

# Identifying Negative Symptoms in the Consult Setting: A Case Report and Review of Literature

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## BACKGROUND

- Negative symptoms in schizophrenia are strongly associated with poor functional outcomes and quality of life (1)
- However, these symptoms are frequently overlooked and inadequately addressed

## CASE

### Context:

- 27 y/o man, found down on the street with multiple open, maggot-infested wounds, was admitted for multifactorial shock
- Upon stabilization, he refused transfer to a rehabilitation facility for further care, repeatedly stating “I don’t need it”
- Psychiatry consulted to evaluate whether decisional capacity was impaired by an underlying psychiatric disorder

### Collateral:

- Mother: vague history of “unspecified psychosis” and likely delusions
- Primary team: “no psychiatric symptoms” but was “odd”

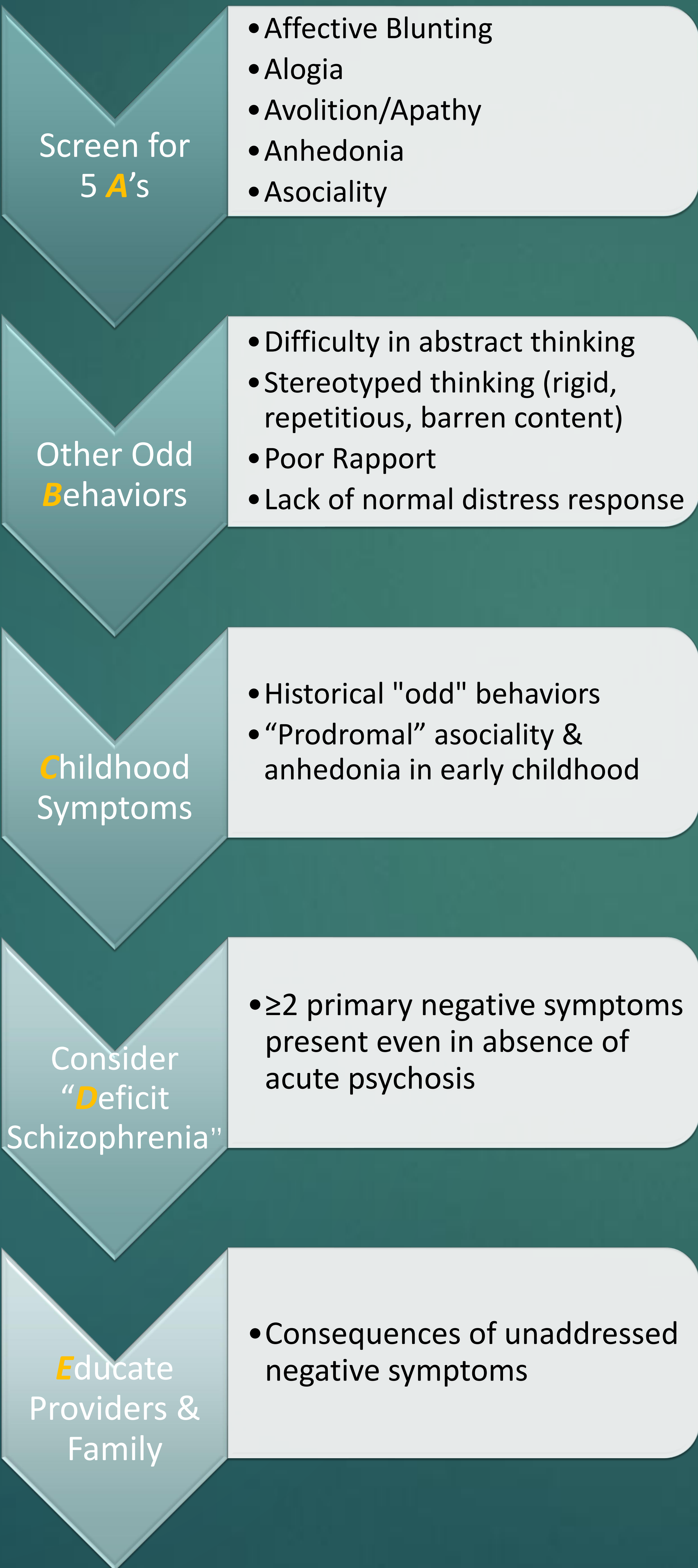
### Evaluation:

- No positive symptoms** observed or reported
- Patient demonstrated **significant negative symptoms** including affective blunting, ambivalence, apathy, amotivation, and reduced social drive

### Impression:

- In context of collateral history, presentation was likely consistent with schizophrenia.
- Negative symptoms were judged to be impeding decision-making ability

## Structured “ABCDE” approach to screening for negative symptoms of schizophrenia



## The 5 A's

### Affective Blunting

- Unchanging facial expression
- Paucity of expressive gestures
- Poor eye contact
- Affective non-responsivity
- Lack of vocal inflections
- Self-described inability to feel

### Alogia

- Reduced speech
- Increased latency of response

### Avolition or Apathy

- Impaired grooming and hygiene
- Abnormal lack of energy
- History of poor motivation for close relationship or social / recreational activities

### Anhedonia

- Reduced recreational interests or activities
- Reduced sexual interest or activity

### Asociality

- Reduced social interactions
- Few relationships with peers or friends
- Self-described reduced ability to feel intimacy or closeness

## DISCUSSION

- Despite report of “no psychiatric symptoms,” the patient demonstrated significant negative symptoms
- Because many non-psychiatrists are unable to accurately diagnose psychiatric illnesses (2), negative symptoms may be commonly missed, underappreciated, or poorly communicated to psychiatric consult-liaison teams. Patients with negative symptom-predominant schizophrenia may be especially overlooked due to a lack of positive symptoms
- Negative symptoms of schizophrenia profoundly impact patient function and often persist even as positive symptoms fluctuate or decline (3).
- Thus, despite limited psychotropic efficacy, negative symptoms should be addressed so that adequate psychosocial support can be provided

## CONCLUSIONS/IMPLICATIONS

- Negative symptoms of schizophrenia are commonly underrecognized, especially among non-psychiatrists
- Interventions to manage negative symptoms may improve functioning, quality of life, and utilization of resources
- A structured approach to screening may help CL psychiatrists better identify negative symptoms

## References

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