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SCHIZOPHRENIA Factsheet

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What are negative symptoms?

The 'negative symptoms' of schizophrenia refer to an absence of normal functions. This includes a scarcity of facial expressions of emotion, reduced frequency and range of gestures and voice modulation, restricted eye contact, poverty of speech (alogia), reduced social interaction, reduced motivation (avolition), poor hygiene, and reduced experience of pleasure (anhedonia) often manifesting as scarcity of recreation, inability to experience closeness, and reduced interest in any sexual activity. Deficit schizophrenia is a subtype of schizophrenia with persisting negative symptoms that is described by specifically defined assessments used primarily in research.

What is the evidence for negative symptoms?

Moderate to high quality evidence shows deficit syndrome is apparent in around one-third of people with schizophrenia. It is associated with greater severity of negative and disorganised symptoms and less severity of mood symptoms. Deficit schizophrenia is more likely to occur in males than females. There was a small effect of more severe negative symptoms in patients with a family history of psychosis compared to patients without a family history of psychosis.

Moderate to low quality evidence indicates negative symptoms occur in 50-90% of people with first episode psychosis. This estimate decreases to 35-70% with treatment, and 20-40% of patients have persisting negative symptoms.

Moderate to high quality evidence shows people with schizophrenia report less consummatory and anticipatory pleasure than controls. There were also small associations between increased negative symptoms and increased depression and reduced motivation in patients.

Moderate quality evidence finds large effects of longer pauses and less spoken time in people with schizophrenia compared to controls. There were medium-sized effects of lower speech rate and less pitch variability. No differences were found for pitch, intensity variability, duration of utterance and number of pauses. Significant correlations were found in patients between less pitch variability and greater flat affect, less time spoken and more alogia, and more duration of pauses and more negative psychopathology in general.

For more information see the technical table



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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate/schizophrenia.