Transcending Psychosis

The Complexity of Comorbidity in Schizophrenia

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KEYWORDS

• Schizophrenia • Comorbid disorder • Pathogenesis • Diagnosis • Treatment

KEY POINTS

- Conceptual issues of comorbidity in schizophrenia are discussed.
- The biological pathogenesis of comorbidity in schizophrenia is reviewed.
- Subtyping strategy of schizophrenia with comorbid disorder is discussed.
- Diagnostic and clinical issues of comorbidity in schizophrenia are discussed.
- Treatment and outcome of schizophrenias with comorbid disorder are considered.

CONCEPTUAL ISSUES OF COMORBIDITY IN SCHIZOPHRENIA

Physicists spent many years debating whether light was best conceptualized as waves or as particles, until it became apparent that it could be conceptualized simultaneously as both waves and particles. Long-standing debates in psychiatry on categorical versus dimensional conceptualizations of psychiatric disorders may someday arrive at a similar conclusion.

Mastery of diagnostic categorization has been considered a core competency of a modern-day psychiatrist. This approach suffers from inadequate attention to other coexisting conditions. Once a clinician arrives at a categorization within the hierarchical diagnostic system, all symptoms tend to be viewed as a part of that diagnostic entity.

With the recent emergence of dimensional approaches to psychiatric research, there seems to be an increasing expectation that symptoms will neatly fit to

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Abbreviations and acronyms	
DSM-IV	*Diagnostic and Statistical Manual of Mental Disorders,* 4th edition
DSM-V	*Diagnostic and Statistical Manual of Mental Disorders,* 5th edition
FDA	US Food and Drug Administration
OC	Obsessive–compulsive
OCD	Obsessive-compulsive disorder
OCS	Obsessive–compulsive symptoms
RDoC	Research Domain Criteria

corresponding circuits across the diagnoses. This approach fails to take into account a more macroscopic view of how symptoms do not exist in a vacuum, and often, the context of the symptom presentation can be more important than the symptom itself.

The diagnostic and treatment issues of coexisting psychiatric symptoms and/or disorders in schizophrenia remain conceptually controversial and clinically challenging. Schizophrenia is a complex, heterogeneous, and disabling psychiatric disorder that disrupts cognitive, perceptual, and emotional functioning. It has become increasingly clear over the years that there are many dimensions within the category of schizophrenic spectrum disorder.[1] However one may pause to question whether lumping all symptoms into one disorder or treating each symptom phenomena as a distinct condition can be regarded as a categorical or dimensional approach. Both concepts are compatible with either approach.

Traditional medical training encourages finding one diagnosis that can explain multiple symptoms and signs. Therefore, once a diagnosis of schizophrenia is made, symptoms beyond overt psychosis have generally been considered as byproducts or associated symptoms of schizophrenic spectrum disorder. There is an emphasis on arriving at a categorical diagnosis that can explain most of the clinical problems while recognizing the existence of different symptom dimensions within the categorization.

Proponents of the concept of comorbidity in schizophrenia have argued that symptoms such as depression,[2] dementia,[3] panic,[4] obsessive–compulsive disorder (OCD),[5] posttraumatic stress disorder,[6] and eating disorders[7] are separate disorders. In this view, the symptom dimensions are emphasized, but in the context of the categorical diagnosis.

Because both views recognize both categories and dimensions, we may already be more advanced in our phenomenological discussion than the physicists. So, why is there still a need to continue talking about comorbidities? This discussion is clinically important; in the former case, treatment of psychosis may lead to resolution of other associated symptoms, whereas in the latter case symptoms other than psychosis need separate clinical attention.

This paper discusses these conceptual aspects of comorbidities in schizophrenia, with a focus on schizophrenia and OCD comorbidity as an example to illustrate the arguments.

CLINICAL SUBTYPES

Identifying subgroups with distinct clustering of symptoms to predict longitudinal clinical course have been proposed as a foundation to systematically understanding the pathogeneses and treatment implications of schizophrenia.[1] Delineation of phenotypes has been viewed as fundamental to identifying candidate genes. Alternatively, dissecting behavioral correlates was seen as necessary for finding the responsible neural circuits. Subtyping with comorbidities has been proposed as phenomenologic groundwork for biological understanding of schizophrenia.