DIAGNOSTIC CHALLENGES IN FEMALE SCHIZOPHRENIA

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Introduction

- Gender differences in schizophrenia have long been reported, but there is conflicting data regarding many of these differences.
- The most consistent finding across studies is the late onset of the disease in women, compared with men.
- Females with schizophrenia have a higher prevalence of affective symptoms and fewer negative symptoms than males.
- Throughout the course of illness, there is interchangeability between the diagnoses of schizophrenia and bipolar disorder, and this might be due to the evolution of clinical symptoms.

Case report:

I.M., 42 years-old female. Born in Germany. Single. Unemployed for several years. Living with her parents. Her mother has bipolar disorder.

She had 6 previous hospitalizations between 2006 and 2011. According to her father, on her 1st episode there was an insidious installation of symptoms such as insomnia, social withdrawal, loss of appetite and food refusal. This happened following relevant life events (hospitalization of her mother and boyfriend breakup). These 6 hospital stays were labeled as depressive/mixed episodes (some of which with psychotic symptoms) and she was diagnosed as Bipolar. She then abandoned follow-up and medication in 2012.

Since then, she never left home again and spent most of her time in her room, sometimes “talking to herself”, according to her father. She was brought to our hospital in 2019. On evaluation, she had psychotic activity (delusional memories, delusion of reference), auditory hallucinations, formal thought disorder and important negative symptoms. This time she was diagnosed with Schizophrenia.

References:
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Differences between genders:

Discussion:

Schizophrenia has considerable heterogeneity in its clinical presentation, illness course and response to treatment. Gender differences may play a role in this variability. Changes in the diagnosis of major psychotic disorders are frequently seen in clinical practice, as is the case of the patient described on the left. In the case of female schizophrenic patients, their higher prevalence of depression might explain having them misdiagnosed as Bipolar.

Conclusion:

When diagnosing patients with major psychosis we must hold in mind that the clinical picture of a schizophrenic patient might be different between genders. Future research should focus on studying gender differences in schizophrenia, In order to provide more sensitive and specific diagnostic and therapeutic tools.

Biological /Psychosocial factors:

Women have better premorbid social functioning and marital adjustment, which might be explained by the later onset of the disease

Estradiol might offer some protection during fertile age

Healthy women outperform men in tasks measuring verbal abilities