Advances in Schizophrenia in 2016

Douglas Noordsy, MD
The year 2016 marks a critical time in our understanding of and approaches to schizophrenia spectrum disorders.

**Innovations in Care for People With Schizophrenia Spectrum Disorders**
Just this year, a breakthrough in understanding of the genetics of schizophrenia, a risk calculator for people at risk, and the effectiveness of comprehensive care for people with first-episode schizophrenia in the US were revealed.[1-3] Special Report Chair Douglas Noordsy, MD summarizes advances and provides an overview of the *Psychiatric Times* report on schizophrenia spectrum disorders.
Exploring the Psychosis-Depression Interface: Clinical Implications

Patients often present with both depressive and psychotic symptoms, which can complicate diagnosis and treatment. While there are obvious differences between feelings of depression and associated neurovegetative symptoms, and the hallucinations and delusions of psychosis, there is accumulating evidence of shared causes. There is also increasing overlap in the medications used to treat these symptoms. This article reviews the distinction between depressive and psychotic symptom domains, current knowledge about the etiology and neurobiology of depression and psychosis, and how this knowledge can inform the treatment of patients with features of both.
SIGNIFICANCE FOR THE PRACTICING PSYCHIATRIST
There is overlap in the causes of depression and psychotic symptoms. When depression and psychotic symptom clusters occur together, treatment with drugs that have efficacy in both symptom domains can be effective. An alternative view is that psychosis is a manifestation of a more severe form of illness, with depression at the milder end of a spectrum of severity rather than etiology. View a mobile-friendly version of the Monarch notes.
Brief Cognitive Behavioral Therapy Interventions for Psychosis

Biological paradigms and treatments are narrow in their understanding of psychoses and limited in their ability to promote recovery. There is evidence that some psychotic experiences are “normal,” some are traumatogenic, and many are self-limiting and growth-promoting. Psychiatrists who treat psychosis in institutional, community, and crisis settings provide evaluations and medication management, but rarely consider psychotherapeutic interventions. However, such interventions can be critical in recovery.
The authors discuss the clinical implications of the changes in the DSM-5 section on schizophrenia spectrum and other psychotic disorders. Relevant revisions in DSM-5 eliminate the classic subtypes of schizophrenia and add unique psychopathological dimensions, as well as a scale to measure each of these dimensions across all psychotic disorders; provide a more precise definition of the boundary between schizophrenia and schizoaffective disorder; and add a new category—attenuated psychosis syndrome.
SIGNIFICANCE FOR THE PRACTICING PSYCHIATRIST

The revisions in DSM-5 criteria for schizophrenia and related disorders provide a useful platform for integrating emerging genetic and other neurobiological information about these conditions. Some changes in the definition and treatment of psychotic disorders in DSM-5 have important clinical implications. View a mobile-friendly version of the Monarch notes.
Providing Culturally Competent Care: Understanding the Context of Psychosis
Culture—the way people derive meaning and live their lives in particular social worlds—matters in understanding schizophrenia. The striking finding that schizophrenia has a more benign course and outcome outside of the developing world has been supported by research. The authors explore how a patient’s cultural background should influence the way clinicians think about treatment and care through the eyes of the patient.
REFERENCES


