

# Paranoid schizophrenia

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**Paranoid schizophrenia**, also called **schizophrenia, paranoid type** is a sub-type of schizophrenia as defined in the Diagnostic and Statistical Manual of Mental Disorders, DSM-IV code 295.30.<sup>[1]</sup> It is the most common type of schizophrenia.<sup>[2][3]</sup> Schizophrenia is defined as “a chronic mental disorder in which a person loses touch with reality (psychosis).”<sup>[4]</sup> Schizophrenia is divided into subtypes based on the “predominant symptomatology at the time of evaluation.”<sup>[5]</sup> The clinical picture is dominated by relatively stable and often persecutory delusions that are usually accompanied by hallucinations, particularly of the auditory variety (hearing voices), and perceptual disturbances. These symptoms can have a huge effect on functioning and can negatively affect quality of life. Paranoid schizophrenia is a lifelong disease, but with proper treatment, a person with the illness can attain a higher quality of life.<sup>[4]</sup>

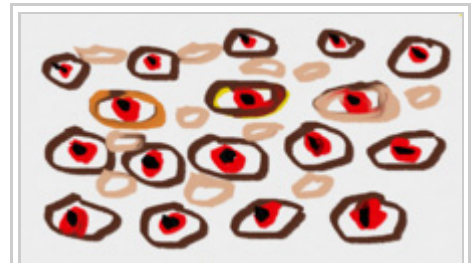
Although paranoid schizophrenia is defined by those two symptoms, it is also defined by a lack of certain symptoms (negative symptoms). The following symptoms are not prominent: “disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect.”<sup>[5]</sup> Those symptoms are present in another form of schizophrenia, disorganized-type schizophrenia. The criteria for diagnosing paranoid schizophrenia must be present from at least one to six months.<sup>[5]</sup> This helps to differentiate schizophrenia from other illnesses, such as bipolar disorder.<sup>[5]</sup>

Paranoid schizophrenia is defined in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, but it was dropped from the 5th Edition. The American Psychiatric Association (APA) chose to eliminate schizophrenia subtypes because they had “limited diagnostic stability, low reliability, and poor validity.”<sup>[6]</sup> The symptoms and lack of symptoms that were being used to categorize the different subtypes of schizophrenia were not concrete enough to be able to be diagnosed. The APA also believed that the subtypes of schizophrenia should be removed because “they did not appear to help with providing better targeted treatment, or predicting treatment response.”<sup>[6]</sup> Targeted treatment and treatment response vary from patient to patient, depending on his or her symptoms. It is more beneficial, therefore, to look at the severity of the symptoms when considering treatment options.

## Paranoid schizophrenia

### Classification and external resources

<b>Specialty</b>	psychiatry
<b>ICD-10</b>	F20.0 ( <a href="http://apps.who.int/classifications/icd10/browse/2016/en#/F20.0">http://apps.who.int/classifications/icd10/browse/2016/en#/F20.0</a> )
<b>ICD-9-CM</b>	295.3 ( <a href="http://www.icd9data.com/getICD9Code.ashx?icd9=295.3">http://www.icd9data.com/getICD9Code.ashx?icd9=295.3</a> )
<b>MeSH</b>	D012563 ( <a href="https://www.nlm.nih.gov/cgi/mesh/2016/MB_cgi?field=uid&amp;term=D012563">https://www.nlm.nih.gov/cgi/mesh/2016/MB_cgi?field=uid&amp;term=D012563</a> )



A work of outsider art made by a person with paranoid schizophrenia.



Example of delusional obsession with numbers in paranoid schizophrenia.

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# Symptoms

Paranoid schizophrenia manifests itself in an array of symptoms. Common symptoms for paranoid schizophrenia include auditory hallucinations (hearing voices) and paranoid delusions (believing everyone is out to cause the sufferer harm).<sup>[4]</sup> However, two of the symptoms separate this form of schizophrenia from other forms.

One criterion for separating paranoid schizophrenia from other types is delusion. A delusion is a belief that is held strong even when the evidence shows otherwise. Some common delusions associated with paranoid schizophrenia include, "believing that the government is monitoring every move you make, or that a co-worker is poisoning your lunch."<sup>[4]</sup> In all but rare cases, these beliefs are irrational, and can cause the person holding them to behave abnormally. Another frequent type of delusion is a delusion of grandeur, or the "fixed, false belief that one possesses superior qualities such as genius, fame, omnipotence, or wealth."<sup>[7]</sup> Common ones include, "the belief that you can fly, that you're famous, or that you have a relationship with a famous person."<sup>[4]</sup>

Another criterion present in patients with paranoid schizophrenia is auditory hallucinations, in which the person hears voices or sounds that are not really present. The patient will sometimes hear multiple voices and the voices can either be talking to the patient or to one another.<sup>[4]</sup> These voices that the patient hears can influence them to behave in a particular manner. Researchers at the Mayo Foundation for Medical Education and Research provide the following description: "They [the voices] may make ongoing criticisms of what you're thinking or doing, or make cruel comments about your real or imagined faults. Voices may also command you to do things that can be harmful to yourself or to others."<sup>[4]</sup> A patient exhibiting these auditory hallucinations may be observed talking to himself because the person believes that the voices are actually present.

Early diagnosis is critical for the successful treatment of schizophrenia.

# Diagnosis

The DSM-IV criteria (note there may be new criteria for the condition under the DSM-V) for the diagnosis of schizophrenia require the presence of symptoms for certain periods of time in order to successfully diagnose a person with schizophrenia. A person must exhibit two or more core symptoms for a minimum of one month, such as delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms. There also must be significant impairment for the person at work, with academic performance, interpersonal relationships, and the ability to take care of oneself. These symptoms must continue for a minimum of six months with the first symptoms continuing for at least one month. Paranoid schizophrenia is differentiated by the presence of hallucinations and delusions involving the perception of persecution or grandiosity in one's beliefs about the world.

People with paranoid schizophrenia are often more articulate or "normal" seeming than other people with schizophrenia, such as hebephrenia-afflicted individuals.<sup>[8]</sup> The diagnosis of paranoid schizophrenia is given with the presence of bizarre delusions or hallucinations that defy the natural laws of basic logical thought processes, or thought disorders and withdrawal due to these thoughts and delusions.<sup>[9]</sup> The paranoid subset of schizophrenia tends to have a better prognosis than other subtypes (hebephrenic and simple in particular) as the intellect and personality are relatively preserved, thus enabling a greater degree of cognitive and interpersonal functioning.

With the removal of the subtypes of schizophrenia in DSM-V, paranoid schizophrenia will no longer be used as a diagnostic category. If a person is exhibiting symptoms of schizophrenia, including symptoms of paranoid type, they will simply be diagnosed with schizophrenia and will be treated with antipsychotics based on their individual symptoms.

# Prevention

According to the Mayo Clinic, it is best to start receiving treatment for paranoid schizophrenia as early as possible and to maintain the treatment throughout life.<sup>[10]</sup> Continuing treatment will help keep the serious symptoms under control and allow the person to lead a more fulfilling life. One cannot reduce the risk of developing paranoid schizophrenia. This illness is typically unpreventable.

It has a strong hereditary component with a first degree parent or sibling. There is some possibility that there are environmental influences including "prenatal exposure to a viral infection, low oxygen levels during birth (from prolonged labor or premature birth), exposure to a virus during infancy, early parental loss or separation, and physical or sexual abuse in childhood".<sup>[11]</sup> Eliminating any of these factors could help reduce an individual's future risk of developing paranoid schizophrenia.

## Treatment

Paranoid schizophrenia is a sickness that requires constant treatment and neuroleptics to allow a person to have a relatively stable and normal lifestyle.<sup>[12]</sup> In order to be successfully treated, a person with schizophrenia should seek help from family or primary care doctors, psychiatrists, psychotherapists, pharmacists, family members, case workers, psychiatric nurses or social workers,<sup>[12]</sup> provided he or she is not unable to do so, due to many people with schizophrenia having the inability to accept their condition. The main options that are offered for the treatment of paranoid schizophrenia are the following: neuroleptics, psychotherapy, hospitalization, ECT, and vocational skills training.<sup>[12]</sup>

There are many different types of disorders that have similar symptoms to paranoid schizophrenia, and doctors diagnosing patients can sometimes make mistakes. There are tests that psychiatrists perform to try to get a correct diagnosis. They include "psychiatric evaluation, in which the doctor or psychiatrist will ask a series of questions about the patient's symptoms, psychiatric history, and family history of mental health problems; medical history and exam, in which the doctor will ask about one's personal and family health history and will also perform a complete physical examination to check for medical issues that could be causing or contributing to the problem; laboratory tests in which the doctor will order simple blood and urine tests can rule out other medical causes of symptoms".<sup>[11]</sup> There are side effects associated with taking antipsychotics to try to improve the quality of life for those living with paranoid schizophrenia. Neuroleptics can cause high blood pressure and high cholesterol.<sup>[12]</sup> Many people who take these neuroleptics exhibit weight gain and have a higher risk of developing diabetes.<sup>[12]</sup>

## History

Since the early 1800s, schizophrenia has been recognized as a psychological disorder. It was first described in 1883, by Emil Kraepelin as dementia praecox, or the premature deterioration of the brain. It was believed to be untreatable and unstoppable. At this time, very few people were diagnosed with dementia praecox due to the small range of symptoms recognized specifically as signs of this disorder. Years later, Eugen Bleuler coined the phrase schizophrenia, which literally means "split mind".

Bleuler thought that the disorder caused a person to no longer be able to fully function mentally due to a lack of mental associations between thought, language, emotions, memory and problem solving, due to the splitting of their mind.<sup>[8]</sup> Eventually, the broad diagnosis of schizophrenia was narrowed down to a set of specific types of symptoms that were necessary in order to diagnosis the disorder, and was also split into several different types: paranoid, disorganized, and catatonic (each with their own specific symptoms), along with undifferentiated and residual schizophrenia, which are a combination or very few residual symptoms of schizophrenia.

During World War II the Nazi Party attempted to eradicate schizophrenia by compulsory sterilization and the killing of psychiatric patients.<sup>[13]</sup>

As of 2013, with the publication of the new DSM-5, the different subtypes of schizophrenia are no longer specified or differentiated from schizophrenia in the manual. Instead, schizophrenia is viewed as one mental disorder with an array of different symptoms. Treatment for people suffering from schizophrenia is decided upon based on the types of symptoms that are exhibited in each individual case.<sup>[14]</sup>

## See also

- Catatonia
- Disorganized schizophrenia

- Daniel Paul Schreber, a case of "dementia praecox"

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## Further reading

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- Kraepelin, Emil *Paranoid Forms of Dementia praecox [Paranoid Schizophrenia] (HISTORY OF PSYCHIATRY)* (1906)
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## External links

- Patient UK - Schizophrenia (<http://www.patient.co.uk/health/Schizophrenia.htm>)
- Paranoid Schizophrenia ICD-10 (<http://www.schizophrenia.com/szparanoid.htm>)

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