

Oral presentation

Psychotic symptomatology: diagnostic considerations

K Phokas*

Address: Associate Professor of Psychiatry, Director of the 2nd University Department of Psychiatry, Aristotle University of Thessaloniki, Greece

* Corresponding author

from International Society on Brain and Behaviour: 1st International Congress on Brain and Behaviour
Hyatt Regency Hotel, Thessaloniki, Greece, 20–23 November, 2003

Published: 23 December 2003

Received: 1 November 2003

Annals of General Hospital Psychiatry 2003, **2**(Suppl 1):S30

This article is available from: <http://www.general-hospital-psychiatry.com/content/2/S1/S30>

In psychiatry we deal with symptoms and signs. Symptoms are subjective, but signs are objective. If a patient complains that he is depressed, this is a symptom. On the other hand if the doctor observes agitation in a patient, this is a sign. In psychiatry symptoms and signs overlap very often they are not clearly distinguished. This results to the fact that in psychiatry often we describe a cluster of symptoms and signs as a syndrome rather than a distinct disorder. The use of structured interviews increases the reliability of observer-rated clinical symptoms assessment. A detailed clinical history, together with a detailed account of patient's subjective experiences and psychopathology, is very important, because this leads to a correct and complete diagnosis. A correct diagnosis is essential for a precise and proper treatment planning. Diagnostic categories are based on signs and symptoms within specific time frames, but pathognomically specific signs and symptoms are rare. The majority is non-specific and they are seen in different disorders. Sometimes they have courses of their own, different from the course of the disorder or the other symptoms. A major difficulty in evaluating psychotic symptomatology is the fact that different observers interpret symptoms and signs differently when examining the same patient. This is due to a number of reasons, but leads to reliability problems, which reflect to the diagnosis. When evaluating psychotic symptomatology we come to the question if a symptom is primary or secondary. The answer is not always easy and clear, because of the inability to understand more clearly the origin of various symptoms. It is very important to distinguish between primary and secondary negative symptoms in schizophrenia. Primary negative symptoms are caused by the same psychopathology with schizophrenia and often they are obscured by the positive symptoms in the acute phase. Secondary symptoms are caused by the disorder itself or by the medication for the treatment of the dis-

order. It is important to clearly demonstrate the origin of these negative symptoms, because of the different treatment planning and the different prognosis. All the above suggest that a complete assessment of the psychotic symptomatology of the patient, based on detailed history and on information from patient's family and social environment, is essential and of great value in order to reach to a correct and precise diagnosis, which leads to the appropriate treatment planning.