

# Difference Between Schizophrenia and Schizotypal

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## Key Difference – Schizophrenia vs Schizotypal

Schizophrenia is a long-term [mental disorder](#) involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions, and feelings, withdrawal from reality into fantasy and delusions and a sense of mental fragmentation. Schizotypal is a psychiatric disease characterized by the inability of a person to maintain interpersonal relationships and the disturbances to thought and behavioral processes. It is important to understand the difference between Schizophrenia and Schizotypal since these two conditions are commonly mistaken. The key difference between Schizophrenia and Schizotypal is that **in schizophrenia, both the severity and the duration of [psychosis](#) are high but in schizotypal there are only transient episodes of psychosis with a relatively low degree of severity.**

## What is Schizophrenia?

Schizophrenia is a long-term mental disorder involving a breakdown in the relation between thought, emotion and behavior which leads to faulty perception, inappropriate actions, and feelings, withdrawal from reality into fantasy and delusions and a sense of mental fragmentation.

Based on the clinical features, schizophrenia has been divided into two categories as the acute syndrome and chronic syndrome. The functional impairments are seen only in the chronic form of the disease.

## Acute Syndrome

### Clinical Features

- Appearance and behavior

Preoccupied, withdrawn, inactive, restless, noisy, inconsistent

- Mood

Mood change, blunting, incongruity

- Disorders of thinking

Vagueness, formal thought disorder

- [Hallucinations](#)

Auditory, visual, tactile and etc.

- Primary and secondary [delusions](#)
- Attention and insight are impaired, but memory and orientation are normal.

## **Chronic Syndrome**

### **Clinical Features**

- Lack of drive and activity
- Social withdrawal
- Abnormalities of behavior
- Abnormalities of movements – Stupor, excitement, abnormal tonus
- Speech – Reduced in amount, evidence of thought disorder
- Mood – Mood change, blunting, incongruity
- Auditory hallucinations are predominantly seen
- Systematized and encapsulated delusions
- Age disorientation
- Attention and memory are normal

The clinical picture of schizophrenia can vary depending on several factors such as

- The age of onset

Adolescents in their late adolescence and young adults are more prone to get schizophrenia. In these age groups, mood disturbances, thought disturbances and behavioral disruptions are more pronounced.

- Gender

The severity of clinical features is high in males than in females.

- Sociocultural background



Figure 01: Schizophrenia

## Diagnostic Criteria

- Schneider's first rank symptoms
- Other symptoms such as loosening of association that frequent seen in schizophrenic patients but are less discriminating than the first rank symptoms
- Impaired social and occupational functioning
- A minimum duration
- The exclusion of organic mental disorder, major depression, mania or prolongation of autistic disorder.

## **Aetiology**

- Genetic factors such as family history of schizophrenia
- Abnormalities of pregnancy and delivery
- Maternal influenza
- Fetal malnutrition
- Urban birth
- Migration
- Winter birth
- Early cannabis consumption

The prognosis of schizophrenia varies depending on the stage of disease progression

## **Management**

With the patient's permission blood and urine samples should be taken for further investigations to exclude the possibility of any substance abuse. Hospital admission is recommended depending on the severity of the clinical symptoms.

During the hospital management of a schizophrenic patient, therapy with antipsychotic drugs is usually started. The patient is encouraged to engage in different activities that are helpful in improving his or her mentality. Counseling for both patient and family is an important aspect of the management. If the patient shows signs of improvement, the medication can be discontinued after 6 months provided the patient is under surveillance for possible relapses. Long term drug therapy is required when there is a poor prognosis.

## **What is Schizotypal?**

Schizotypal or more correctly the schizotypal personality disorder is a psychiatric disease characterized by the inability of a person to maintain interpersonal relationships and the disturbances to thought and behavioral processes.

The exact mechanism of pathogenesis of this condition is unknown, but there is strong evidence to suggest a genetic influence.

## Symptoms

- Having a sense of awkwardness during social events
- Difficulty in having a conversation
- Speech disturbances
- Eccentric behavior and appearance
- Lack of friends

Similar to schizophrenia in schizotypal personality disorder also, the prognosis depends on the stage of disease progression.

## Management

The correct diagnosis of the condition is extremely important. Since the patient lacks the ability to maintain interpersonal relationships allowing him/her to mix in a circle of people with a proper understanding of the disease condition can reap good results. Speech therapy can contribute to the alleviation of speech disturbances. Medications are prescribed only when the non-pharmacological interventions fail.



**Figure 02: Schizotypal**

## What are the similarities between Schizophrenia and Schizotypal?

- Both are psychiatric disorders.
- Interpersonal skills are affected in both conditions.
- There are psychotic episodes in both schizophrenia and schizotypal.

## What is the difference between Schizophrenia and Schizotypal?

<b>Schizophrenia vs Schizotypal</b>	
Schizophrenia is a long-term mental disorder involving a breakdown in the relation between thought, emotion and behavior leading to faulty perception, inappropriate actions, and feelings, withdrawal from reality into fantasy and delusions and a sense of mental fragmentation.	Schizotypal, more correctly the schizotypal personality disorder, is a psychiatric disease characterized by the inability of a person to maintain interpersonal relationships and the disturbances to thought and behavioral processes.
<b>Psychosis</b>	
There is intense, severe and long-lasting psychosis	Psychosis is not long lasting, and it occurs in episodes. The severity of psychosis is also less than that in schizophrenia.
<b>Delusions</b>	
The patient does not accept that he/she is under a delusion.	The patient can be made aware of the difference between reality and delusion.

## Summary – Schizophrenia vs Schizotypal

Schizophrenia is a long-term mental disorder involving a breakdown in the relation between thought, emotion and behavior leading to faulty perception, inappropriate actions, and feelings, withdrawal from reality into fantasy and delusions and a sense of mental fragmentation. Schizotypal personality disorder is a psychiatric disease characterized by the inability of a person to maintain interpersonal

relationships and the disturbances to thought and behavioral processes. In schizophrenia, there is severe and long-lasting psychosis but in schizotypal the psychotic episodes are short-lived, and they are less severe. This is the basic difference between schizophrenia and schizotypal.

#### **References:**

1. Tasman, Allan, et al. *Psychiatry*. 4th ed., Chichester, John Wiley & Sons, 2015.

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