

Antipsychotics: Emotional Flattening vs Apathy

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Abstract—Atypical antipsychotics are prescribed for many reasons, from sleep disorders to schizophrenia. One possible side effect of antipsychotic medication is emotional flattening, which, however, can also be a symptom of depression or psychosis. Determining the difference is often not easy. However, other than depression psychosis often leads to emotional flattening without apathy, a loss of motivation or concern for oneself and the world.

Index Terms—antipsychotic, emotional flattening, negative symptom, depression, psychosis, schizophrenia, emotions

I. INTRODUCTION

ANTIPSYCHOTICS are widely used for many purposes, from dealing with sleep disorders to treating schizophrenia. One of their frequent side effects is an emotional flattening. In some patients, this can affect their interpersonal communication, lower their sense of self and lead to pronounced feelings of unhappiness. One study has found that emotional flattening and cognitive impairment are frequent symptoms in how patients describe their experiences on the internet. [1]

Often psychiatrists are unsure whether to increase or lower the antipsychotic when people show emotional flattening. If the impression is that this is a symptom of the psychosis, one may raise the dose. If the emotional flattening is thought to be a side effect from the antipsychotic medication, one may lower it. And, if the emotional flattening is viewed as a symptom of a concurrent depression, one may think of adding antidepressant medication. Being wrong can worsen an existing condition and lead to increased suffering.

Emotional flattening is not the same as apathy, which is the absence of feeling, emotions and concern for oneself and the world. A patient can have a rich emotional inner life which remains hidden to the outside world, because he cannot communicate it. The latter is often the case in schizophrenia and other forms of psychosis, but usually not in depression. Spending time with the patient to find out whether there is an experience of apathy can help in the identification whether there are also symptoms of a depression.

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II. DETERMINING THE DIFFERENCE

Emotional flattening, or a blunted effect, is a major symptom in schizophrenia, and this interferes with the communication and expression of affect states. Patients with schizophrenia have shown to be inhibited in various modalities of expressiveness. Similar observations have been made in depression. This lack in emotional expressiveness can often lead to problems in interpersonal interactions, and thus lead to social withdrawal, and weaken a patient's sense of efficacy and self. Noticing how we express our emotions and how the world reacts to them is important in building a sense of self. Both, schizophrenia and depression can have an adverse effect in this process.

Reduced emotional expression ...

Differences between patients with psychosis and depression may be subtle, when it comes to the amount of expressed emotion. In one study, subjects seemed more expressive, but less spontaneous. However, the patients with schizophrenia and the patients with depression presented similar deficits in various expressive modalities: posed and spontaneous emotional expression, smiling, coverbal gestures, and verbal output. [4] However, this does not mean there are not differences in the experienced emotions.

... may not be associated with a lowered experienced affective state.

In another study, blunted schizophrenics were the least facially expressive, although their reported subjective experiences did not differ from those of the other groups. The non-blunted schizophrenics were more responsive than the depressed subjects to the positive stimuli, although the 2 groups did not differ in their clinical ratings of affective flatness. [5]

Psychosis, depression and the side effects of antipsychotic medication are associated with different affective states

Differences in the experienced emotions may thus play a role in making the distinction between psychosis and depression.

In clinical practice, patients experiencing the side-effects of an antipsychotic medication and patients suffering from psychosis may feel 'stopped' or 'constrained' from doing things they may otherwise like to do.

Depressed patients, on the other hand, often cannot think of something they would prefer to do if they were not suffering from the depression.

Ego-syntonic vs ego-dystonic

If the reduction in emotional communication with the outside world is due to negative symptoms of the psychosis, it is often not experienced as a hindrance imposed by the outside world. Patients suffer less from it directly, because they do not experience it as a problem. Any difficulties that arise from reduced emotional communication are seen as ego-syntonic (in line with their actions and experiences about themselves).

A. Psychosis

The emotional flattening, as well as other negative symptoms, may be secondary to changes brought about by the psychosis. [3] Thus, effectively treating these primary symptoms can improve the emotional communication in the patient. However, the emotional flattening is often not experienced as a problem by the patient. This might be a reason to listen closely to patients reporting about a medication 'stopping' them from doing things that are reasonable and enjoyable. It should then be decided whether the desired activity improves or worsens the patient's situations, which requires a more detailed exploration and a good therapeutic relationship with the patient.

Especially quetiapine has been reported to have a 'blunting' effect on patients, but the author has also observed it in patients on aripiprazole and other antipsychotics. [6]

B. Depression

'Emotional blunting' has been described by patients taking SSRI antidepressants. [2] However, often it can also be a primary or secondary symptom of depression. In any case, the more severely depressed patient usually cannot describe anymore what he might find enjoyable. Everything becomes emotionally 'flat', which is different from the more selective experiences described above in psychosis. In depression, especially the more severe case, we can find genuine apathy. The association between thoughts and emotions is lowered.

C. Medication Side-Effect

The emotional flattening as a side effect of antipsychotic medication is often described by patients as something that is stopping them or hindering them from doing things they might find enjoyable. They experience it as something that is not ego-syntonic (in line with their actions and experiences about themselves).

All three sources of emotional flattening should be kept in mind when prescribing antipsychotics to a patient: the psychosis, the medication, a possible depression.

Whether a negative symptom is ego-syntonic or ego-dystonic can be an important signal in determining its sources. Emotional flattening that is not experienced as such is more likely to be a symptom of the psychosis, while one that is ego-dystonic and experienced as intrusive may be more related to a side-effect of the medication. Of course, only the complete clinical picture can determine if a medication should be altered.

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III. CONCLUSION

Discriminating better between emotional flattening and apathy can help to more accurately diagnose and better treat