Schizo-Obsessive Disorder
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To Arthur and Antinea
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Dear Reader,

You are about to become expert regarding a set of clinical problems that cause great suffering and disability and yet were probably little attended to in your medical education. The focus of this book is the multifaceted interface of schizophrenia and obsessive–compulsive disorder (OCD) across the lifespan. In addition, a middle chapter describes interrelationships between schizophrenia and what are often termed “OCD-spectrum disorders.”

In this volume, Dr. Michael Poyurovsky has masterfully brought together the information you will need to understand the evolving conceptualization of these disorders, and our current understanding of their biological underpinnings, psychological manifestations and effects, and of the means available to treat them. With this text as a guide, you can more capably use your power and your privilege as a physician “to cure sometimes, to relieve often, to comfort always.”

The focus on the clinical aspects of schizo-obsessive disorder and the various vignettes will be of special interest to multidisciplinary teams of caregivers, including physicians, psychologists, social workers, and occupational therapists. Family members of patients with schizo-obsessive disorder will also benefit. Researchers and physicians interested in the scientific aspects of the schizophrenia–OCD interface will appreciate the novel comprehensive review and discussion of studies focusing on diagnosis and treatment of this challenging subgroup of schizophrenia patients.

I first met Dr. Poyurovsky in 2004 when he came as a Visiting Scholar to the OCD Clinic and Research Program that I directed at Stanford University Medical Center. It was clear from the beginning that he was possessed of a keen mind, new ideas about the clinical conditions covered in this book, and a compassion-driven desire to improve the care given to patients suffering from these conditions. His work has greatly enriched the knowledge base regarding the prevalence, symptoms, and diagnosis of the conditions combining forms of OCD and schizophrenia or formes frustes of these disorders, and the pharmacotherapeutic approaches to consider. Even then he was concerned with identifying neurobiological underpinnings and markers, and the genetic and environmental factors that might contribute to the occurrence of these disorders, arguing that understanding these variables could improve our treatment abilities. Our clinical work together has since looked at pharmacotherapy for treatment-resistant OCD, clinical characteristics of OCD patients with schizotypal features, and the diagnostic and therapeutic implications of co-occurrence of symptoms of these two disorders.

Throughout these years of collaboration I have been struck by and been the beneficiary of Dr. Poyurovsky’s creativity, drive to uncover clinically helpful new knowledge, his clear thinking, and sound reasoning. Now, dear reader, you, too, can enjoy the results of these characteristics, and through you, so can your patients.

I count Michael Poyurovsky a most valued friend and colleague, and I commend his work to you.

Lorrin M. Koran M.D.
Professor of Psychiatry (Clinical), Emeritus
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Preface

This book is about individuals who in addition to core symptoms of schizophrenia, also have clinically significant obsessive–compulsive phenomena and form a unique subset of schizophrenia patients. The term “schizo-obessive” was introduced to delineate the aforementioned subgroup. Although a co-occurrence of schizophrenia and obsessive–compulsive disorder (OCD) was noticed more than a century ago, systematic evaluation of the interface between the two disorders was not pursued until the last two decades. The present book covers historical, epidemiological, clinical, neurobiological, and treatment aspects pertinent to a schizo-obessive disorder.

The first chapter addresses basic information concerning clinical presentation, etiology, underlying pathophysiology, including structural and functional brain impairment and neurotransmitter alterations, and treatment of schizophrenia and OCD. The analysis of disease expression and neurobiological underpinnings of the two disorders clearly reveals converging trajectories and points toward a plausibility of the coexistence of symptoms of schizophrenia and OCD. Chapter 2 presents a historical perspective of the evolution of views on the co-occurrence and clinical significance of obsessive–compulsive symptoms in schizophrenia. Findings of systematic investigations and meta-analyses on the prevalence of obsessive–compulsive phenomena in schizophrenia, age of onset, and temporal inter-relationship between obsessive–compulsive and schizophrenic symptoms are discussed in Chapter 3. Detailed psychopathological characterization of obsessive–compulsive features in schizophrenia patients is the main focus of Chapter 4. Both typical ego-dystonic obsessive–compulsive symptoms and “atypical” psychotic-related phenomena, such as “obsessive delusions” and “obsessive hallucinations,” are described to underscore the complexity of obsessive–compulsive phenomena in schizophrenia. Special attention is given to the assessment of insight into OCD and schizophrenia in schizo-obessive patients. The next two chapters deal with obsessive–compulsive symptoms in individuals at high risk for psychosis and in the prodromal phase of schizophrenia, as well as across the lifespan. Guidelines for differential diagnosis of a schizo-obessive disorder from relevant age-related morbidities in adolescent and elderly subgroups are proposed. Chapter 7 covers psychopathological characteristics, differential diagnosis, and treatment strategies in schizophrenia patients with additional OCD-spectrum comorbidities, such as tic disorders and body dysmorphic disorder. A preferential aggregation of these disorders in individuals with a schizo-obessive disorder is highlighted and underlying mechanisms common to OCD and schizophrenia are discussed. Chapters 8 and 9 deal with the OCD “segment” of the putative schizophrenia–OCD axis of disorders, namely schizotypal OCD and poor-insight OCD. Differential diagnosis from schizophrenia with obsessive–compulsive features is crucial for adequate care of these challenging subgroups; consequently, diagnostic and treatment guidelines are proposed. Results of initial explorative studies of the neurobiology of a schizo-obessive disorder, including neurocognitive and imaging investigations, as well as the first family and candidate genes association studies are presented in Chapter 10. Chapters 11 and 12 focus on treatment challenges while dealing with this apparently difficult-to-treat subgroup of schizophrenia patients. Treatment strategies are proposed,
and the phenomenon of antipsychotic-induced OCD is specifically addressed. The book concludes with a brief summary and suggested diagnostic criteria for a schizo-obsessive disorder.

The reader will notice that some topics, such as epidemiology and clinical characteristics of schizo-obsessive disorder, are now supported by accumulated evidence, while others (e.g., treatment) are solely observational. It is important to keep in mind the limitations of the currently available research findings that are generally cross-sectional design, small sample sizes, and lack of replication. In addition, several issues addressed in this book remain controversial. For example, the distinction between a poor-insight obsession and a delusion is not straightforward and relies on the definition used; the concept of schizotypal OCD is not well established and further research is desperately needed. Even the term “schizo-obsessive” is not universally used; “schizo-OCD” and “OCD–schizophrenia” have also been introduced. Lack of consensus regarding the term that describes the association between the two disorders reflects the uncertainty of what the interface represents – a “simple” comorbidity, a distinct “schizo-obsessive” subtype of schizophrenia, or an obsessive–compulsive dimension of psychopathology in schizophrenia.

With these limitations in mind, I focused primarily on clinical presentation and provided multiple case vignettes to illustrate diagnostic and treatment challenges with patients who have a complex interplay of schizophrenia- and OCD-spectrum disorder symptoms. A majority of the case vignettes are based on personal experience. I chose also to present case reports from the literature to emphasize that the phenomena pertinent to the schizophrenia–OCD association are increasingly observed and documented. A progressively growing number of reports indicate increasing recognition of a schizo-obsessive disorder by clinicians and researchers and the acceptance of its clinical significance. The collected evidence will undoubtedly serve as the basis for the establishment of future consensus regarding the nosological status of a schizo-obsessive disorder. This book represents a step toward this goal. It consolidates current knowledge about a schizo-obsessive subgroup in an effort to “demystify” this complex disorder and to aid in its effective management.
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I gratefully acknowledge the contributions of my colleagues without whom this book would not have been possible. First and foremost, I am indebted to my dear friends and collaborators Professors Avi and Ronit Weizman from Tel Aviv University. Our collaborative work, continuous discussions that often embraced “devil’s advocacy” regarding the very nature of a schizo-obsessive disorder, helped to consolidate the concept of this unique psychiatric condition. Avi with his depth of knowledge in clinical and basic science that goes far beyond the field of psychiatry was a central figure in my research career both as an exceptionally creative thinker and an inspirational model.

Special thanks to Professor Camil Fuchs from Tel Aviv University, an outstanding statistician, who with interest in and knowledge of clinical matters, generously contributed his expertise, time, and passion in planning and analyzing large-scale studies focused on epidemiological, clinical, and neurobiological aspects of schizo-obsessive disorder. Dr. Michael Schneidman, a colleague, a close friend, and a practical guide in clinical practice and life, was instrumental in supporting and encouraging the writing of this book.

I wish to thank the wonderful medical staff of Tirat Carmel Mental Health Center, and particularly the staff of my Department of First-Episode Psychosis for their commitment, support, and cooperation. Special thanks go to my colleague of many years, Dr. Artashez Pashinian, whose enduring assistance in recruiting and interviewing patients was invaluable.

Dr. Sarit Faragian-Rauch, clinical psychologist, began working on the project of schizo-obsessive disorder during its initial stages as a research assistant. She “grew” with the project and her efforts culminated with her receipt of a PhD degree for her work on the neurocognitive deficits in patients with this complex disorder. Sarit’s participation was undoubtedly vital to the fruition of this project. Thanks also to Dr. Maya Bleich-Cohen and Professor Talma Hendler from the Functional Brain Center at Tel Aviv Sourasky Medical Center, for their collaboration on the brain imaging studies.

I am grateful to my colleagues from Stanford University (Professors Lorrin M. Koran and Ira Glick). Our collaboration was established during my fellowship sponsored by the Feldman Foundation under the gracious guidance and support of Professor Richard Popp, and later when I was a visiting scholar. Professor Koran is an exceptional friend and supporter, who with his world-renowned expertise in obsessive–compulsive disorder contributed to the challenging endeavor of the delineation of a clinically meaningful interface between obsessive–compulsive disorder and schizophrenia. My sincere appreciation to Larry for agreeing to write the foreword to this book.

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Finally I would like to express gratitude to Cambridge University Press for the goodwill and publication of this book.