Schizophrenia usually occurs early in life and some symptoms may persist throughout. The case reports in this issue of Psychiatric Annals address several issues that affect our ability to accurately diagnose and provide optimal care for patients with psychotic symptoms.

Even while our conceptualization of schizophrenia continues to evolve, many patients exhibit clinical syndromes that challenge our diagnostic skills. This is underscored in the cases by Vaks et al (see page 303) and Shumard and Bruijnzeel (see page 307), who, respectively, describe the similarities in symptoms of schizophrenia to occult barbiturate withdrawal and persistent methamphetamine-induced syndrome.

From another perspective, mood and psychotic symptoms frequently coexist and may change in prominence over time in the context of schizophrenia, making it difficult to distinguish it from schizoaffective and bipolar disorders. Further, as I note in my article (see page 310), there is substantial overlap in various biomarkers and treatment approaches among these three conditions. This brings into question the validity of our present diagnostic categories and the criteria used to distinguish these disorders.

The overall effectiveness of any treatment walks a fine line between the intended benefit (ie, efficacy) and unintended effects (ie, safety and tolerability). One particularly common safety issue with antipsychotics is their risk of weight gain. The ensuing metabolic consequences can result in several medical complications, often shortening life expectancy. Dr. Rado’s article (see page 312) addresses this issue, emphasizing the potential benefits of careful monitoring and potential pharmacologic and non-pharmacologic strategies to decrease the long-term risks of obesity.

Just as treatments for schizophrenia may produce adverse events, the illness itself also carries potential life-threatening consequences. One of these is related to the symptom of chronic “asymptomatic” hyponatremia, which can occur in patients with schizophrenia. Dr. Josiassen and colleagues (see page 315) discuss such a patient whose symptoms required long-term institutionalization for his own protection, but who ultimately benefited from a new class of agents known as vasopressin-receptor antagonists (ie, vaptans), allowing him to live in a community setting for the first time in 50 years.

Finally, Drs. Mayanil and Pavuluri (see page 319) discuss the implications of early-onset schizophrenia from the perspective of multiple risk factors, premorbid features and imaging studies in the context of psychotic symptoms in an 11-year-old boy.

Each of these articles represents various aspects of the continuum of diagnoses and care we must provide our patients, and illustrates the vast complexity of this disorder.

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