**Classification and Diagnosis of Schizophrenia**

Schizophrenia is a mental illness that interferes with a person's perceptions of reality, leading to hallucinations and delusions. This disorder affects individuals' ability to acknowledge their mental problems. To most medical professionals, schizophrenia is a complex disease characterized by positive, cognitive, and negative symptoms. Positive symptoms include repeated psychosis, delusions, hallucinations, and disorganized speech and behavior (Kahn et al., 2015). On the other hand, the negative symptoms include affective flattening, diminished initiative, and inability to feel pleasure. Cognitive symptoms appear as a broad set of cognitive dysfunctions. However, it is worth noting that this disease has a lifetime prevalence of about 1% (Brown University, n.d). In other words, very few people worldwide have this condition, as it stems from various factors such as prenatal events, paternal age, gender, urban environment, migration status, and substance abuse. Since schizophrenic patients exhibit different symptoms, classifying this condition is the only way to diagnose it accurately.

**Classification of Schizophrenia**

Based on the various symptoms available, one can classify several cases of schizophrenia into any of the following sub-types: paranoid, catatonic, disorganized, residual, and undifferentiated schizophrenia. Paranoid schizophrenia is the most familiar type of this condition. Most physicians associate it with positive symptoms such as hallucinations and delusions. Hallucinations are often auditory, while delusions are generally persecutory and referential (Brown University, n.d). Other symptoms, such as weird behaviors and extreme, inappropriate "effects," are sometimes absent or insignificant.

The second classification of schizophrenia is the catatonic type. This category is unique in that it involves bodily movements. Besides, it appears in one of two forms, "stupor" catatonia or excited catatonia (Brown University, n.d). Physicians attribute it to any two of the following symptoms: motoric immobility, excessive motor immobility, extreme negativity, stereotyped movements, and echolalia. The commonest form of motoric immobility is catalepsy (Substance Abuse and Mental Health Services Administration, 2016). Catatonic schizophrenia sometimes includes a wavy flexibility stupor. Most excessive motor activities associated with catatonic schizophrenia are often purposeless and not influenced by any external stimuli. Individuals with this condition may scream, beat their sides repeatedly, and jump up for no apparent reason. However, its extreme negativity entails motiveless resistance to all instructions.

The third classification of schizophrenia is the hebephrenic type. Physicians also refer to this sub-type as disorganized schizophrenia because it entails incoherent speech and behavior. In addition, patients also exhibit various inappropriate emotional responses. In essence, this category must involve individuals with disorganized speech, disorganized behavior, "flat affect," emotions that fail to fit a situation, incongruent facial reactions, and the inability to perform daily activities (Substance Abuse and Mental Health Services Administration, 2016). However, one ought to note that hebephrenic individuals do not experience hallucinations or delusions of any form.

The fourth type is residual schizophrenia. This type of schizophrenia occurs in individuals with positive schizophrenia who exhibit lingering negative symptoms. For example, a patient may exhibit poor attention, mental disorganization, and emotional withdrawal. Individuals with this schizophrenia rarely exhibit positive symptoms such as delusions, hallucinations, or disorganized speech. However, in some cases, they may experience one or two of these symptoms, especially delusions alongside negative ones.

Undifferentiated schizophrenia is the last classification of this disorder. It describes people who may not fit into the above classifications because they show more than one symptom. In other words, undifferentiated schizophrenia might exhibit both positive and negative symptoms.

One ought to note that DSM-V provides a different classification. The DSM-V manual, or the updated version of DSM-IV, uses different categories while retaining particular terms such as paranoia, disorganized speech and behavior, and catatonia in classifying schizophrenia. However, under this classification, one must display any two of the following symptoms for over one month to receive a diagnosis of schizophrenia. They include hallucinations, disorganized speech, catatonic behavior, delusions, and negative symptoms. However, one of the symptoms must be delusions, disorganized speech, or hallucinations.

**Diagnosis of Schizophrenia**

In the current DSM-V manual, the diagnosis of schizophrenia must fulfill three requirements. First, the patient has to exhibit at least two of the five main symptoms: disorganized speech, catatonic behavior, delusions, negative symptoms, and hallucinations (Rahman & Lauriello, 2016). Secondly, the key symptoms that one has must have lasted for not less than one month, while their effects must have lasted more than six months. The third criterion is that the condition must disrupt one's ability to work or engage in a relationship.

Physicians can diagnose this condition in various ways. However, most diagnostic techniques do not directly detect the schizophrenia spectrum but help excludes other conditions. They include physical examinations, brain-imaging tests, and lab tests. Physicians use physical examinations to dismiss other problems that could be causing symptoms and to check for any related complications. Medical practitioners also carry out imaging tests using CT scans and MRIs to rule out ailments like stroke, brain injuries, tumors, and other brain structure changes. They also use electroencephalograms (EEG) to rule out epilepsy. Other tests used by physicians to rule out other conditions include blood and urine test. These tools help detect chemical changes in the body that might explain a patient's behavior. For example, they enable physicians to rule out heavy metal toxicity as a cause of behavioral changes. However, physicians rely on the symptoms of each subtype of schizophrenia for proper diagnosis. They also rely on the general symptoms associated with schizophrenia, such as hallucinations, disorganized speech, catatonic behavior, delusions, and negative symptoms.

**Conclusion**

In summary, various symptoms enable physicians to classify schizophrenia as paranoid, catatonic, disorganized, residual, and undifferentiated disease. The paranoid type is associated with hallucinations and delusions, while the catatonic type is associated with motoric immobility, extreme negativity, stereotyped movements, and echolalia. The hebephrenic type of schizophrenia is associated with disorganized speech and behavior, while the residual type is associated with lingering negative symptoms from any other type of schizophrenia. The last category, or undifferentiated type, is associated with symptoms that do not appear in other subtypes. However, no known test can diagnose schizophrenia. As such, physicians utilize other tests that rule out other conditions. They include physical examinations, brain-imaging tests, and lab tests. However, an accurate diagnosis of schizophrenia requires a proper understanding of the symptoms of each subtype.

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