Lack of awareness of negative symptoms, often confused with anhedonia, is common in individuals with schizophrenia. Patients and relatives are often unaware of the extent of these symptoms and seldom communicate them to the clinician.

What follows are the 5 domains of negative symptoms identified from the Negative Symptom Assessment (NSA).

1. Communication
   Patient may produce very little speech even with prodding or, limit responses to 1 or 2 words; may exhibit long pauses before responding to questions; may produce speech that is vague and have trouble clarifying further; may mumble as if it is too difficult to articulate. Is the patient noncommunicative? Do you have to pull out every detail?

2. Emotion/affect
   Patient may have a limited range of emotional experiences such as anger, happiness, sadness, surprise, fear, or pride; reduced affective expressiveness as evidenced by monotone speech and blunting; reduced ability to display common affective states on request. Does the patient generate a multifaceted answer without prompting?

3. Social Activity
   Patient may have few friends; limited desire for or interactions with others; poor rapport with the interviewer; limited desire for contact. Is the patient actively engaged with hobbies and productive activity during the day?

4. Motivation
   Patient may engage in little productive activity; spend much of the day sitting or lying around; may not take care of basic grooming and hygiene; has little interest in world events or hobbies; may have limited life goals or sense of purpose. Is the individual enthusiastic about any specific activities?

5. Psychomotor activity
   Patient exhibits slowed movements; may appear that moving requires considerable effort; expressive gestures such as using hands and shaking head that normally facilitate communication may be reduced or absent. How does this individual compare with a person without schizophrenia?

Individually with schizophrenia frequently do not spontaneously report negative symptoms as problems. They are less concerned about them than their relatives may be. It is important to make accurate assessments of negative symptoms. Although there are no well-established clinical assessment tools to measure treatment progress or failure, this may be one of several helpful instruments.

For more information, see “Negative Symptoms in Schizophrenia: An Update on Identification and Treatment,” by Dawn I. Velligan, PhD and Larry D. Alphs, PhD, on which this information was based. http://900.91/74AFBp