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PSYCHOPATHOLOGY STRUCTURE OF AFFECTIVE DISTURBANCES IN PATIENTS WITH SCHIZOTYPAL DISORDER

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Abstract

The study of the structural features of the psychopathological symptomatology of schizophrenic spectrum disorders remains one of the most urgent topics in modern psychiatry; schizotypal disorder deserves special attention in this context. In order to identify the structural characteristics of affective disturbances in patients with schizotypal disorder, during 2019-2020, a prospective study of 128 patients with schizotypal disorder who were on outpatient treatment was conducted. By using clinical-anamnestic, clinical-psychopathological, psychodiagnostic and statistical methods it was revealed, that affective pathology has a significant prevalence among patients with schizotypal disorder, in the vast majority of cases it is represented by unipolar depressive symptoms, the intensity of which varies in a continuum from moderate severity of manifestations to their complete absence; in a quarter of cases affective psychopathological symptoms have a wider spectrum and reach hypomanic states; the prevalence of manic symptoms in the clinical picture lids to a partial elimination of the underlying disease symptoms; the

psychopathological content of the affective sphere in one third of the examined patients with schizotypal disorder is represented by specific changes in the form of reduced affect display.

Key words: **schizophrenia; schizotypal disorder; affective pathology; depression; comorbidity.**

Background. The study of the structural features of the psychopathological symptomatology of schizophrenic spectrum disorders remains one of the most urgent topics in modern psychiatry. Given the significant clinical polymorphism and high proportion of comorbid mental pathology, schizotypal disorder deserves special attention in this context.As we know schizotypal disorder – is a nosological unit that occupies an intermediate position between schizophrenia and schizoid personality disorder.

The main symptoms of this psychopathology are usually inadequate or excessive restraint of affective reactions, strange behavior and beliefs that contradict subcultural norms, tendencies towards social alienation, paranoid ideas, amorphous or metaphorical thinking with pretentious speech and episodic semi-psychotic phenomena. The vagueness of the definition of the range of diagnostic criteria leads to structural heterogeneity of the presented psychopathological group.

Psychopathological symptoms observed in the structure of schizotypal disorder can include various combinations of obsessive, phobic, asthenic, hypochondriacal, conversion and affective pathology. The predominance of the affective component in patients with schizotypal disorder adversely affects their social functioning, reduces the quality of life, and in some cases causes hospitalizations. The spectrum of severity of affective disorders in patients with schizotypal disorder can vary from the level of subclinical depression to major depressive disorder. There are also conflicting data that confirm the change in affective phases in patients with schizotypal disorder – depressive phases are replaced by manic ones.

We believe that by exerting a therapeutic effect on affective pathology, it is possible to improve the quality of life of patients with schizotypal disorder and to reduce the risk of adverse consequences in the form of an exacerbation of the underlying disease symptoms with unwanted hospitalizations in a psychiatric hospital.

The study of the psychopathological structure of affective pathology in this kind of patients is very important, since it forms the basis for a comprehensive system of correction and rehabilitation for them.

Objectives. To identify the structural characteristics of affective disturbances in patients with schizotypal disorder.

Methods. During 2019-2020, a study of 128 patients with schizotypal disorder who were on out - patient treatment was conducted, among which 100 patients were selected for further study. Clinical-anamnestic, clinical-psychopathological, psychodiagnostic and statistical methods were used in the study. The psychodiagnostic method was implemented using the Hospital Anxiety and Depression Scale (HADS) and the Young Mania Rating Scale (YMRS).

Results. The representation of affective disorders among the study contingent was found at 68%, which is in line with previous studies in this area.

According to the structure of the revealed pathology. Among patients who during the entire observation period showed signs of affective pathology, in 52 cases (76.5%) unipolar symptoms of the depressive spectrum were found, which reached different levels of severity and had signs of recurrence (so-called recurrent type) – periods of deterioration with deepening depressive affect alternated with improvement states which did not reach the level of elevated mood and did not have manic symptoms.

Table 1

Psychopathology structure of affective pathology in a study contingent

Types of affective pathology	Subtypes of affective pathology	Prevalence (n=100)
Recurrent type	anesthetic	17
	Anxious	16
	Asthenic	11
	Apathic	8
Cyclothymic type	Anxious	12
	Somatized	4
Emotional blunting		32

The revealed depressive syndrome was not uniform for all patients who showed it. Thus, 17 patients with depressive syndrome (32.7% of all recurrent type cases)showed a reduction in the emotional component – the so-called anesthetic subtype of depression: the depressive component in these patients was combined with a painful feeling of affective flattening with the inability to experience pleasant emotions which were available to patients during the period of remission of affective pathology; a reduction of the emotional component in these patients led to a worsening of depressive symptoms and had a signs of depressive depersonalization.

Irrational anxious experiences were identified in 16 patients with unipolar depressive syndrome (30.8%) – the so-called anxious subtype of depression: the intensification of depressive symptoms in these patients was preceded by the activation of the anxiety component. It should be noted, that the plot of anxious experiences in most cases was represented by paranoid ideas of persecution, which speaks of their pathoplastic transformation under the influence of the underlying disease.

In 11 patients (21.2%), asthenic components in the structure of unipolar depression were identified – the so-called asthenic subtype of depression: along with typical depressive symptoms, patients had a number of additional ones: irritability, impatience and hypersensitivity.

In 8 patients (15.4%) with unipolar depression, a predominance of impairment in the volitional sphere was revealed – the so-called apathetic subtype of depression: in the structure of the depressive syndrome, a decrease in volitional motives prevailed, patients expressed indifference to the world around them, did not have any desire for any activity.

In 16 patients (23.5%) cyclothymic changes in affective phases were revealed (so-called cyclothymic type) – longer depressive periods were changed by short-term hypomanic phases.

Depressive syndrome within the cyclothymic type differed from the unipolar one: the anxious subtype was expressed much more often (75.0% versus 30.8%), but its psychopathological content did not differ. In 4 patients(25.0%) with the cyclothymic type, somatic equivalents of the depressive syndrome were identified – the so-called somatized subtype: the phase change towards the depressive component was accompanied by an increase in the somatic complaints of patients, among which headaches, pain in the region of the heart and back prevailed.

The manic phases of the cyclothymic type also had their own characteristics: patients were excessively active, they overestimated their personal qualities, they showed interest in activities related to social communication with the acceleration of their speech rate. This was combined with an emotional detachment from interlocutors, the patients behaved quite formally and were not burdened with loneliness. Thus, the prevalence of manic symptoms in the clinical picture of schizotypal disorder led to a partial elimination of the underlying disease symptoms.

A one third of the study contingent – 32 patients – showed specific changes in the affective sphere in the form of reduced affect display – so-called emotional blunting. The psychopathological phenomena that were found in these patients are presented as a failure to

express feelings either verbally or nonverbally, especially when talking about problems that would normally be expected to engage the emotions, lack of expressive gestures, poor facial expression and vocal inflection. In addition, these patients had indifference to the people around them, even to their close ones and relatives, they were not able to experience subtle emotions and had a lack of empathy. According to the dynamic criterion, this state was more stable in comparison with the recurrent and cyclothymic types of affective pathology. The intensity of emotional blunting did not change over time and did not transform into any of the affective types described above.

The affective disturbance's intensity among the study contingent is presented in a Table 2.

Table 2

The severity of affective symptoms of patients with recurrent and circular types (in HADS and YMRS points)

The severity of affective symptoms	Recurrent type (52 patients)	Circular type (16 patients)
Depressive spectrum (in HADS points)	14.4±2.5	15.2±3.1
Anxiety spectrum (in HADS points)	12.5±3.2	14.2±3.6
Mania spectrum (in YMRS points)	8.6±4.2	16.4±2.7

The mean score of the severity of depressive symptoms in patients with recurrent type during exacerbation of psychopathology symptoms was 14.4 points according to HADS. The severity of manic symptoms among patients in this group was on average at the subclinical level – 8.6 points on YMRS. In case of circular type, the severity of depressive phases averaged 15.2 points on HADS, mania – 16.4 points on YMRS. It should be noted the significant prevalence and intensity of the anxious affective component, it was found in 30 patients of the studied contingent with affective pathology. But because it was presented only in the structure of the depressive syndrome, we did not consider it separately. The intensity of the anxious component in patients with recurrent type reached 12.5 points, in patients with circular type –14.2 points according to HADS.

Conclusions

1. Affective pathology has a significant prevalence among patients with schizotypal disorder, in the vast majority of cases it is represented by unipolar depressive symptoms, the

intensity of which varies in a continuum from moderate severity of manifestations to their complete absence.

2. Only in a quarter of cases affective psychopathological symptoms have a wider spectrum and reach hypomanic states. The prevalence of manic symptoms in the clinical picture of schizotypal disorder lids to a partial elimination of the underlying disease symptoms.

3. The psychopathological content of the affective sphere in one third of the examined patients with schizotypal disorder is represented by specific changes in the form of reduced affect display.

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