

Introduction

Lack of awareness of negative symptoms, often confused with anhedonia, is common in individuals with schizophrenia. Patients and relatives are often unaware of the extent of these symptoms and seldom communicate them to the clinician.

What follows are the 5 domains of negative symptoms identified from the Negative Symptom Assessment (NSA).

The NSA describes the behaviors that might be observed in each domain. Assessment starts with one question "Starting from the time you get up, could you tell me how you have spent a typical day in the past week?" From this one question, many different levels of clinical information can be gathered

Source: By Dawn I. Velligan, PhD and Larry D. Alphas, PhD
http://imaging.ubmmmedica.com/all/editorial/psychiatrictimes/pdfs/P-SY_March2016_5Domains.pdf

1. Communication

Patient may produce very little speech even with prodding or, limit responses to 1 or 2 words; may exhibit long pauses before responding to questions; may produce speech that is vague and have trouble clarifying further; may mumble as if it is too difficult to articulate. Is the patient non-communicative? Do you have to pull out every detail?

2. Emotion/affect

Patient may have a limited range of emotional experiences such as anger, happiness, sadness, surprise, fear or pride; reduced affective expressiveness as evidenced by monotone speech and blunting; reduced ability to display common affective states on request. **Does the patient generate a multifaceted answer without prompting?**

3. Social Activity

Patient may have few friends; limited desire for or interactions with others; poor rapport with the interviewer; limited desire for contact. Is the patient actively engaged with hobbies and productive activity during the day?

Domains of Negative Symptoms & Observed Behaviors

TABLE	Domains of negative symptoms and observed behaviors from the Negative Symptom Assessment
Communication	May produce very little speech even with prodding or limit responses to 1 or 2 words; may exhibit long pauses before responding to questions; may produce speech that is vague and have trouble clarifying further; may mumble as if it is too difficult to articulate
Emotion/affect	May have a limited range of emotional experiences, such as anger, happiness, sadness, surprise, fear, or pride; reduced affective expressiveness as evidenced by monotone speech and blunting; reduced ability to display common affective states on request
Social activity	May have few friends; limited desire for or interactions with others; poor rapport with the interviewer; limited desire for sexual contact
Motivation	May engage in little productive activity; spend much of the day sitting or lying around; may not take care of basic grooming and hygiene; have little interest in world events or hobbies; may have limited life goals or sense of purpose
Psychomotor activity	Slowed movements, may appear that moving requires considerable effort; expressive gestures, such as movements of hands and head, that normally facilitate communication may be reduced or absent

4. Motivation

Patient may engage in little productive activity; spend much of the day sitting or lying around; may not take care of basic grooming and hygiene; has little interest in world events or hobbies; may have limited life goals or sense of purpose. Is the individual enthusiastic about any specific activities

5. Psychomotor activity

Patient exhibits slowed movements; may appear that moving requires considerable effort; expressive gestures such as using hands and shaking head that normally facilitate communication may be reduced or absent. How does this individual compare with a person without schizophrenia?

