

TheDiagnosticandStatisticalManualofMentalDisordersI

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Methods Study design and collecting data. 12 subjects were recruited and recruited from a low-income, pre-clinical care setting. The group consisted of 6 to 818 patients with a mean age and sex ratio of 21.4, with an average age of 45.1 years. All patients were enrolled in the study. The study was approved by the institutional review board of the University of Pittsburgh (UP) and was approved by the institutional review board of the University of Pittsburgh School of Medicine. The diagnosis and response of the patients was made using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and is applicable to all members of the general public. The diagnostic criteria for schizophrenia are applicable to all members of the general population. The diagnostic criteria for schizophrenia are applicable to all members of the general population. The diagnostic criteria for schizophrenia are applicable to all members of the general population. The diagnosis and response of the patients was made using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and is applicable to all members of the general public.

1. Introduction Schizophrenia is a highly diverse, heterogeneous, and multifactorial neurodegenerative disease that affects a wide variety of people, including humans, animals, and plants, and is often associated with aggressive and inappropriate behavior.² The most common causes of schizotypy are environmental and genetic factors, including the type of disease, genetic predisposition, chromosomal abnormalities, and then the presence and severity of the disease. Among the most common causes of schizotypy are the common genetic factors that cause schizotypic disorders, such as hereditary or acquired schizotypic disorders. Schizophrenia is characterized by recurrent, severe, and often fatal schizotypes of the same genetic background, and with similar severity and severity.^{1,2,3,4,5} Schizophrenia is characterized by recurrent, severe, and often fatal schizotypes of the same genetic background, and with similar severity and severity. Schizotypy is characterized by paucity of expression of genes, or by alterations in expression patterns, which can be a major cause of a schizotypic disorder, such as hyperactivity, hyperactivity-prone behavior, and hyperactivity and hyperactivity-induced anxiety.³ Schizophrenia is characterized by recurrent, severe, and often fatal schizotypes of the same genetic background, and with similar severity and severity. Schizotypy is characterized by paucity of expression of genes, or by alterations in expression patterns, which can be a major cause of a schizotypic disorder, such as hyperactivity, hyperactivity-prone behavior, and hyperactivity-induced anxiety.³ Schizotypy is characterized by paucity of expression of genes, or by alterations in expression patterns, which can be a major cause of a schizotypic disorder, such as hyperactivity, hyperactivity-prone behavior, and hyperactivity-induced anxiety.³ The body of evidence supports a role for neurocognitive, neural, and cellular factors in the pathogenesis of schizophrenia.^{1,2,13,16,17,18,19,20} Although new therapeutic approaches have been developed regarding the pathogenesis of schizophrenia, there is still a high amount of unresolved evidence regarding the molecular correlates of a genetic link between schizophrenia and other neurodegenerative disorders.¹⁰ Most neurodegenerative disorders are characterized by a neurocognitive, neural,

and cellular component that is likely to play a role in regulating the pathogenesis of the disease. In this paper, we report the results of our study that includes the diagnosis and treatment of a representative sample of patients with schizophrenia. The diagnosis of a patient with schizophrenia can be performed by a multisensory screening test (MPT), using