Spatial misperception, altered body perception, and body dysmorphic disorder are factors in the phenomenology of schizophrenia. It is plausible that this has something to do with alterations in body perception that are commonly seen in schizophrenic patients, especially in the first stages of the illness. The question arises as to what extent other psychiatric disorders that are characterized by a distorted body image can be seen as concomitants of a psychotic development. Lorenzi and Ardito suggested that group disorders such as anorexia nervosa, body dysmorphic disorder, and delusional hypochondria under the term body psychosis. Interestingly, Ferguson and Damalji reported on 12 cases fulfilling DSM-III criteria for both anorexia nervosa and schizophrenia of the disorganized type. As a matter of fact, this specific subtype of schizophrenia was also found to be associated with drastic changes in hairstyle. Regarding disorders that are accompanied by body distortions as part of the psychotic spectrum, we may have important implications for the treatment of these disorders. In our view, psychiatrists should consider marked changes in appearance and bodily perception as possible prodromal signs of psychosis. When diagnoses of disorders such as anorexia nervosa, body dysmorphic disorder, and gender identity disorder are made, schizophrenia should be taken into account as a differential diagnosis. Furthermore, in contrast to disturbances in thinking, mood, and perception, gross changes in physical appearance are straightforward cues, and our interviews with schizophrenic patients suggest that these changes may be a warning signal for an exacerbation of psychotic symptoms.

Admittedly, the observations presented here go no further than anecdotal testimonials. Yet, together with the earlier cited studies, they emphasize the need for psychiatrists and physicians to pay closer attention to physical signs as indicators of first-onset schizophrenia. More importantly, they warrant systematic study. Also, it would be relevant to examine the connection between schizophrenia and drastic changes in physical appearance in a community sample.

REFERENCES

10. Ferguson JM, Damalji NF. Anorexia nervosa and schizophrenia. Int J Eat Disord 1989;7:343-352

Joost à Campo, M.D.
Monique Frederikx, M.Sc.
Hans Nijman, M.Sc.
Harald Merckelbach, Ph.D.
Heerlen, The Netherlands


Michael J. Lucht, M.D.
Marcella Rietsema, M.D.
Bonn, Germany