Transcript Details
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Detecting Schizophrenia Early: Clinical Challenges and Future Directions

Announcer:
This is *NeuroFrontiers* on ReachMD. On this episode, sponsored by Bristol Myers Squibb, we'll learn about how we can identify early signs of schizophrenia and recognize patients who may benefit from a different treatment approach from Dr. Jeffrey A. Lieberman. He's the Constance and Stephen Lieber Professor of Psychiatry at Columbia University's Vagelos College of Physicians and Surgeons, as well as the Founder and President of ARETÉ SCIENCE. Let's hear from Dr. Lieberman now.

Dr. Lieberman:
So in recent decades, it's become apparent that the early identification of people who develop schizophrenia can be critically important and actually life-changing and life-saving. We would like to be able to say that within the diagnostic nosology of mental illness that psychiatrists use—meaning the DSM—that we have guidance that identifies a set of symptoms or patterns of behavior that are indicative of the prodrome or imminent early stages of schizophrenia, but that's a work in progress. There's been a lot of attention on this, but the cardinal symptoms by which schizophrenia is diagnosed—meaning psychotic symptoms and then later negative symptoms, cognitive impairment, and even affective instability—have not yet been validated as measures which can predict the imminent development of a syndrome of schizophrenia. So it's something that we aspire to, but it isn't reflected currently in the DSM.

Now, what can we use? What can clinicians do to try and detect the illness even before it begins in people that they suspect are at risk? So we know that the window of onset in the natural history of the illness is generally in adolescence and then through young adulthood, so 15 through 25 or 30. We know that family history is an important factor. If an individual who's in their adolescence shows some behavioral changes that arouses concern on the part of their parents and they are brought to see a mental health professional, these are important pieces of information to ascertain.

But in terms of the actual symptoms and their predictive validity, we don't have certainty on any single or even group of symptoms that an individual may be having that, with 100 percent certainty, lead them to—within the next period of months or years—develop the illness. And other things that are being utilized as possible diagnostic measures involve neuroimaging, measuring certain chemical analytes in blood, or using other types of electrophysiologic measures. But nothing has yet given us a diagnostic test that's predictive of people that are going to develop the illness.

So what do we do? We look for behavioral changes in the individual. The other things I mentioned are important in terms of possible family history, and we monitor patients. We can't make a definitive diagnosis and we can't intervene with treatment prematurely, but we can follow along and see if the manifestations of behavioral changes during this adolescent period change, worsen, and crystallize into the symptoms of the illness that do allow for a more definitive or provisional diagnosis to be made. And then we can institute prompt treatment that would nip the illness in the bud and prevent the consequences that occur in too many people from occurring.

Announcer:
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