

SCHIZOPHRENIA



FAQ

- > 0.72% of population (median) more likely in males (but numbers could be influenced by earlier diagnosis in males)
- > Diagnosed from teenagers but Peaks 20-24yrs
- > 40% will improve
- > 13.5% clinically recover

DEFINITION

“ A psychiatric illness, comprising of varied symptoms, resulting in disrupted thought processes, emotional and social challenges ”

CAUSES

Largely unknown but genetic risk factors, early life stress & trauma, may lead to anatomical and neurochemical changes

NEGATIVE

- Low motivation
- Reduced speech output
- Flattened emotions
- Catatonia
- Social dysfunction

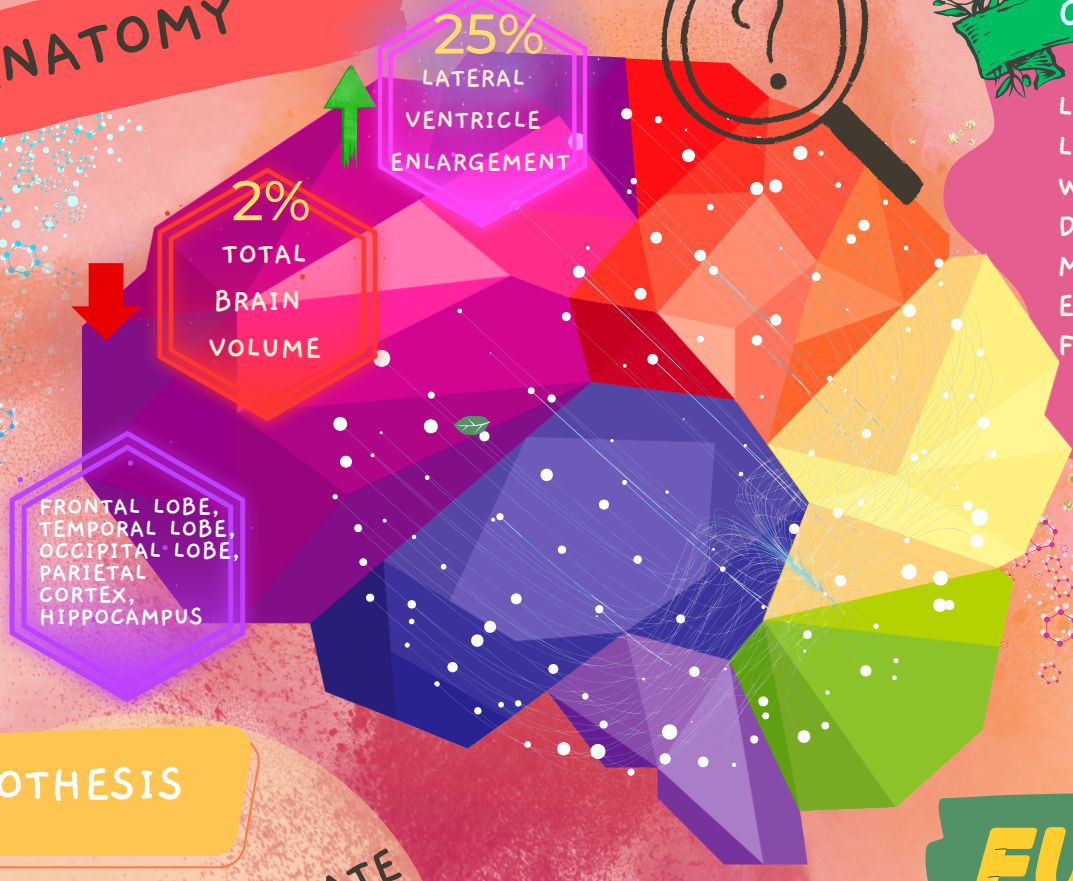
POSITIVE

- Delusions
- Hallucinations
- Formal thought disorder

SYMPTOMS



ANATOMY

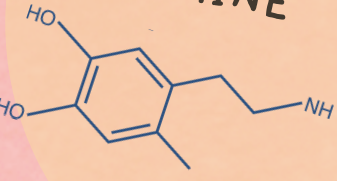


COGNITIVE

- Long-term memory
- Low sustained attention
- Working memory
- Declarative memory
- Motor speed
- Executive functions
- Formal thought disorder

HYPOTHESIS

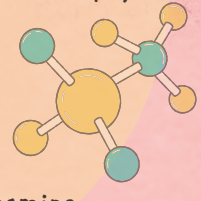
DOPAMINE



TOO HIGH
Antipsychotics work by reducing dopamine (D2 postsynaptic receptors)
Increased dopamine synthesis observed
Amphetamine base mimics schizophrenia

GLUTAMATE

TOO LOW
PCP (NMDA antagonist) causes psychosis



FUTURE



| | |
|---------------|---|
| ROLUPENDORE | TARGETS: 5-HT2A, sigma-2 receptors |
| CANNABIDIOL | TARGETS: CB1/2, 5-HT1A receptors & various others |
| ULOTAROT | TARGETS: 5-HT1A and TAAR-1 receptors |
| RALOXIFENE | TARGETS: Estrogen receptor |
| BRILAROXAZOME | TARGETS: Dopamine-5-HT receptors |
| B1425809 | TARGETS: Glycine transporter-1 |



ANTIPSYCHOTICS TYPICAL VS ATYPICAL

- High affinity for dopamine (D2) receptors
- High affinity for serotonin (5-HT2A) receptors



COBENFY: activates acetylcholine receptors

Typical side effects
WEIGHT GAIN, AKATHISA (RESTLESSNESS), DRY MOUTH, TARDIVE DYSKINESIA (INVOLUNTARY MOVEMENT)

2ND GENERATION ANTIPSYCHOTICS
AMISULPRIDE
ARIPIPRAZOLE
CLOZAPINE
OLANZAPINE
QUÉTIAPINE
RISPERIDONE
SERTINDOLE
ZIPRASIDONE
ZOTEPINE

BEST IN CLASS

CLOZAPINE

