12.4 Classification and Diagnosis of Schizophrenia: 10-minute Pack

AQA 7182 · about 10 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Outline two negative symptoms of schizophrenia with brief presentation.

(Total for Question 1 is 2 marks)

2 Outline two limitations of diagnostic criteria across cultures and explain why each matters.

(Total for Question 2 is 4 marks)

3 Explain a DSM-5 versus ICD-10 difference and a practical implication.

(Total for Question 3 is 3 marks)

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Mark scheme · 12.4 Classification and Diagnosis of Schizophrenia: 10-minute Pack

Question 1

names one negative symptom with a brief description, e.g. speech poverty/alogia, reduced quantity or content of speech oe	**B1**
names a second negative symptom with a brief description, e.g. avolition, lack of motivation and reduced initiation of goal-directed activity oe	**B1**

Answer: Examples: Speech poverty (alogia), reduced amount or content of speech; and avolition, diminished motivation and reduced initiation of tasks or social activities.

Question 2

identifies a limitation: cultural interpretation of symptoms can differ, e.g. voice hearing may be normal in some cultures oe	**M1**
explains why it matters: risk of false positive diagnosis and inappropriate treatment or stigma oe	**A1**
identifies a second limitation: diagnostic criteria are developed largely from Western samples and may not capture culturally specific presentations oe	**M1**
explains why it matters: clinicians may under-diagnose or miss presentations common in non-Western groups, affecting access to services and research generalisability oe	**A1**

Answer: Limitations: cultural differences in interpreting experiences like hearing voices can lead to false positives if clinicians do not account for cultural meaning; this matters because it can result in unnecessary treatment and stigma. Also, DSM and ICD criteria are largely based on Western samples and may miss culturally specific presentations, leading to under-diagnosis and unequal access to care.

Question 3

states a correct difference, e.g. DSM-5 tends to emphasise presence of core positive symptoms and specific symptom criteria, whereas ICD-10 allows diagnosis from a broader combination of symptoms including negative symptoms oe	**M1**
provides a supporting detail about the difference, e.g. DSM-5 requires at least one of the core symptoms such as delusions, hallucinations or disorganised speech in many cases, whereas ICD-10 can be satisfied by characteristic symptom combinations oe	**A1**
explains a practical implication, e.g. different systems may lead to different diagnostic rates and clinicians must be aware that a patient may meet criteria on one system but not the other, affecting eligibility for services or research inclusion oe	**A1**

Answer: DSM-5 emphasises specific core positive symptoms and tighter criteria, while ICD-10 can allow diagnosis from a broader mix of symptoms including prominent negative features. Practically, this can produce different diagnostic rates so clinicians need to be aware which system is used for clinical records and service eligibility.

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