Schizophrenia is psychotic bipolar disorder? What a polarizing idea!

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A hundred years ago, Kraepelin¹ distinguished two types of “insanity” in his institutionalized patients: dementia praecox (later relabeled as schizophrenia) and manic-depressive illness (later relabeled as bipolar disorder). His dichotomy was based on differences in clinical features, course, and outcomes. But over the years, Kraepelin recognized and admitted that some patients have overlapping features, and he gradually accepted what is now seen as a continuum of psychosis that “bridges” the pure forms of those two disorders.

I applaud Drs. Lake and Hurwitz (page 42) for highlighting the diagnostic and treatment errors in a bipolar patient with severe psychotic features who was misdiagnosed as having schizophrenia. Errors such as this were common with DSM I and II but declined with the more reliable diagnostic schemas of DSM III and IV. I am puzzled, however, by their leap to the radical conclusion that schizophrenia does not exist and that all patients diagnosed with schizophrenia have psychotic bipolar disorder. This is not as egregious as Szasz’ absurd proclamation 4 decades ago that schizophrenia is a “myth,” but it is a significant scientific “transgression,” given the evidence that distinguishes schizophrenia from bipolar disorder.

**Symptoms.** Beyond a doubt, these two brain diseases have overlapping clinical features, pharmacotherapies, and even outcomes in a subgroup of patients. However, these diseases have major differences, as outlined in the accompanying table (page 68).

**Brain anomalies.** Neuroimaging studies indicate that schizophrenia is associated with more-severe and pervasive morphologic brain anomalies (dysplasia and hypoplasia) than bipolar disorder, although some bipolar patients have reduced cerebral and frontal volumes and marked cognitive deficits.¹ Progressive neuro tissue loss has been observed early in schizophrenia but not in bipolar disorder.

**Recent genetic studies** indicate that several genes are found exclusively in schizophrenia or in bipolar disorder cohorts,¹ but some are shared by both disorders and may be related to delusional symptoms.¹ Familial transmission appears to differ: transgenerational studies find an abundance of mood disorders in family members of bipolar probands but rel-

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Symptom differences between schizophrenia and bipolar disorder

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Schizophrenia</th>
<th>Bipolar disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>Auditory hallucinations and bizarre delusions are more common</td>
<td>Grandiosity is more common</td>
</tr>
<tr>
<td>Paranoia</td>
<td>Occurs in both, but more systematic in schizophrenia</td>
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<tr>
<td>Core psychopathology</td>
<td>Far more negative symptoms and cognition dysfunction</td>
<td>Far more mood lability and affective cyclicity</td>
</tr>
<tr>
<td>Thought disorder</td>
<td>Far more disorganized and derailed thoughts</td>
<td>More likely to have racing thoughts and flight of ideas</td>
</tr>
<tr>
<td>Between-episode interpersonal skills</td>
<td>Withdrawn, alogic, seclusive</td>
<td>Much more interactive and verbal</td>
</tr>
</tbody>
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I agree with Drs. Lake and Hurwitz that most cases of schizoaffective disorder, especially the “schizomanic” type, are probably bipolar disorder with severe psychotic features. To assert, however, that schizophrenia does not exist at all and should be reclassified as bipolar disorder with psychotic features would contradict a massive body of clinical and biological evidence. It would cause Kraepelin to squirm in his grave.

References