



Psychiatry & Behavioral Science Section – 2010

14 The “Schizopath” Revisited: The Forensic Implications of the Co-Occurrence of Schizophrenia and Antisocial Personality Disorder

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By attending this presentation, attendees will have a better understanding of the special issues involved in the psychiatric-legal evaluations and treatment of individuals with both schizophrenia and antisocial personality disorder.

This presentation will impact the forensic science community by promoting more accurate psychiatric-legal evaluations of individuals with both schizophrenia and antisocial personality disorder. It will also promote more appropriate treatment of such individuals.

The occurrence of antisocial behaviors in individuals with schizophrenia has been examined by multiple investigators. While there is heterogeneity in the etiology of such behaviors, with some stemming from psychotic symptoms and others from the effects of downward social drift, a subset of such individuals meets the additional diagnostic criteria for antisocial personality disorder (APD), independent of the diagnosis of schizophrenia. This co-occurrence previously has been described by such names as *heboïdophrenia*, *pseudopsychopathic schizophrenia*, *schizoid psychopath* and *schizopath*. Yet, such notions never gained wide acceptance. However, recent large-scale epidemiological studies (which suggest a high co-occurrence of schizophrenia and APD) as well as advances in neuroscience have led to researchers' taking a closer look at the nature of this co-morbidity. While the data are still preliminary (and in many instances anecdotal), there is some indication that the co-occurrence of these disorders results in a condition that is more complex than the mere combination of symptoms of each illness. Consequently, this presents unique challenges in forensic settings and requires special consideration. This presentation will describe how this co-occurrence presents clinically and its importance in psychiatric-legal evaluations and treatment.

Individuals with schizophrenia without APD usually engage in antisocial behavior in the context of psychotic symptoms; however, those with both schizophrenia and APD tend to present with more enduring antisocial behaviors independent of psychotic symptoms. While there are no evident differences between the two populations in terms of the onset and severity of psychotic symptoms, there is growing evidence of more consistent and frequent criminal behavior, violence, homelessness, substance-related disorders, and recidivism throughout the lives of individuals with both schizophrenia and APD. In addition, there is growing evidence of higher premorbid levels of functioning, lower levels of anxiety, and less overall cognitive dysfunction among individuals with both schizophrenia and APD. Neuropsychiatric studies correlate with these observations and indicate distinct differences between individuals with schizophrenia alone and those diagnosed with both schizophrenia and APD. Those with both diagnoses appear to have less severe general brain pathology, better executive functioning, and more impulsivity.

When translating these findings to the forensic setting, such cases present challenges in both the psychiatric-legal and clinical arenas. Special care should be employed in evaluating such individuals for legal purposes. Given their higher cognitive functioning, lower levels of anxiety, familiarity with psychotic experiences, and antisocial tendencies, they may mangle more convincingly, thereby allowing themselves to avoid or mitigate the legal consequences of their antisocial actions. Similarly, such individuals may be more successful in minimizing active symptoms of psychosis, which may result in premature release from court-mandated hospitalization or prison. In terms of assessing for dangerousness, the forensic practitioner should be adept at distinguishing between violent behaviors stemming from typical symptoms of schizophrenia and violence associated with co-morbid APD. The individuals exhibiting the former behaviors may be more amenable to pharmacological and psychological treatment than individuals in the latter group. Therefore, it may be easier to lower the risk of future dangerous behavior in these individuals as compared to individuals with co-morbid APD. The same considerations extend to clinical settings, where the management of violent and other antisocial behavior is a common challenge. It is of paramount importance for the forensic practitioner to be aware of this co-morbid presentation and its clinical features, so that s/he may render more accurate opinions and recommendations regarding mental health/legal issues and clinical treatment.

Schizophrenia, Antisocial Personality Disorder, Schizopath