ENTITLEMENT ELIGIBILITY GUIDELINE

SCHIZOPHRENIA

MPC 00607
ICD-9 295
ICD-10 F20

DEFINITION

SCHIZOPHRENIA

Characteristic symptoms of Schizophrenia fall into two categories: positive and negative.

Positive symptoms are an excess or distortion of normal functions and include distortions in thought content (delusions*), perception (hallucinations**), language and thought process (disorganized speech) and self-monitoring of behavior (grossly disorganized or catatonic behavior).

* Delusion - a false fixed belief. The content may include a variety of themes (e.g., persecutory - belief he or she is being followed, referential - a passage from a book is specifically directed at him or her, religious - belief he or she is an important religious figure). Nonbizarre delusions are derived from plausible life experiences (e.g., belief he or she is under surveillance by the police). Bizarre delusions are clearly implausible (e.g., belief his or her internal organs are removed and replaced with someone else's organs).

A belief is not considered to be a delusion if it is reasonable given the context (e.g., belief he of she will be assaulted in a threatening environment).

** Hallucination - a sensory impression (sight, touch, sound, smell or taste) that has no basis in external stimulation. In Schizophrenia, auditory hallucinations are the most common (e.g., hearing a voice maintaining a running commentary on the person's behavior or thoughts).

Negative symptoms are a diminution or loss of normal functions and include restrictions in the range and intensity of emotional expression (affective flattening), in the fluency and production of thought and speech (alogia) and goal directed behaviour (avolition).
Criteria Set for Schizophrenia

The Schizophrenia criteria set is derived from The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders 4th Edition Text Revision (DSM-IV-TR). The diagnosis of Schizophrenia may include a subtype which characterizes the predominant symptoms.

SCHIZOPHRENIA:

Criterion A
Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

(1) delusions
(2) hallucinations
(3) disorganized speech (e.g., frequent derailment or incoherence)
(4) grossly disorganized or catatonic behavior
(5) negative symptoms, i.e., affective flattening, alogia, or avolition

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person’s behavior or thoughts, or two or more voices conversing with each other.

Criterion B
Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

Criterion C
Duration: Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).
Criterion D
Schizoaffective and Mood Disorder exclusion: Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out because either (1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms; or (2) if mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.

Criterion E
Substance/general medical condition exclusion: The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Criterion F
Relationship to a Pervasive Developmental Disorder: If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

DIAGNOSTIC STANDARD

A diagnosis from a qualified medical practitioner (family physician or psychiatrist) or a registered/licensed psychologist is required. The diagnosis is made clinically. Supporting documentation should be as comprehensive as possible and should satisfy the requirements for diagnosis as outlined in the DSM-IV-TR diagnostic criteria.

NOTE: Entitlement should be granted for a chronic condition only. For Veterans Affairs Canada (VAC) purposes, "chronic" means the condition has existed for at least six months. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the six month period and thereafter.

ENTITLEMENT CONSIDERATIONS

A. CAUSES AND / OR AGGRAVATION

THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS.
NOTE: The factors listed in Section A of the Entitlement Considerations include specific timelines for the clinical onset, or clinical worsening, of Schizophrenia. If the medical evidence indicates an alternate timeline, consultation with Medical Advisory should be considered.

NOTE: The following list of factors is not all inclusive. Factors, other than those listed in Section A, may be claimed to cause, or aggravate, Schizophrenia. Other factors may be considered based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.

1. **Having experienced severe childhood abuse* before the clinical onset, or clinical worsening, of Schizophrenia**

   *Severe childhood abuse is:
   
   (i) serious physical, emotional, psychological or sexual harm to a child under the age of 16 years; or

   (ii) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing of a child under the age of 16 years;

   where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who was with or around the child, or any other adult in contact with the child.

2. **Experiencing the death of a related child (biological, adopted, step- or foster child) within the five years before the clinical onset, or clinical worsening, of Schizophrenia**

3. **Experiencing the early-death of a parent (before the individual attains the age of 18 years) within the ten years before the clinical onset of Schizophrenia**

4. **Having a Substance Use Disorder, involving cannabis, within the ten years before the clinical onset of Schizophrenia**

5. **Using cannabis at least twice a week for a continuous period of at least six months before the age of 18 years, within the ten years before the clinical onset of Schizophrenia**
6. **Having a clinically significant psychiatric condition* at the time of the clinical worsening of Schizophrenia**

   *A clinically significant psychiatric condition is an Axis I or Axis II disorder defined in the DSM-IV-TR

7. **Experiencing a severe stressor* within the six months before the clinical worsening of Schizophrenia**

   * A severe stressor is a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing or being involved in an event that involves death, injury, or a threat to the physical integrity of another person. The event or events evoke intense fear, helplessness, or horror.

   The list of severe stressors below is not all inclusive. Other events may qualify as severe stressors. If the medical evidence indicates other events result in the clinical worsening of Schizophrenia consultation with Medical Advisory should be considered.

   (i) experiencing a life-threatening event
   (ii) being subject to a serious physical attack or assault including rape and sexual molestation
   (iii) being threatened with a weapon, being held captive, being kidnapped, or being tortured
   (iv) being an eyewitness to a person being killed or critically injured
   (v) viewing corpses or critically injured casualties as an eyewitness
   (vi) being an eyewitness to atrocities inflicted on another person or persons
   (vii) killing or maiming a person in a non criminal act
   (viii) being an eyewitness to, or participating in, the clearance of critically injured casualties

8. **Inability to obtain appropriate clinical management of Schizophrenia**
B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT / ASSESSMENT

- Decreased Libido- if the medical information indicates decreased libido is a symptom of a psychiatric condition
- Sleep Disorder Related to Schizophrenia
- Sleep Disorder Related to Another Mental Disorder
- Anxiety Disorders
- Mood Disorders
- Other Psychotic Disorders
- Adjustment Disorders
- Personality Disorders
- Eating Disorder
- Alcohol Use Disorders
- Substance Use Disorders
- Dissociative Disorders
- Pain Disorders/Chronic Pain Syndrome (DSM-IV-TR Axis I Diagnosis)

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM SCHIZOPHRENIA AND / OR ITS TREATMENT

Section C medical conditions may result in whole or in part as a direct result of Schizophrenia, from the treatment of Schizophrenia or the combined effects of Schizophrenia and its treatment.

Conditions listed in Section C of the Entitlement Considerations are only granted entitlement if the individual merits and medical evidence of the case determines a consequential relationship exists. Consultation with Medical Advisory should be considered.

If it is claimed a medication required to treat Schizophrenia resulted in whole, or in part, in the clinical onset, or clinical worsening, of a medical condition the following must be established:

1. The individual was receiving the medication at the time of the clinical onset, or clinical worsening, of the medical condition.
2. The medication was used for the treatment of the Schizophrenia.
3. The medication is unlikely to be discontinued or the medication is known to have enduring effects after discontinuation.
4. The individual's medical information and the current medical literature supports the medication can result in the clinical onset, or clinical worsening, of the medical condition.

5. Note: Individual medications may belong to a class, or grouping, of medications. The effects of a specific medication may vary from the grouping. The effects of the specific medication should be considered and not the effects of the group.

The list of Section C conditions is not all inclusive. Conditions, other than those listed in Section C, may be claimed to have a consequential relationship to Schizophrenia and / or its treatment. Other conditions may be considered for entitlement based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.

- Tardive Akathisia
- Persistent Medication-Induced Parkinsonism
- Tardive Dyskinesia

REFERENCES FOR SCHIZOPHRENIA


