Patients' perspectives. Subjective experiences and attitudes of patients with recent onset schizophrenia

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Chapter 4.1.

Introduction

Based on:

Dwangsymptomen bij schizofrenie: aanwijzingen voor een aparte groep
Beuk N, De Haan L
Tijdschrift voor Psychiatrie. 2000, 42: 347-351
Summary


Results: Obsessive-compulsive symptoms can be found in 13% to 52% of the patients with schizophrenia. Outcome was found to be worse in these patients.

There are several reports suggesting a relationship between treatment with antipsychotic medication and emergence or increase of obsessive-compulsive symptoms.

Conclusion: Systematic studies are needed to investigate the relationship between antipsychotic medication and obsessive-compulsive symptoms.
An obsession, which is an intrusive, repugnant idea recognized as senseless or irrational and experienced as internal in origin, can be distinguished from a delusion, in which the senselessness is not appreciated and the idea is held with conviction. However obsessive-compulsive disorder (OCD) represents a psychopathological spectrum varying along a continuum of insight. In the DSM-IV the specifier “lacking insight” can be used “if for most of the time during the current episode, the person does not recognize that the obsessions and compulsions are excessive or unreasonable”. If someone fears that harm will come to his partner if he fails to say goodbye in a very special manner and is “lacking insight” into this thought, is this a delusion or an obsession? Is the moment that a patient no longer recognizes that the ideas he or she has are senseless or irrational or of internal origin, the moment he or she moves into a psychotic state? The surprising thing is not that some patients with OCD become psychotic, but that only a few do so. It must be a very short step, one might suppose, from feeling that one must struggle against thoughts that are not one’s own, to believing that they are forced upon one by an external agency. From the other perspective many patients with schizophrenia have symptoms that resemble those of OCD. In a dimensional approach obsessive-compulsive symptoms (OCS) can be studied in patients with schizophrenia. Patients with schizophrenia often do not recognize that OCS are products of their own mind. Fenton en McGlashan (1986) and Berman e.a. (1995,1998) propose assessment of OCS notwithstanding the insight of patients. According to Poyurovsky et al (1999) the presence of OCS in patients with schizophrenia can be defined as persistent, repetitive, intrusive, and stressful thoughts (obsessions) not related to the patient’s delusions or repetitive goal-directed rituals (compulsions) clinically distinguishable from schizophrenic mannerisms or posturing. To distinguish OCS in patients with schizophrenia can prove to be useful if patients with schizophrenia and OCS differ from patients with schizophrenia without OCS in prognosis, treatment response or susceptibility for adverse effects.

Recent research suggests that OCS can be found in 13% to 52% of the patients with schizophrenia. Outcome was found to be worse in patients with schizophrenia and OCS (Fenton and McGlashan, 1986, Zaharovits, 1990, Berman e.a.,1995, Loyzaga e.a. 2001)

Berman e.a. (1998) found comparable deficits in visual flexibility in patients with schizophrenia and OCS as in patients with obsessive-compulsive disorder.

There are several reports suggesting a relationship between treatment with antipsychotic medication and OCS (Tibbo and Warneke, 1999). There are two different hypothesis concerning this association. OCS could be the remainder when psychosis is effectively treated. Otherwise OCS could occur de novo by direct influence of the antipsychotic agent on brain systems that inflict OCS in vulnerable patients with schizophrenia. Study into the relationship between antipsychotic medication and OCS may improve our
knowledge about the pathophysiological mechanisms implicated in OCD. More important from a clinical point of view may be the impact of OCS on the well being of patients with schizophrenia and the negative influence that emergence of OCS during treatment with antipsychotic agents may have on medication compliance. However, before speculation is warranted more knowledge about the relationship between antipsychotic medication and OCS in patients with schizophrenia is necessary.

In the following two chapters I describe research on the relationship between OCS and antipsychotic medication in patients with recent onset schizophrenia and related disorders.
References


