

Underlying neural mechanism of schizophrenia



Mariem El-Kady, Alexandria STEM School
Ziad Manaa, STEM High School for boys - 6th of October

Abstract

This study investigates the neural basis of schizophrenia and its implications for treatment development. Schizophrenia is a complex mental disorder characterised by hallucinations, delusions, and cognitive impairments. Neuroimaging studies consistently show abnormalities in brain regions involved in cognition and sensory processing. Genetic factors and environmental influences contribute to the risk of developing schizophrenia. Current treatments aim to address neural network dysfunction and symptom management. However, the findings emphasise the need for personalised and innovative treatments, ethical considerations, and continued research to enhance understanding and patient outcomes. The study recognizes the heterogeneity of schizophrenia and the importance of tailoring interventions to individual patients. Ethical considerations surrounding the treatment of schizophrenia patients are also highlighted, emphasising the significance of patient-centred care. Ongoing research efforts are crucial to deepen our understanding of the disorder, unravel complex neurobiological mechanisms, and develop novel interventions. By integrating scientific inquiry with compassionate care, we can work towards a future where individuals with schizophrenia can lead fulfilling lives and reach their full potential. The study underscores the urgency of advancing our knowledge and developing effective treatments to improve the lives of those affected by schizophrenia.

I. Introduction

Schizophrenia is a complex mental disorder characterised by hallucinations, delusions, cognitive impairments, and social dysfunction. It stands apart from other psychiatric conditions due to its unique symptomatology. Understanding the underlying neural mechanisms of schizophrenia is crucial for the development of innovative treatments that can effectively alleviate symptoms and enhance the quality of life for individuals affected by the disorder [1]. This study aims to provide an overview of the current knowledge regarding the neurobiological foundations of schizophrenia and explore how this knowledge can inform the development of therapeutic strategies.

Researchers have made significant progress in unravelling the psychopathology of schizophrenia by investigating various factors, including genetic influences, abnormalities in brain structure and function, and dysregulation of neurotransmitter systems. By gaining a deeper understanding of these factors, novel

treatment approaches can be devised that specifically target the neural processes implicated in this debilitating condition. This is of great importance, as individuals with schizophrenia face a mortality rate that is two to three times higher than that of the general population [2].

II. Understanding Schizophrenia

Schizophrenia is a psychotic disorder characterised by disturbances in perception, cognition, and social functioning. It affects approximately 0.32% of the global population [3]. The onset of symptoms typically occurs in the early twenties for both men and women. The symptoms of schizophrenia can be broadly classified into three main domains: psychotic symptoms, negative symptoms, and cognitive symptoms.

Psychotic symptoms include hallucinations, which are perceptual experiences in the absence of external stimuli, and delusions, which are false beliefs that persist despite contradictory evidence. Disordered thinking, manifested as disorganised speech and thought processes, is also common in

individuals with schizophrenia. These symptoms contribute to a distortion of reality and a disruption of normal functioning.

Negative symptoms of schizophrenia involve a reduction or absence of normal behaviours and experiences. These symptoms may include a loss of interest or pleasure in daily activities, social withdrawal, emotional blunting, and a decreased ability to initiate and sustain goal-directed behaviours.

Cognitive symptoms in schizophrenia encompass impairments in attention, concentration, memory, and executive functioning. Individuals with schizophrenia may experience difficulties in maintaining focus, processing information, and making decisions. These cognitive deficits often have a profound impact on daily functioning and can contribute to significant disability.

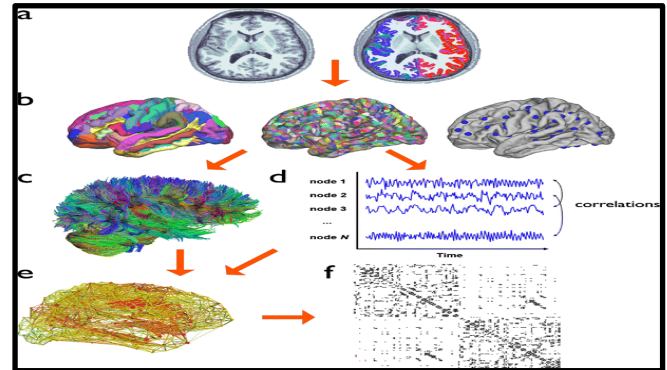
The diagnosis of schizophrenia involves a comprehensive assessment that includes physical examinations, laboratory tests, screenings for substance use, brain imaging scans, psychiatric evaluations, and reference to diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) [4]. The DSM-5 criteria require the presence of characteristic symptoms over a specific period, along with impaired functioning, in order to establish a diagnosis of schizophrenia.

III. Neural Basis of Schizophrenia

Schizophrenia is associated with abnormalities in various brain regions, including the prefrontal cortex, hippocampus, thalamus, and striatum. These regions are critically involved in cognitive processes, emotion regulation, and sensory perception, all of which are disrupted in individuals with schizophrenia.

One prominent hypothesis suggests that individuals with schizophrenia may have altered levels of certain neurotransmitters in their brains, particularly dopamine.

Dysregulation of dopamine signalling has been implicated in the manifestation of psychotic symptoms. Medications that target dopamine receptors have shown effectiveness in alleviating symptoms, providing further support for the involvement of dopamine in the pathophysiology of schizophrenia.

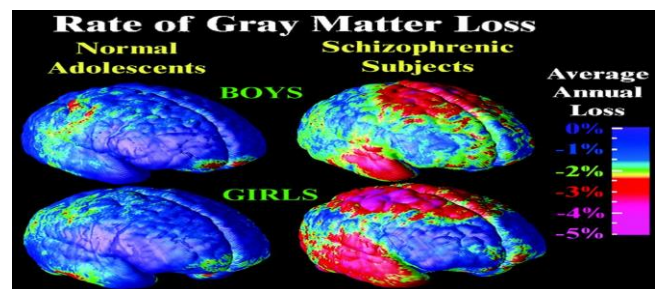


figure(a) - Brain Networks of Schizophrenia

IV. Neuroimaging studies on Schizophrenia

Neuroimaging techniques, such as positron emission tomography (PET), functional magnetic resonance imaging (fMRI), and magnetic resonance imaging (MRI), have been instrumental in investigating the structural and functional abnormalities associated with schizophrenia.

Structural neuroimaging studies have revealed significant differences in brain morphology between individuals with schizophrenia and healthy controls. These differences include reduced grey matter volume, abnormal cortical thickness, and altered white matter integrity. Such structural abnormalities may underlie the cognitive and functional deficits observed in schizophrenia.[5]



figure(b) - Brain Grey Matter Damage

Functional neuroimaging studies have provided insights into the neural mechanisms underlying schizophrenia. These studies have shown that

individuals with schizophrenia exhibit distinct patterns of brain activity during cognitive tasks. Abnormalities in the neural circuits involved in learning and memory, processing speed, and attention have been observed, providing further evidence of disrupted cognitive functioning in schizophrenia.[6]

V. Genetic Factors and Neural Network Dysfunction in Schizophrenia

Although the exact causes of schizophrenia are still unknown, genetic factors are widely believed to play a significant role in its development [7]. Research conducted on twins has provided valuable insights into the genetic component of schizophrenia susceptibility. Studies have shown that identical twins, who share identical genetic makeup, have a higher concordance rate for schizophrenia compared to non-identical twins. This finding suggests that genetic factors contribute to the susceptibility to schizophrenia, even in the absence of significant psychological and environmental factors.

In the case of identical twins, if one twin develops schizophrenia, the other twin has a 50% chance of also developing the disorder, highlighting the strong influence of genetic factors [7]. Conversely, in non-identical twins who have different genetic makeups, the chance of the unaffected twin developing schizophrenia when the other twin has the disorder is approximately 12.5 times higher than the general population, indicating a significant genetic predisposition [7].

VI. Environmental Factors and Neural Network Dysfunction in Schizophrenia

In addition to genetic factors, environmental influences during the prenatal and perinatal periods have been linked to abnormal brain development and an increased risk of developing schizophrenia. Factors such as low birth weight, premature labour, and birth complications like asphyxia have been associated with disruptions in neural circuitry and an elevated risk of developing the disorder [8]. Moreover, experiences of early life trauma, urbanisation, and social adversity have been found to contribute to neuronal network dysfunction in individuals with schizophrenia [8]. These environmental stressors may impact brain development and influence the onset and severity of symptoms. A better understanding of the disorder can be achieved by

enhancing the discussion on the neural basis of schizophrenia, neuroimaging studies, genetic factors, and environmental influences.

VII. Current treatments

Moving on to current treatments for schizophrenia, despite the limited understanding of the underlying neural mechanisms, treatment approaches aim to address the abnormalities in neural networks associated with the disorder. Treatment options for schizophrenia include medications, psychosocial interventions, and electroconvulsive therapy.

Medications play a significant role in managing schizophrenia symptoms. They include both first-generation and second-generation antipsychotics, each with different neurological side effects and costs. Examples of first-generation antipsychotics are Chlorpromazine and Fluphenazine, while second-generation antipsychotics include Aripiprazole (Abilify), Asenapine (Saphris), and Brexpiprazole (Rexulti) [3].

Psychosocial interventions, such as therapies, training, and social support, are also essential components of treatment for schizophrenia. These approaches aim to enhance coping skills, improve social functioning, and promote recovery.

Electroconvulsive therapy (ECT) is another treatment option that may be considered for individuals with severe or treatment-resistant schizophrenia. ECT involves the administration of controlled electric currents to the brain, inducing a seizure. It has shown effectiveness in alleviating symptoms in certain cases.

VII. Methodology

Regarding the methodology employed in schizophrenia research, several key steps are involved. These steps ensure the systematic collection and analysis of data to advance our understanding of the disorder.

Firstly, neuroimaging techniques, such as magnetic resonance imaging (MRI) and functional MRI (fMRI), are utilised to examine the structural and functional brain abnormalities associated with schizophrenia. Stringent selection criteria are implemented to ensure the representative nature of the sample.

Molecular investigations play a crucial role in exploring the genetic and environmental factors associated with

the development of psychotic illnesses. Advanced techniques, including gene expression profiling and epigenetic analyses, are employed to investigate these factors.

Systematic data extraction and organisation are vital in synthesising relevant information from selected studies and sources. The collected data is then categorised according to specific research domains, such as neuroimaging findings, genetic data, and environmental factors.

The collected data is subjected to modern statistical analysis methods to identify significant patterns and relationships within the neuroimaging and molecular data. Techniques such as voxel-based morphometry, functional connectivity analysis, and gene expression quantification are employed to analyse structural and functional brain abnormalities.

Integration of findings from neuroimaging and molecular investigations allows for a comprehensive understanding of the underlying neural mechanisms of schizophrenia. By identifying potential intersections and correlations, researchers can gain insights into the complex nature of the disorder.

Throughout the research process, strict adherence to ethical considerations is of utmost importance. Respecting participant confidentiality, obtaining informed consent, and responsibly using genetic and personal data are essential aspects of ethical research practices.

IX. Results

In terms of results, studies have revealed various key findings related to schizophrenia:

Neurochemical Imbalances: The neurobiology of schizophrenia is influenced by neurotransmitter abnormalities. The dopamine dysregulation theory suggests that the activation of dopamine D2 receptors, particularly in the mesolimbic pathway, contributes to positive symptoms such as hallucinations and delusions. PET scans have demonstrated enhanced dopamine receptor binding in specific brain areas, supporting this hypothesis. Conversely, dopamine receptor hypofunction in the

prefrontal cortex has been associated with cognitive deficiencies. Additionally, the glutamate hypothesis proposes that decreased NMDA receptor activity leads to glutamate hypofunction, affecting neuroplasticity and contributing to cognitive and affective symptoms [9].

Structural Brain Abnormalities: Advanced neuroimaging methods have revealed structural anomalies in the brains of individuals with schizophrenia. MRI examinations consistently show enlarged lateral and third ventricles, indicating a reduction in brain volume, particularly in the frontal and temporal cortical regions. Diffusion tensor imaging (DTI) studies have also indicated decreased white matter integrity, disrupting brain connections. Furthermore, fMRI studies have identified abnormal activation patterns during cognitive activities, shedding light on the neurobiological basis of cognitive impairment.

Environmental and Genetic Factors: Schizophrenia has a significant hereditary component. Genome-wide association studies (GWAS) have identified risk loci associated with genes involved in neurotransmission, brain development, and immune response. However, genetic susceptibility interacts with environmental factors. Prenatal infections, maternal stress, and malnutrition have been found to increase the risk of schizophrenia. Epigenetic processes, such as DNA methylation and histone modifications, further modify gene expression in response to environmental influences.

X. Discussion

In the discussion of these findings, several important points emerge:

Integration of Neurochemical and Structural Findings: The combination of neurochemical imbalances and structural brain abnormalities underscores the aetiology of schizophrenia. Dopamine dysregulation affects both positive and negative symptoms, while glutamate hypofunction impacts neuroplasticity and cognitive deficits. Structural brain anomalies disrupt neuronal circuitry, contributing to the presentation of symptoms.[10]

Neuroinflammation and Immune System Dysregulation: Emerging research suggests that neuroinflammation and immune system dysregulation play a role in schizophrenia. Activation of microglia and elevated cytokine levels have been associated with negative symptoms. The bidirectional links between the immune and neurotransmitter systems offer potential avenues for novel therapeutic approaches aimed at immunological regulation. Anti-inflammatory drugs, such as minocycline, hold promise for symptom relief [9].

Neurodevelopmental Trajectories: Genetic vulnerabilities interact with environmental stressors during critical neurodevelopmental stages, increasing vulnerability to schizophrenia. Prenatal insults lead to long-term alterations in brain migration, connectivity, and neurotransmitter systems. Examining these developmental trajectories helps identify vulnerable points and potential targets for early intervention. Identifying individuals at risk and implementing preventive measures may delay the onset of symptoms.

XI. Conclusion

In conclusion, this study sheds light on the intricate neural processes underlying schizophrenia, focusing on neurochemical imbalances, structural brain abnormalities, and the intricate interplay of hereditary and environmental factors. The comprehensive understanding of schizophrenia's neurology paves the way for groundbreaking treatment approaches. Successful translation of research findings into effective therapies necessitates collaboration among researchers, medical professionals, and pharmaceutical companies. Ongoing research into immune regulation, early intervention, and personalised therapy is of paramount importance to enhance patient outcomes. Moreover, the significance of comprehending the neuroscience of schizophrenia extends beyond the disorder itself, encompassing broader implications for mental health. Ethical considerations call for the responsible utilisation of emerging technologies and equitable access to therapy. The pursuit of improved therapies is driven by the aspiration to

enhance the quality of life for individuals with schizophrenia and their families.

XII. References

1. Picchioni MM, Murray RM. Schizophrenia. *BMJ*. 2007;335(7610):91-95. doi:10.1136/bmj.39227.616447.BE
2. Gruenberg EM. 6. Limitations of the mental health database. *Med Care*. 1976;14(5 Suppl):71-77. doi:10.1097/00005650-197605001-00012
3. Ha, M., Park, S.H., Park, I. et al. Aberrant cortico-thalamo-cerebellar network interactions and their association with impaired cognitive functioning in patients with schizophrenia. *Schizophr* 9, 50 (2023):doi:10.1038/s41537-023-00375-8
4. Coleman, Karen J et al. "Racial-Ethnic Differences in Psychiatric Diagnoses and Treatment Across 11 Health Care Systems in the Mental Health Research Network." *Psychiatric services (Washington, D.C.)* vol. 67,7 (2016): 749-57. doi:10.1176/appi.ps.201500217
5. Sideli L, Sartorio C, Ferraro L, et al. Views of Schizophrenia Among Future Healthcare Professionals: Differences in Relation to Diagnostic Labelling, Causal Explanations, and Type of Academic Degree Program. *Clin Neuropsychiatry*. 2021;18(5):260-269. doi:10.36131/cnfioritieditore20210504
6. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.

7. Harrison G, Hopper K, Craig T, Laska E, Siegel C, Wanderling J. Recovery from psychotic illness: a 15- and 25-year international follow-up study. *Br J Psychiatry* 2001;178:506-17.
8. Mark F. Bear, Barry W. Connors, Michael A. Paradiso. *Neuroscience, Exploring the brain* 2018.
9. M. J. DW;, “Schizoaffective disorder: A Review,” *Annals of clinical psychiatry: official journal of the American Academy of Clinical Psychiatrists*,
10. N. V. Kraguljac et al., “Neuroimaging biomarkers in schizophrenia,” *American Journal of Psychiatry*,

XIII. Figures’ reference:

Figure(a) : van den Heuvel, M.P., Fornito, A. Brain Networks in Schizophrenia. *Neuropsychol Rev* 24, 32–48 (2014).

Figure(b) : Claudia Barth, Christian K. Tamnes, Ingrid Agartz, Structural brain imaging in early-onset psychosis, *Adolescent Psychosis*, (177-203), (2023).