

Diagnosing schizophrenia

A diagnosis of schizophrenia is made based on a full psychiatric evaluation, medical history, physical exam, and lab tests.

- **Psychiatric evaluation** — The doctor or psychiatrist will ask a series of questions about you or your loved one's symptoms, psychiatric history, and family history of mental health problems.
- **Medical history and exam** — Your doctor will ask about your personal and family health history. He or she will also perform a complete physical examination to check for medical issues that could be causing or contributing to the problem.
- **Laboratory tests** — While there are no laboratory tests that can diagnose schizophrenia, simple blood and urine tests can rule out other medical causes of symptoms. The doctor may also order brain-imaging studies, such as an MRI or a CT scan, in order to look for brain abnormalities associated with schizophrenia.

Mental health professionals use the following criteria to diagnose schizophrenia:

- The presence of two or more of the following symptoms for at least 30 days:
 1. Hallucinations
 2. Delusions
 3. Disorganized speech
 4. Disorganized or catatonic behavior
 5. Negative symptoms (emotional flatness, apathy, lack of speech)
- Significant problems functioning at work or school, relating to other people, and taking care of oneself.
- Continuous signs of schizophrenia for at least 6 months, with active symptoms (hallucinations, delusions, etc.) for at least 1 month.
- No other mental health disorder, medical issue, or substance abuse problem is causing the symptoms.

Conditions that can look like schizophrenia

The medical and psychological conditions the doctor must rule out before diagnosing schizophrenia include:

- **Other psychotic disorders** - Schizophrenia is a type of psychotic disorder, meaning it involves a significant loss of contact with reality. But there are other psychotic disorders that cause similar symptoms of psychosis, including schizoaffective disorder, schizophreniform disorder, and brief psychotic disorder. Because of the difficulty in differentiating between the psychotic disorders, it may take six months or longer to arrive at a correct diagnosis.

- **Substance abuse** – Psychotic symptoms can be triggered by many drugs, including alcohol, PCP, heroin, amphetamines, and cocaine. Some over-the-counter and prescription drugs can also trigger psychotic reactions. A toxicology screen can rule out drug-induced psychosis. If substance abuse is involved, the physician will determine whether the drug is the source of the symptoms or merely an aggravating factor.
- **Medical conditions** – Schizophrenia-like symptoms can also result from certain neurological disorders (such as epilepsy, brain tumors, and encephalitis), endocrine and metabolic disturbances, and autoimmune conditions involving the central nervous system.
- **Mood disorders** – Schizophrenia often involves changes in mood, including mania and depression. While these mood changes are typically less severe than those seen in bipolar disorder and major depressive disorder, they can make diagnosis tricky. Schizophrenia is particularly difficult to distinguish from bipolar disorder. The positive symptoms of schizophrenia (delusions, hallucinations, and disorganized speech) can look like a manic episode of bipolar disorder, while the negative symptoms of schizophrenia (apathy, social withdrawal, and low energy) can look like a depressive episode.
- **Post-traumatic stress disorder (PTSD)** — PTSD is an anxiety disorder that can develop after exposure to a traumatic event, such as military combat, an accident, or a violent assault. People with PTSD experience symptoms that are similar to schizophrenia. The images, sounds, and smells of PTSD flashbacks can look like psychotic hallucinations. The PTSD symptoms of emotional numbness and avoidance can look like the negative symptoms of schizophrenia.