The Overlap of Affective and Schizophrenic Spectra

An increasing number of clinicians and researchers are now favoring an overlap between affective and schizophrenic spectra. In this book, an international team of experts discuss aspects of comorbidity, genetic models, clinical course, phenomenology and therapies. This is the first comprehensive overview of this area of overlap.

Challenging cases presenting clinical and paraclinical features of both spectra are surprisingly numerous. Not only the phenomenology but also the course, outcome and treatment of such cases have their own characteristics. Recent research shows that the overlap also involves genetics and biological processes related to psychotic disorders. Within the overlap of affective and schizophrenic spectra it is possible to identify some groups of disorders having similar clinical and non-clinical features: the “Schizoaffective” group, “Acute and Transient Psychotic Disorder” or “Brief Psychosis,” and other groups found in so-called “Atypical Forms.”

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The Overlap of Affective and Schizophrenic Spectra

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Preface

Affective and schizophrenic disorders are not monolithic concepts. The idea of groups of disorders has proved to be useful. Today the concept of a spectrum of affective disorders and a spectrum of psychotic disorders is based on clinical and research findings. It has also been proposed that a kind of continuity exists between the two spectra. There are clinical bridges joining them, or perhaps some nosologic islands filling the gaps in-between. Possibly what is “in-between” represents a cross of the underlying dimensions of the two “voluminous” spectra, or a superposition of some of the contributory factors of one or that of the other.

Psyche is like Physis – Nature. She does not take any leaps, even when she is ill. Emil Kraepelin himself realized the indistinct boundaries of the dichotomy of the manic-depressive and schizophrenic psychoses he had proposed at the turn of the nineteenth century. He thought that it was only partially true. One can read it in his paper published in 1920: “Die Erscheinungsformen des Irreseins”, which means “The manifestation types of insanity”. Among other relevant observations, he noted:

No experienced psychiatrist will deny that there is an alarmingly large number of cases in which, despite the most careful observation, it seems impossible to arrive at a reliable diagnosis . . . We therefore will have to get used to the fact that the symptoms we have used so far are not sufficient to always reliably distinguish between manic-depressive insanity and schizophrenia, but that there are overlaps based on the origin of these symptoms from given preconditions.

Developments in psychiatry in the last century have actually confirmed the doubts of Emil Kraepelin, and have shown that the so-called Kraepelinian dichotomy is not the philosopher’s stone.

Many scientists in various countries of the world have attempted to fill the gap with different concepts: in Germany with the “cycloid psychoses”, in France with the “bouffée délirante”, in Scandinavia with the “psychogenic” and “reactive psychoses”, in Japan with the “atypical psychoses”, in the United States with the “schizoaffective disorders” or with “remitting schizophrenia”. The major diagnostic systems of DSM
and ICD accept the existence of an intermediate area called “schizoaffective”. Nevertheless the uncertainties in diagnosis and nosology remain. One of the reasons for these uncertainties is the inconsistent definition of schizoaffective psychopathology.

To better understand the overlap between the affective and schizophrenic spectra it is necessary, among others, to consider the space in-between in a diachronic continuity. Psychiatric symptoms have to be considered in their evolution from fundamental structures such as temperament and personality.

Modern dimensional models deliver both clinical and theoretical aspects for syndromes to depict the spectrum. In the contemporaneous evolution of psychiatry, the concept of a domain based on the overlap of the spectra is, to a varying degree, supported by genetic, biological, psychological, clinical, therapeutic and longitudinal findings.

The purpose of this book is to present such findings, theories, and methods and to highlight their relevance and limitations regarding the interface of affective and schizophrenic disorders.