Fenomenologiskt grundad differentialdiagnostik

Johan Sahlsten Schölin

Överläkare Psykoskliniken
Sahlgrenska Universitetssjukhuset

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Differentialdiagnostik vid psykossjukdom

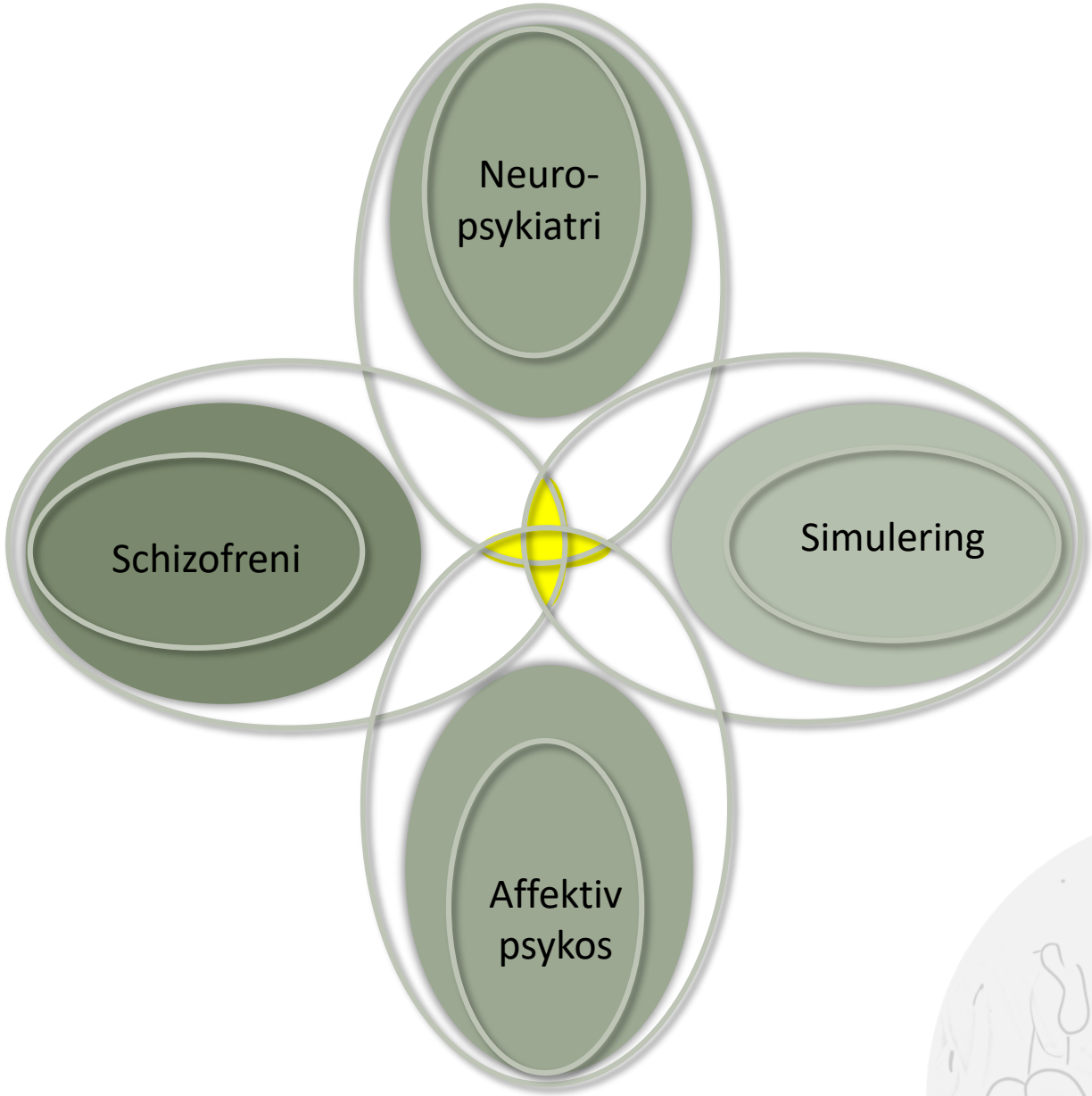
Översikt
Lärandemål

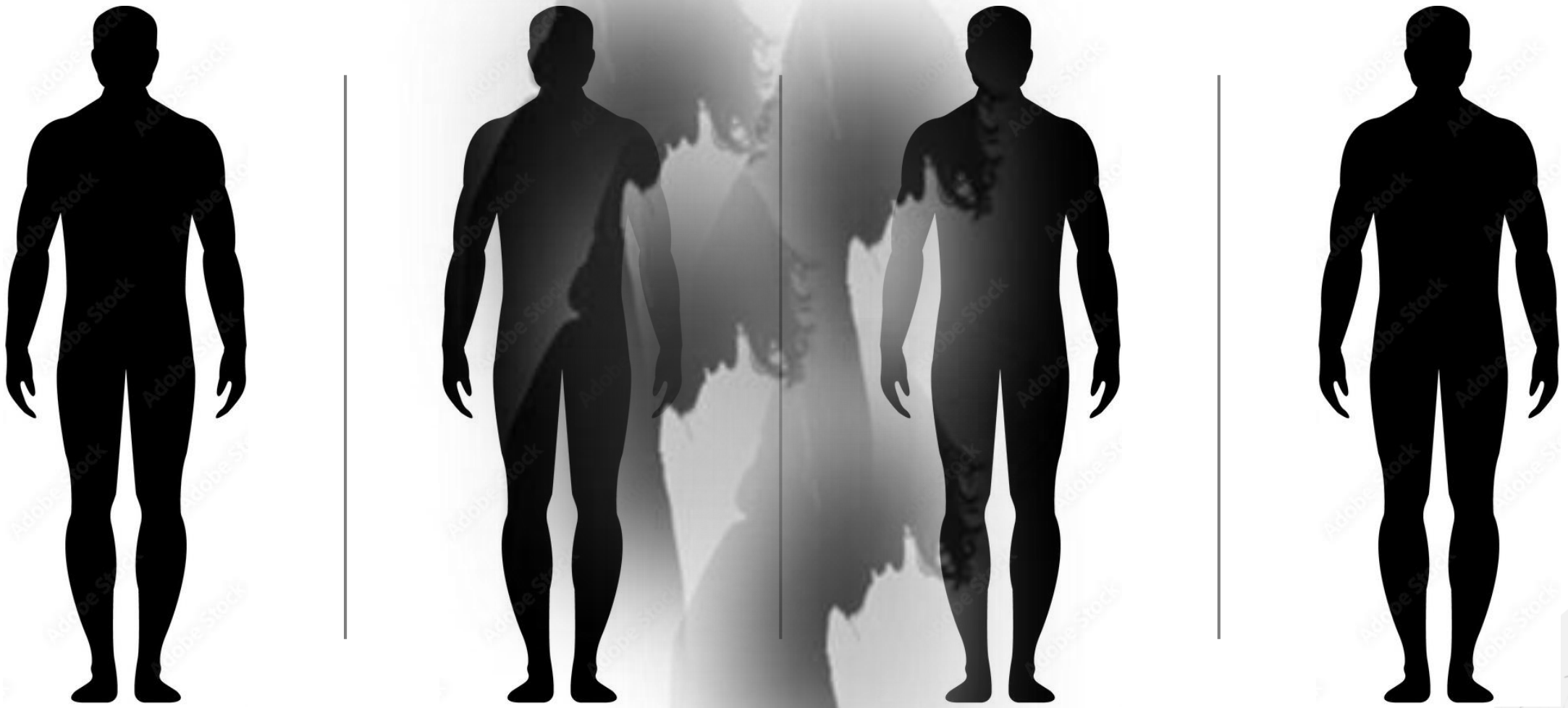
Prototypal psykopatologi

Psykotisk depression vs Schizofreni

Neuropsykiatri vs Schizofreni

Simulering

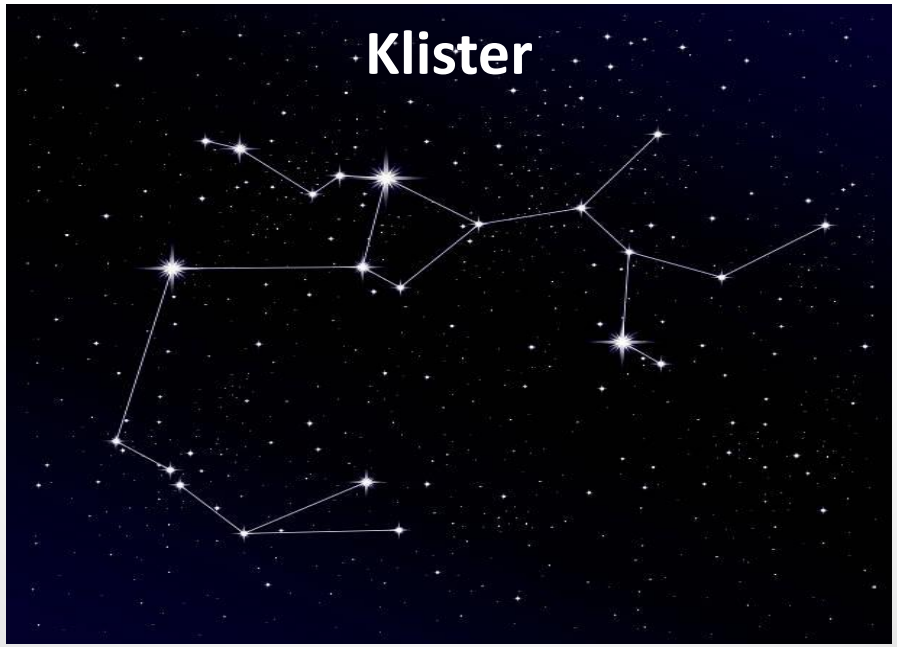

Neuro-
psykiatri
Schizofreni
Simulering
Affektiv
psykos



debut

förlopp

symptom

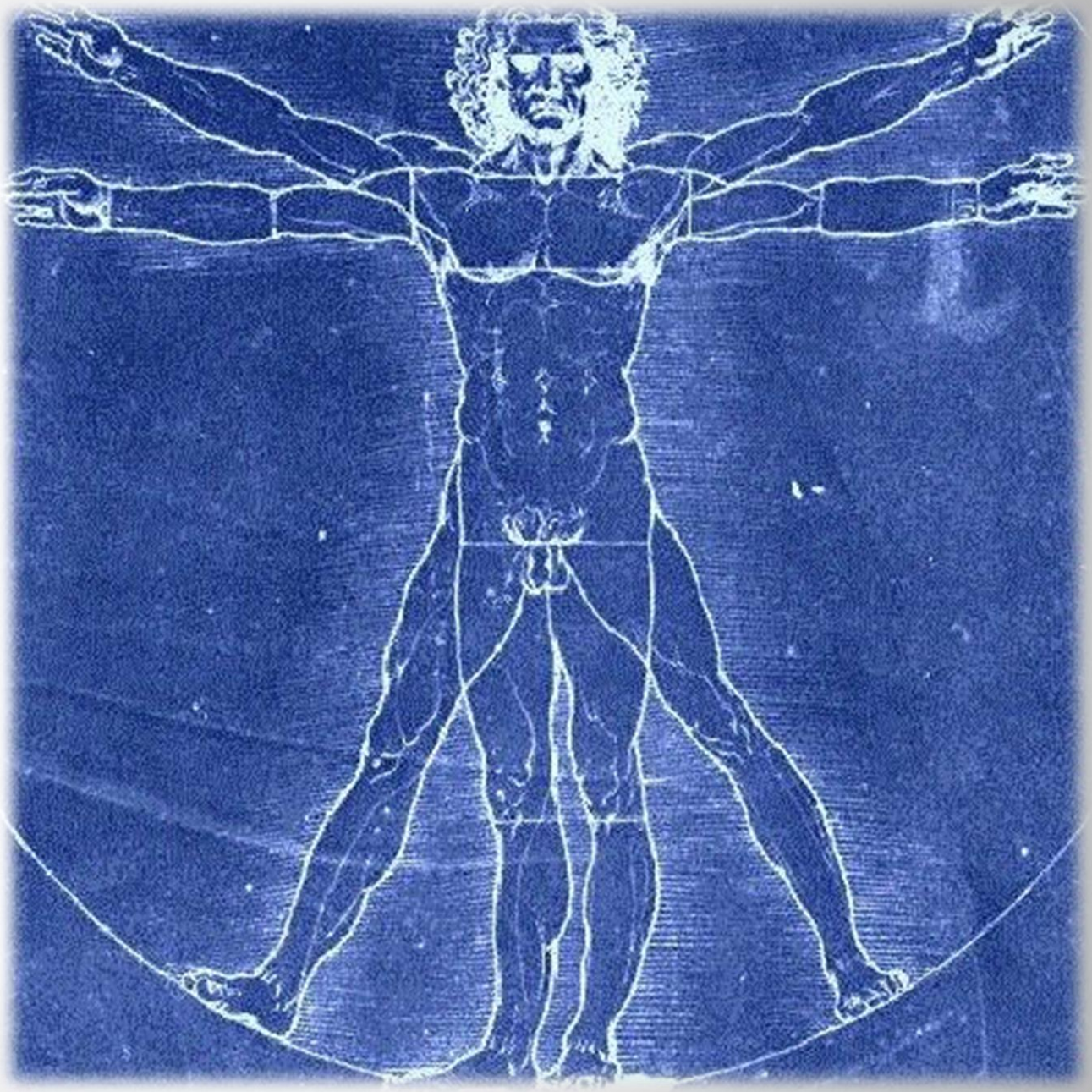


symptom

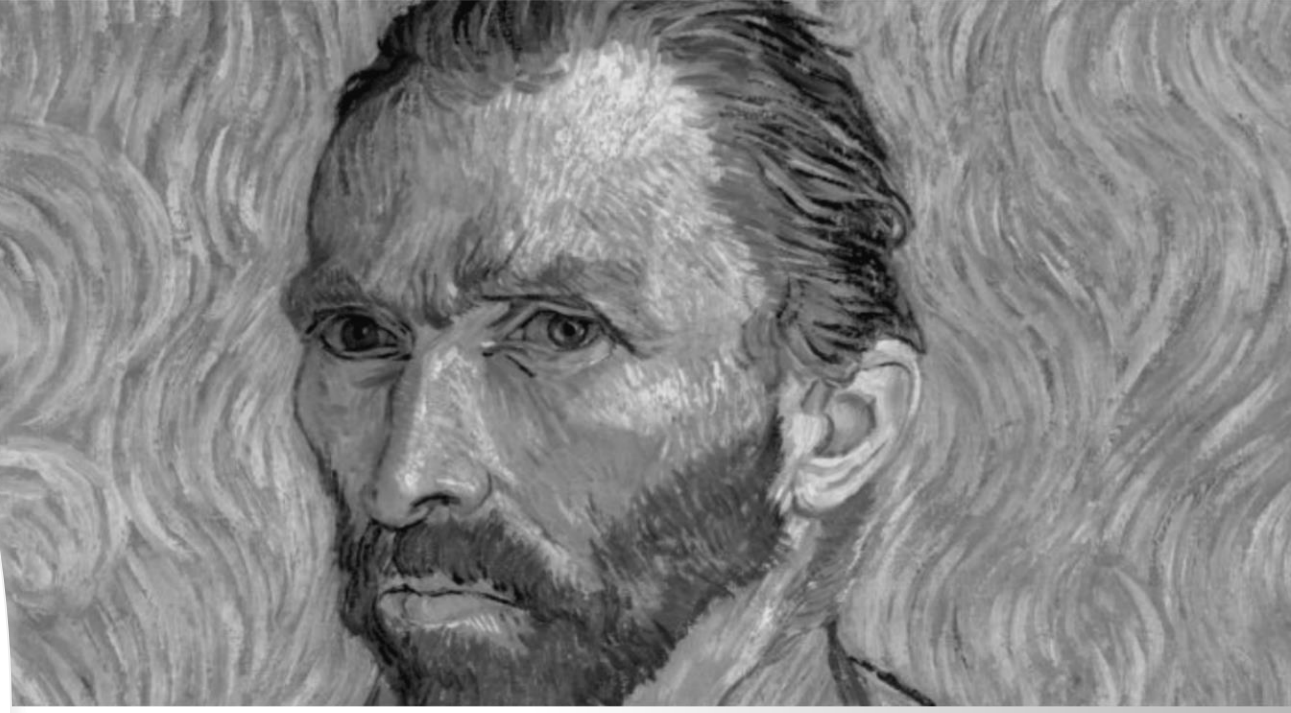
syndrom

diagnos

Prototyp



Schizofren prototyp



“Core is more encompassing than the sum of symptoms”

Eugen Bleuler

Self-disorders
“Jag störningar”

”...a lowering of the barrier between
the self and the surrounding world,
a loss of the very contours of the self”

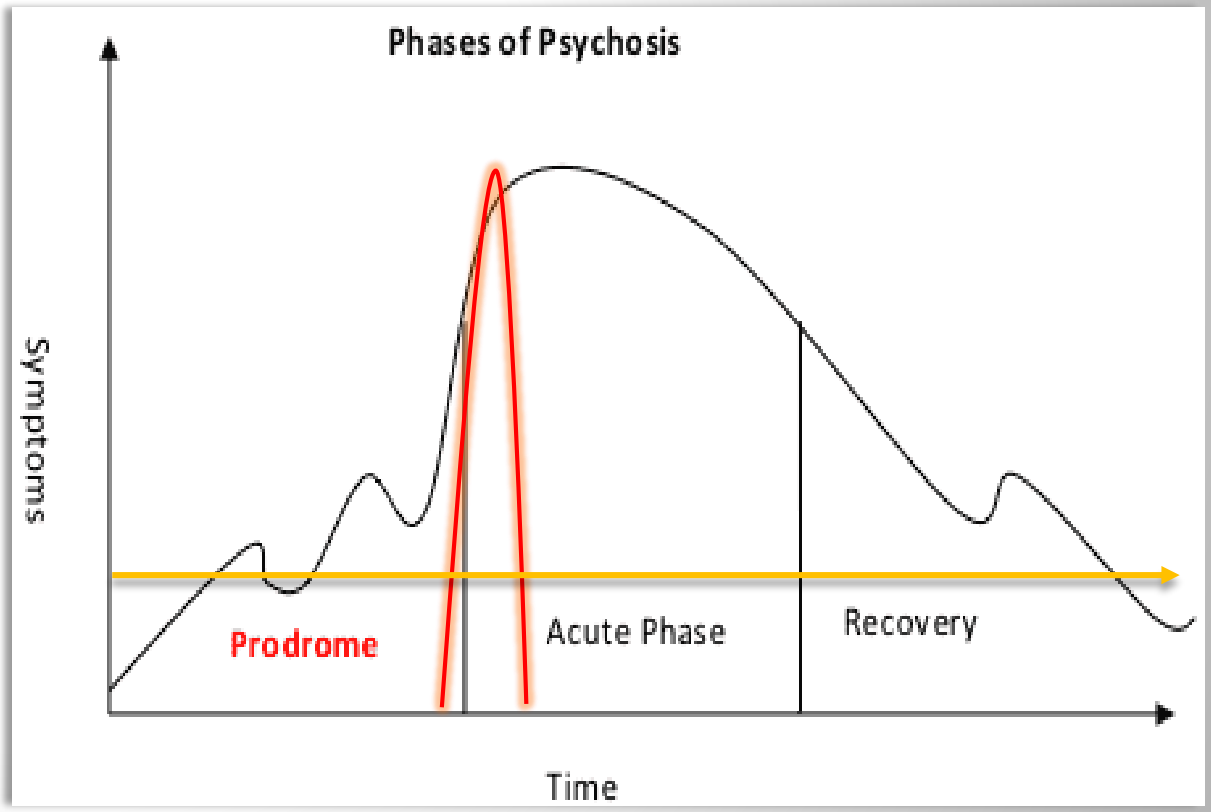
K.Schneider (ego-disturbance) 1959

Self disorder – Schizophrenic trait

Fading
sense of self

Hyperreflexivity

Loss of control
Perceptions & cognition



J. Parnas 2021 Oxford Handbook of Phenomenological Psychopathology p.602

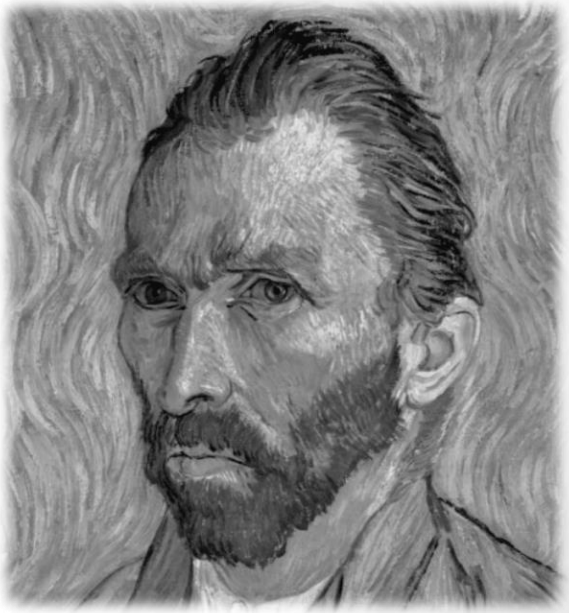
Kvalité
Subjektiv vs Objektiv

Depression

Negativa sym
Korrelerat

Kvantitativ;
kognition
energi & effektivitet

Schizofreni



Negativa sym
Inte korrelerat

Kvalitativ
kognition & perception

L. Sass and J. Parnas Schizophrenia Bulletin 2003

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Review

Differential typology of delusions in major depression and schizophrenia. A critique to the unitary concept of 'psychosis' ☆

Giovanni Stanghellini [a,b,*], Andrea Raballo [c]

Depression

Kropp - Kadaver
Tid – Desynkronisering
Känsla - Förlust av känsla
Attityd – Antagonomia/Idionomia

Ontologi
”Life-world”

Schizofreni

Kropp –Mekanisk
Tid – Fragmentering & *Ante festum*
Känsla - Perplexitet
Attityd – Hypernomia/Heteronomia

Form vanföreställningar

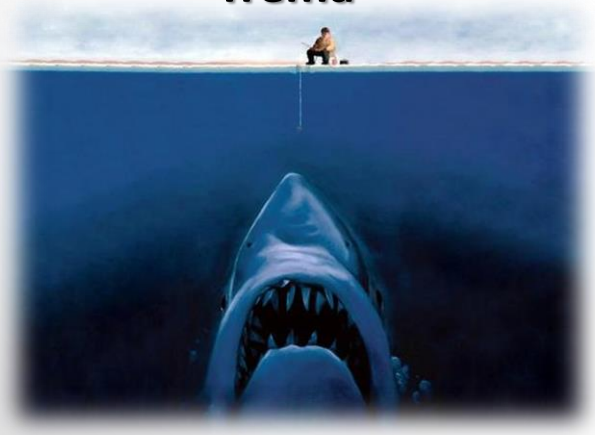
Depression

Disunion

Bekräftelse

Schizofreni

Trema



Apophany

Innehåll vanföreställningar

Depression

Moral

Kropp

Ekonomi

Schizofreni

Metafysisk

Eskatologisk

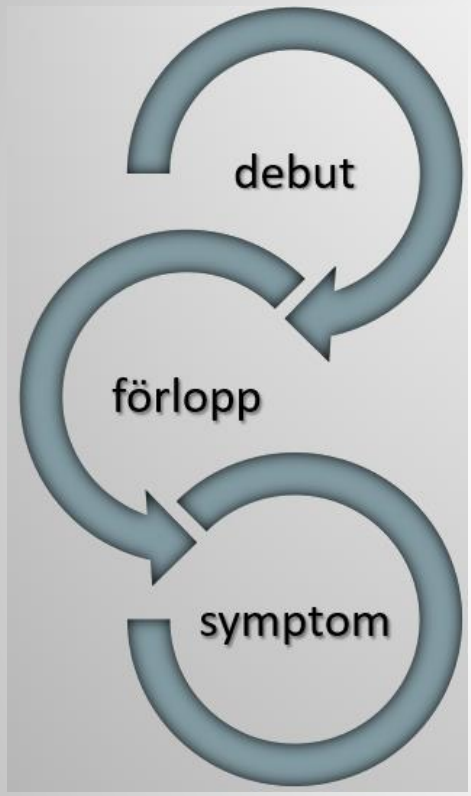
Karismatisk

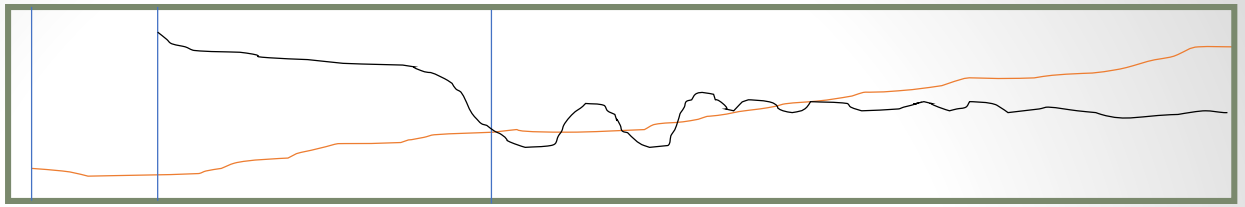
Autism vs Schizofren autism

Autism spektrum störning

- Obegripligt vs obehagligt (Mc Williams 2011)
- Theory of Mind (Baron Cohen 1985)
- Tid (Mahler 1968)
- Intentionalitet (Ciaramidaro et al. 2015)

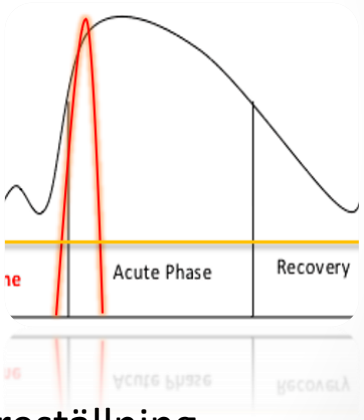
Autism – Schizofreni





0åå 10åå 20åå

Kris vs Episod



Övervärdig idé vs Primär vanföreställning

Simulering

”…he sees less than the blind, hears less than the deaf, and he is more lame than the paralyzed. Determined that his insanity shall not lack multiple and obvious signs, he, so to speak, crowds the canvas, piles symptoms upon symptoms and so outsrips madness itself, ataining to a clumsy caricature of his assumed role.”

Jones and Llewellyn 1917, p. 80

Simulering vs Psykos

Dramatisk/bisarr utan desorganisation

Saknar SD kvaliten – Praecox feeling

Atypiskt förlopp/behandlingssvar

Serverar symptom / angelägen

Inkonsekvent beteende

Sekundärvinst

OBS - Double book-keeping

Rogers and Bender 2018

Äkta vs Oäkta

Strategi

Samtalstid - friskare vs mer tankestörningar

Set shifting – “ur roll” och “ur ämne”

Skapa relation inte konfrontation

Observera relationer på avdelning

Fråga om orimliga symptom;

1. Kan du se orden som text när någon talar?
2. Har du tänkt att bilar kan ha en organiserad religion?
3. Har du någon gång sett allt upp-och-ner?

Se till helheten

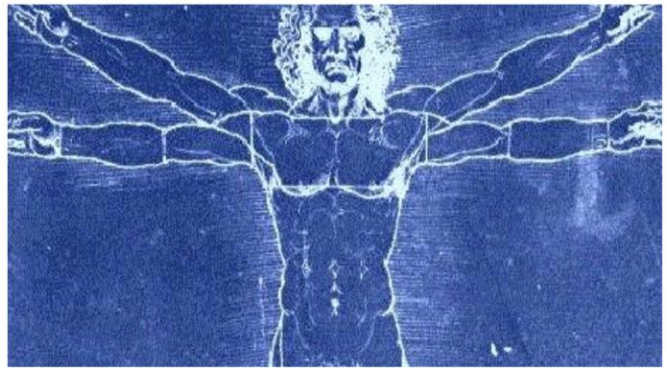
Rogers and Bender 2018

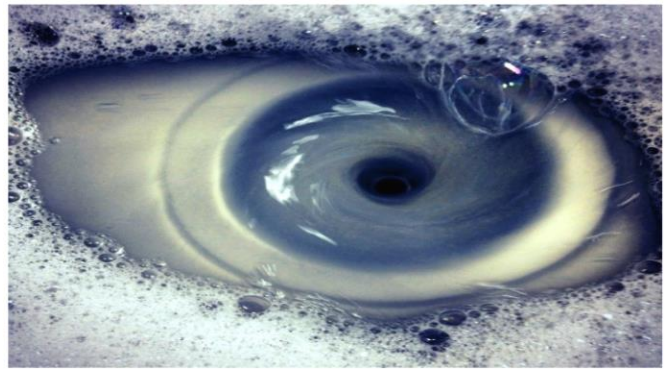
Sammanfattning / Lärandemål

Prototypal psykopatologi

Form vs innehåll

Simulering





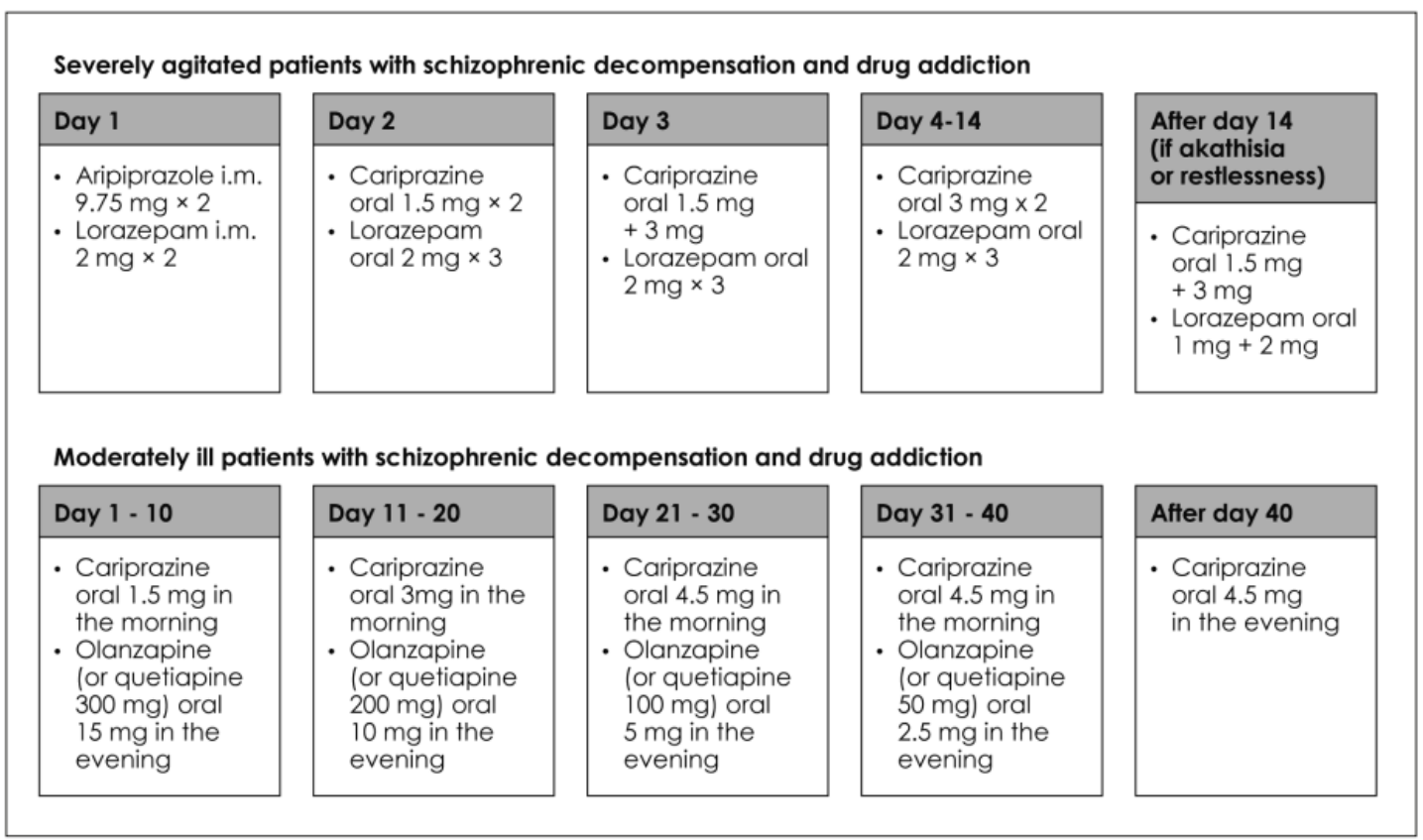
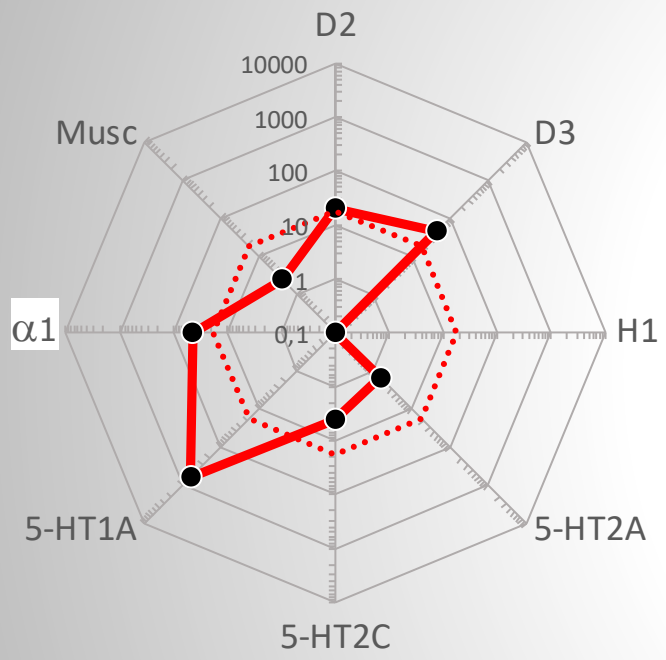
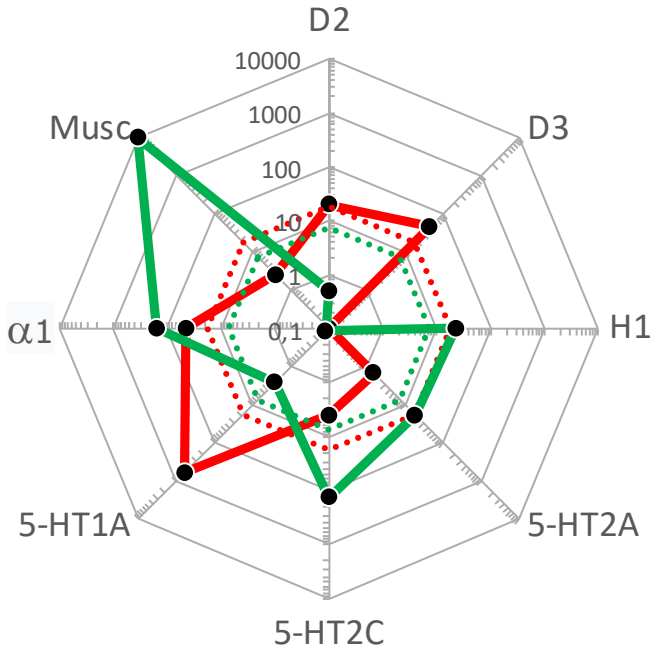


Figure 1. Treatment protocols for DD inpatient treatment used in Blakstad Hospital of Vettre, Norway.

Complementary Target Profiles, example

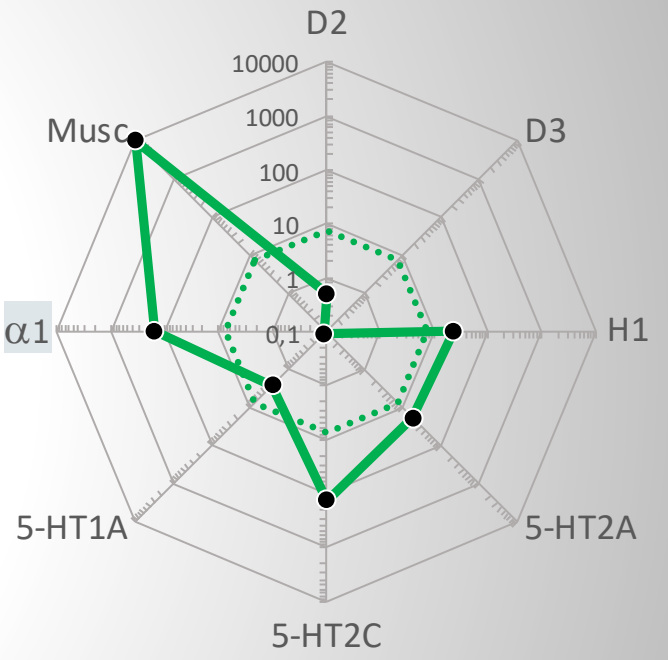


OLA: *Sedation, metabolic anticholinergic*

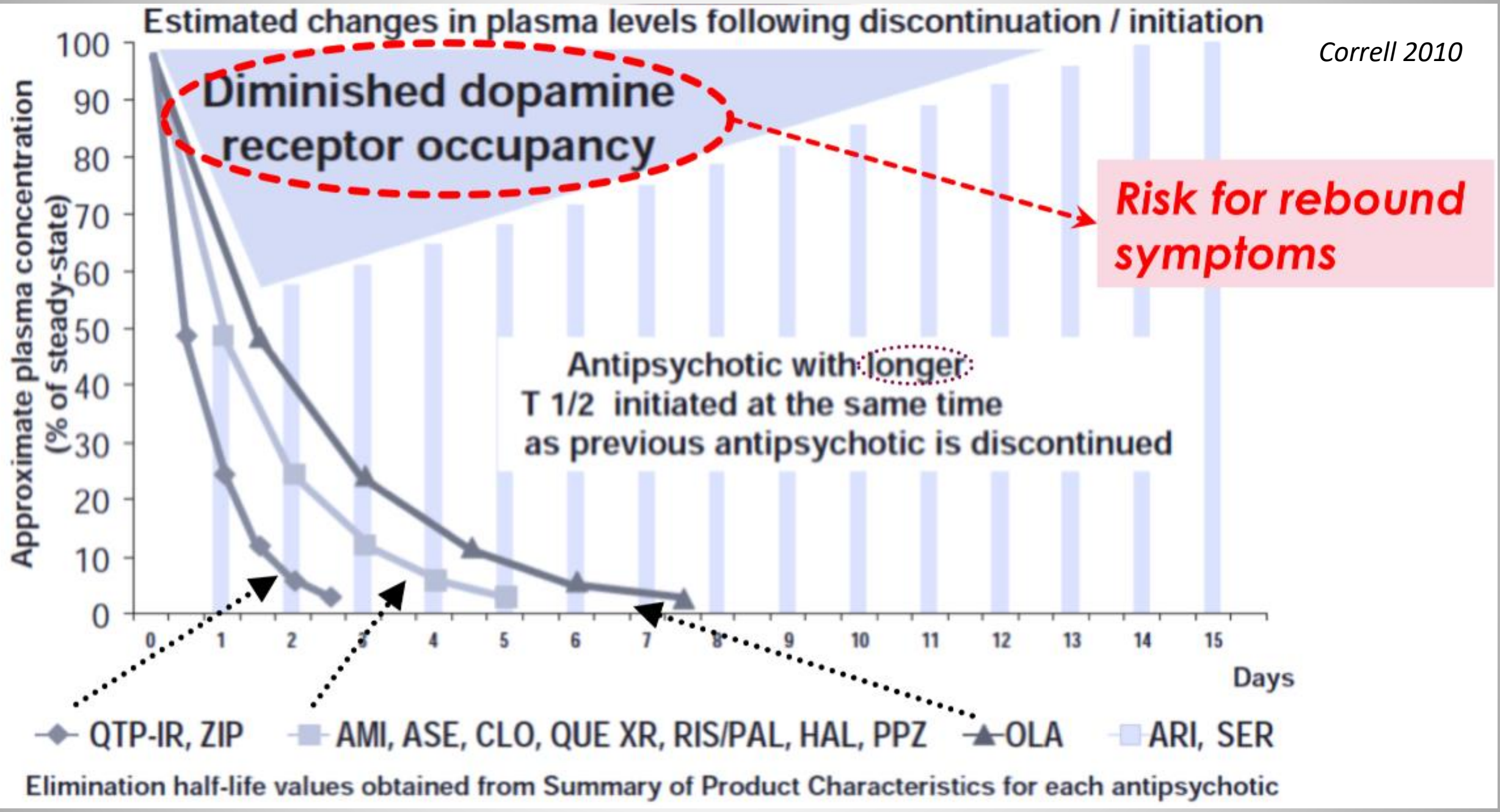


Pros:
- ***Antipsychotic***
- ***Neg/cognitive benefit***
- ***Less metabolic***
- ***Less sedation?***

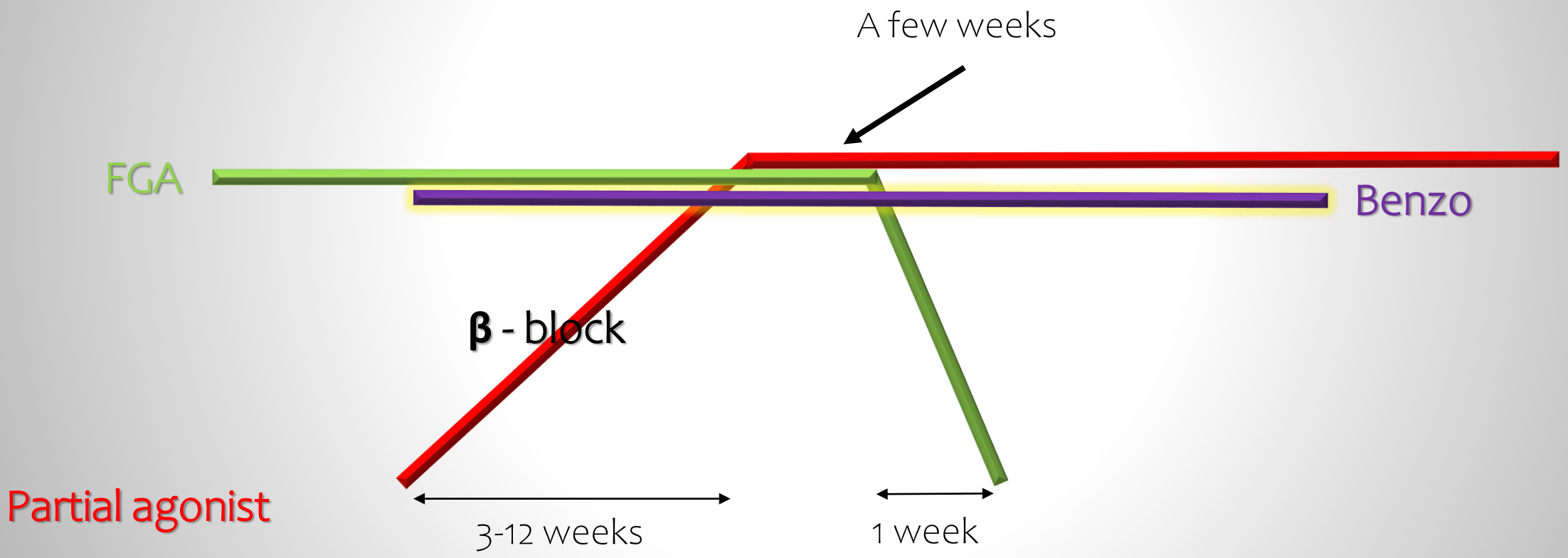
Cons:
- ***Akathisia?***



CAR: *Akathisia*
no Musc/H1/α1/5-HT2C
no metabolic, CV, EPS or PRL rise

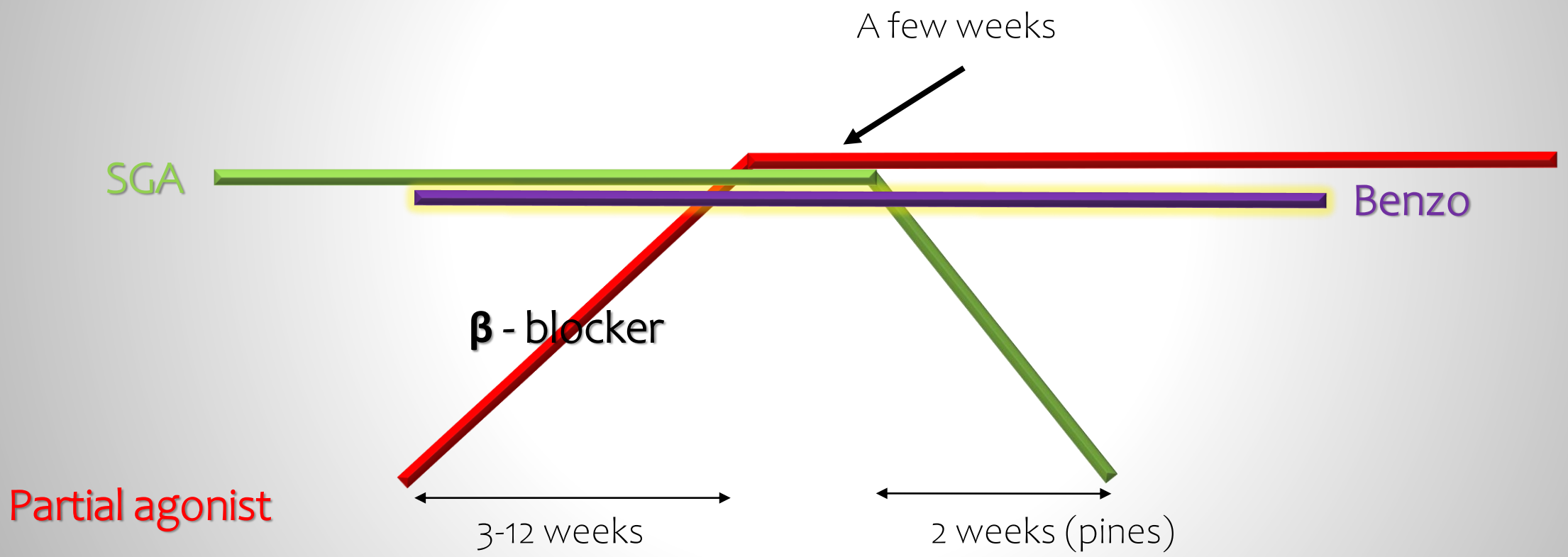

Estimated changes in plasma levels following discontinuation / initiation
Correll 2010
Diminished dopamine receptor occupancy
Risk for rebound symptoms
Antipsychotic with longer T 1/2 initiated at the same time as previous antipsychotic is discontinued
Approximate plasma concentration (% of steady-state)
100
90
80
70
60
50
40
30
20
10
0
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Days
QTP-IR, ZIP
AMI, ASE, CLO, QUE XR, RIS/PAL, HAL, PPZ
OLA
ARI, SER
Elimination half-life values obtained from Summary of Product Characteristics for each antipsychotic

Switching from FGA to partial agonist

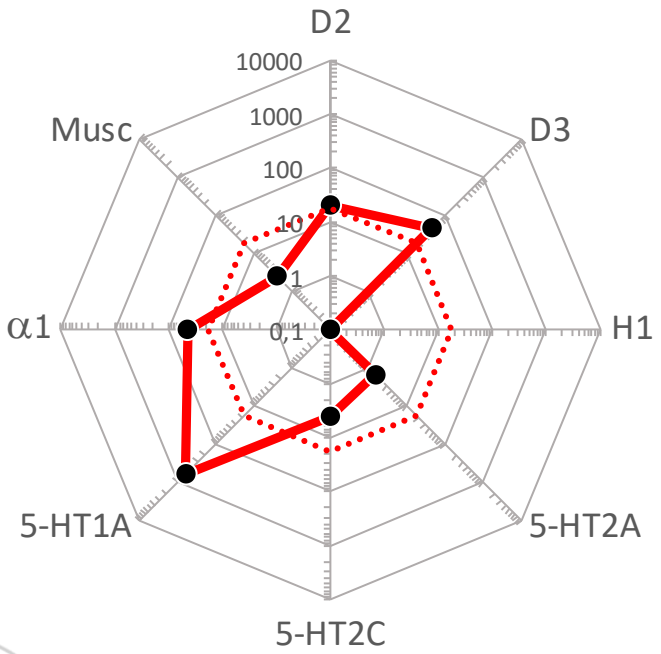


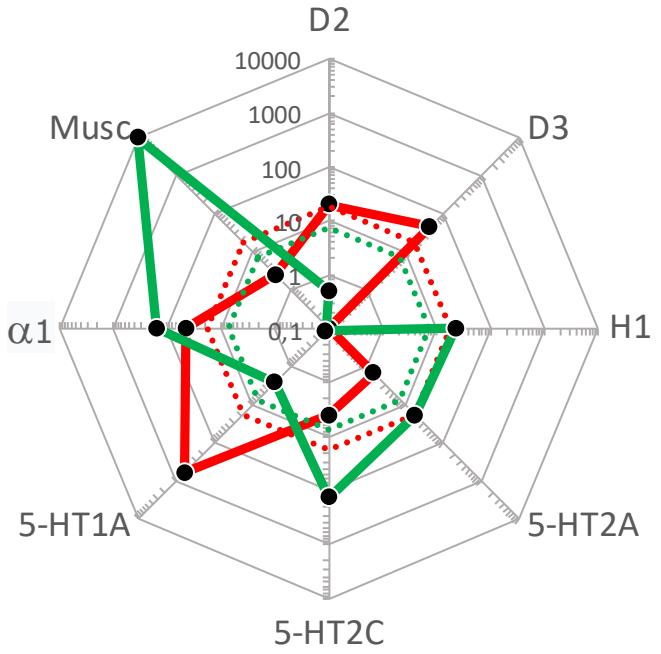
Stahl's Essential Psychopharmacology

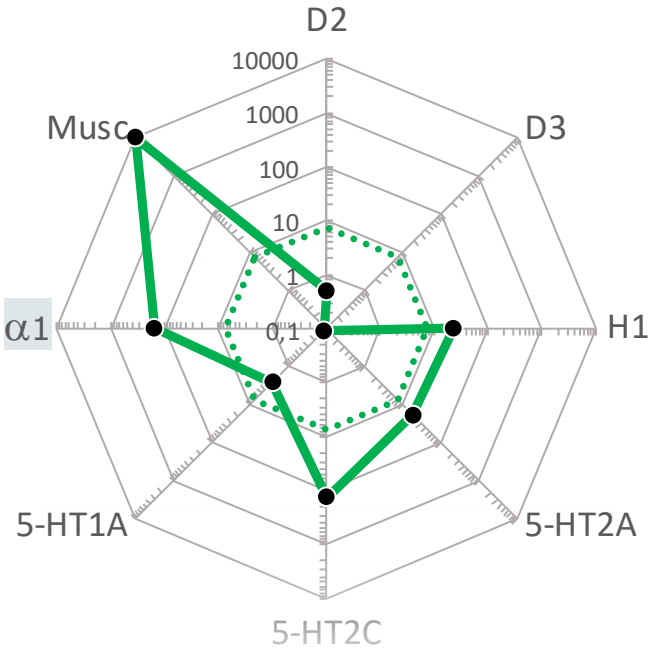
Switching from SGA to partial agonist



• Switching via complementary profiles







Pros:

Antipsychotic

Neg/cognitive

Less metabolic

Less sedation?

Cons:

Akathisia?

Peter – switch

Days

	1	2	3	4	5	6	7	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Olanzapine																					
Cariprazine																					
Prometazine																					
Lorazepam																					
Iktorivil																					

Relief of positive symptoms

Increased social activity

Decreased nicotine use & 3 month negative drugscreen

Steady-state in blood – not number of pills in stomach