standard treatment for schizophrenia
- Treatment for catatonia with BZD and ECT is highly effective in the majority of patients

Nuclear Schizophrenia

Schneider

First Rank Symptoms

Audible thoughts

Somatic passivity

Thought insertion

Thought withdrawal

Thought broadcast

Made feelings

Made impulses

Made volition

Voices arguing

Voices commenting

Delusional percepts

Characteristic Symptoms of Schizophrenia in DSM-IV-TR (Criterion A)

Two of the following:

- Delusions*
- Hallucinations
- Disorganized speech
- Grossly disorganized or catatonic behavior
- Negative symptoms: affective flattening, alogia, or avolition

A Criteria for Schizophrenia

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 should include 1-3

- 1. Delusions*
- 2. Hallucinations*
- 3. Disorganized speech*
- 4. Grossly abnormal psychomotor behavior, such as catatonia*
- 5. Negative symptoms, i.e., restricted affect or avolition and apathy*

Note Deleted DSM-IV single criteria 1 if bizarre



Schizoaffective Disorder

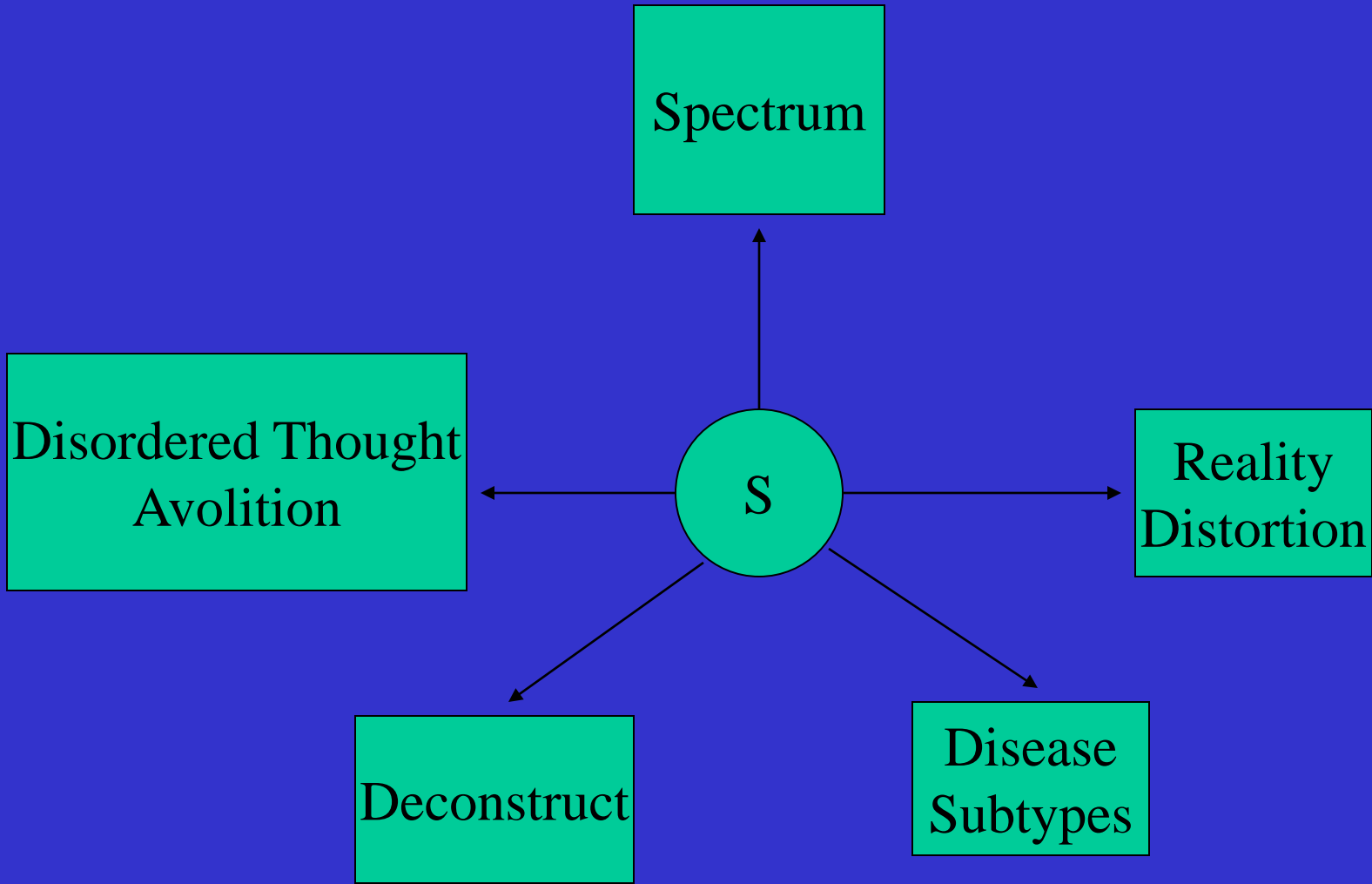
Current Status

- Poor Reliability (Criterion C)
- Strong Clinical Utility
- Discrepancy between DSM and ICD
- Limited Validity
- Episode Diagnosis

But: Need to capture mood symptoms in schizophrenia

Schizoaffective Disorder Criteria

- 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
- Delusions and/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.
- Symptoms that meet criteria for a major mood episode are present for the majority of the total duration of the active and residual portion of the illness
- The disturbance is not attributable to the direct effects of a substance or another medical condition.



Paradigm Shift

SZ as a Nosologic Class

```
graph TD; A[SZ as a Nosologic Class] --- B[Domain #1]; A --- C[Domain #2]; A --- D[Domain #3];
```

Domain #1

Domain #2

Domain #3

Psychopathological Domains

(1974)

Schizophrenia

```
graph TD; A[Schizophrenia] --- B[Psychosis]; A --- C[Negative]; A --- D[Interpersonal]
```

Psychosis

Negative

Interpersonal

Psychopathology Dimensions

- Provide info missing from classification
- Identify treatment targets
- Shift the research agenda
- Define porous boundaries

Domains of Pathology within the Schizophrenia Syndrome

Strauss, Carpenter and Bartko

Schizophrenia Bulletin, Winter 1974

- Disorders of content of thought and perception
- Disorders of affect
- Disorders of personal relationships
- Disorder of form of speech and thought
- Disordered motor behaviors
- Lack of insight

Psychopathological Dimensions: What and How Many?

Peralta and Cuesta

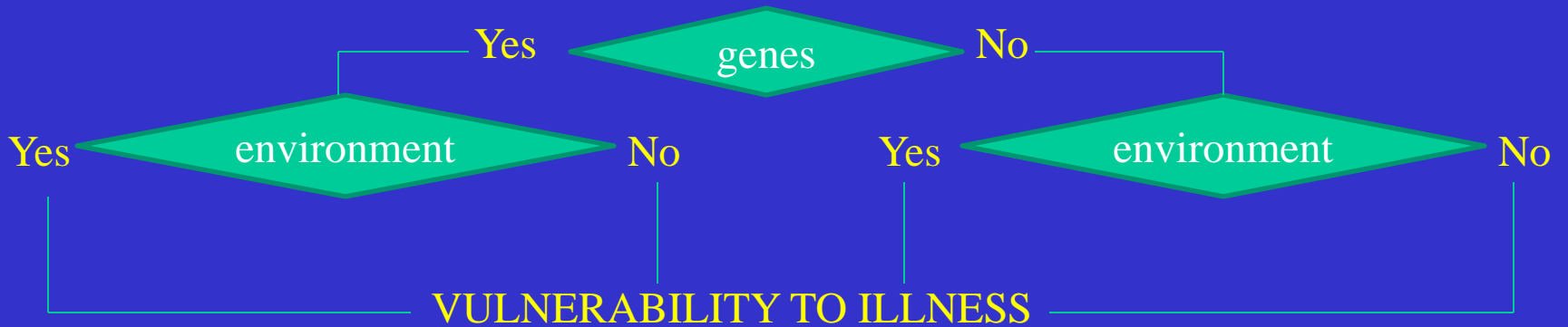
Schizophrenia Research, 2001

Eight Major Dimensions

1. Psychosis
2. Disorganization
3. Negative
4. Mania
5. Depression
6. Excitement
7. Catatonia
8. Lack of insight

Paradigm Shift

Psychosis Dx	Delusions
	Hallucinations
	Disorganized Thought
	Avolition
	Restricted Emotion
	Depression
Cognitive Pathology	Mania



VULNERABILITY TO SCHIZOPHRENIA



SCHIZOPHRENIA



Prodrome / Early Stages of Psychosis

- Evolving set of diagnostic criteria
- Potential for early diagnosis and intervention
- Need for treatment dictates need for Dx class
- Differentiation from adolescent turmoil

Criteria for the Attenuated Psychotic Symptom Syndrome

OTHER SPECIFIED PSYCHOTIC DISORDER (05 B-17)

Diagnostic Criteria – ICD-10-CM code Xxxx

At least one of the following symptoms are present in attenuated form with relatively intact reality testing, but of sufficient severity and/or frequency to warrant clinical attention:

- delusions/delusional ideas

- hallucinations/perceptual abnormalities

- disorganized speech/communication

Symptoms in Criterion A must be present at least once per week for the past month.

Symptoms in Criterion A must have begun or worsened in the past year.

Symptoms in Criterion A are sufficiently distressing and disabling to the individual and/or legal guardian to lead them to seek help.

Symptoms in Criterion A are not better explained by any other DSM-5 diagnosis, including Substance-Related Disorders.

Clinical criteria for a Psychotic Disorder have never been met.

Problems with Attenuated Psychotic Symptom Syndrome

- Prodrome not specific to schizophrenia
- Risk Syndrome versus disorder
- Unwarranted drug treatment
- Stigma