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REVIEW ARTICLE

Basic symptoms in schizophrenia, their clinical study and relevance in research[☆]



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Abstract Basic symptoms consist of subtle sub-clinical disturbances subjectively experienced by schizophrenia patients. These are mainly related to drive, affect, thinking and language, perception, memory, motor action, central vegetative functions, control of cognitive processes, and stress tolerance. Initially described by Huber, from a phenomenological approach, basic symptoms are part of the earliest features of schizophrenia, and they can evolve along the course of the disorder. Their assessment during the prodromal phase of the disease (together with ultra-high risk criteria) is one of the 2 main approaches that allow the definition of states of clinical risk for the development of psychosis. The present review provides an updated view of the concept of basic symptoms, highlighting its potential value in establishing neurobiological correlates of interest in aetiopathogenic research.

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PALABRAS CLAVE

Síntomas básicos;
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Fenomenología;
Instrumentos

Síntomas básicos en la esquizofrenia, su estudio clínico y relevancia en investigación

Resumen Los síntomas básicos consisten en sutiles molestias subclínicas, experimentadas subjetivamente por el paciente, principalmente referidas a la volición, la afectividad, el pensamiento y lenguaje, la percepción, la memoria, la acción motora, las funciones vegetativas centrales, el control de procesos cognitivos automáticos y la tolerancia al estrés. Descritos inicialmente por Huber, desde una aproximación fenomenológica, forman parte de las manifestaciones más precoces de la esquizofrenia, a lo largo de cuyo curso pueden adquirir diferente

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evolución. Su presentación durante la fase prodrómica de la enfermedad, para cuya evaluación han sido desarrollados diferentes instrumentos, constituye (junto con los criterios *ultra-high risk*) una de las 2 principales aproximaciones para su caracterización, lo que permite definir estados clínicos de riesgo para el desarrollo de psicosis. En la presente revisión se ofrece una visión actualizada del concepto de síntomas básicos, subrayando su potencial valor a la hora de establecer correlatos neurobiológicos de interés en la investigación etiopatogénica.

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Introduction

Over the past 20 years there has been increasing interest in the study of the early stages of schizophrenia and advances in the characterisation and knowledge of the clinical expression of the disorder, even from its prodromal phases. This has major implications in terms of the detection of the disorder and early intervention.^{1–11}

The diagnostic characterisation of schizophrenic psychoses has been fundamentally underpinned by studying its clinical symptomatology, and the core description of the disorder has converged into a constellation of symptoms focusing on so-called positive and negative symptoms which, subsequently and from a dimensional approach, would extend into disorganised, affect, motor and cognitive symptoms.¹² This is borne out by the operational criteria adopted in the various diagnostic systems which have appeared in recent years. One of the most recent and representative examples of these are the DSM-5 criteria for the disorder.¹³

It is probable that the major reason behind this fact is that the abovementioned clinical symptomatology enables a clinical *objective* for study to be established. An analysis of the reasons behind this development goes beyond the purpose of this article, but, from a historical perspective, one only needs to refer to Cromwell's¹⁴ observation that psychopathology has traditionally been described in terms of a subject's "deviations" from the norms and expectations of their social group. Thus, in relation to the more or less disruptive or "threatening" nature of the disease, "tolerable" manifestations—principally behavioural deficits—and "intolerable manifestations"—principally clinical symptoms—can be distinguished. In fact, research undertaken thus far follows these same lines, essentially focussing on the "intolerable" manifestations, whereas the more "subtle" and "inoffensive" manifestations (such as alterations in the processing of information and cognitive deficits, amongst others) have been largely underestimated or ignored.¹⁵ This trend has been addressed in recent years through the study of cognitive deficits^{7,16,17} and other symptomatic domains, such as negative symptoms^{18–20} and their impact on functionality.^{7,12,21}

Similar reasoning might be applied to the set of manifestations in the incipient stages of the disorder, which are frequently expressed as complaints or psychological distress with relatively non-specific and insidious characteristics.²² In this regard, the description of the

prodromal manifestations of the disease has progressed from the initial retrospective studies of first psychotic episodes^{23,24} to the establishment of criteria to identify individuals at high risk of transition to psychosis, (at-risk mental state; ultra-high risk [UHR]).²⁵ In recent years, to some extent, to some extent the predominant approach in characterising these stages.

However, particularly if we look at the order of the more subjective manifestations, a complementary approach to characterising prodromal symptomatology, as well as an important body of research, are to be found in the study of abnormal subjective experiences and, specifically, in the conceptual framework of the so-called *basic symptoms*, developed in Germany by Gerd Huber and the Bonn school.^{26,27} The phenomenological approach that these authors introduce will contribute towards better clinical profiling of those most at risk of developing psychosis, and towards the study of possible underlying neurobiological correlates of pathophysiological or aetiological interest.

The objective of this review is to offer an updated vision of the concept of the basic symptoms and their expression and assessment in schizophrenia, taking into account their contribution from a phenomenological perspective. Furthermore, we shall review their relevance in characterising the prodromal stage of the disorder and their predictive value for the development of the disease.

A brief historical overview

The first thorough attempt to describe and research patients' subjective experiences can be attributed to Jaspers, who was followed by other members of the Heidelberg school (Gruhle, Mayer-Gross, and Schneider). Based on Husserl's Phenomenology, Jaspers establishes a "return to the things themselves"—his *phenomenological method*. His objective was to intuitively capture the "essence" of the patients' subjective and experiential world, without imposing any prior theoretical framework—which would have to be "understood" and "explained" subsequently. Thus the development of phenomenological psychopathology, although frequently undervalued despite its epistemological wealth, is a descriptive method of real interest in the study of subjective experiences and in understanding the sense of a disease, in this case, schizophrenia.²⁸

The study of the *abnormal subjective experiences* of schizophrenia is part of this tradition, although to some

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