Introduction
Schizophrenia spectrum disorders (SSD) and psychopathy (PP) have separate aetiologies, and are two distinct constructs, with specific pathways to violence. The incremental value of psychopathy to risk assessment is beyond doubt (1-3). However, both have phenotypic similarities. When they co-occur they question the generalizability of PP in SSD, assessment methods and risk appraisal (4,5).

The differentiation of psychopathy’s phenotype has been validated in women and in children, thus hinting the necessity to review expected manifestations across cardinal samples. We argue that psychopathy manifests itself differently in schizophrenia spectrum disorders. This interaction peaks in heboidophrenia or pseudo-psychopathic schizophrenia (6,7).

The presence of a diagnosis of SSD makes certain PP traits/characteristics less/more likely. Examples include psychopathy’s flat affect, which resembles schizophrenia’s negative symptoms, paranoid delusions of grandiosity which is similar to psychopathy’s inflated self-esteem/arrogance.

Method
The results shown right summarize studies on the Psychopathy Checklist-Revised (PCL-R, 8), the Comprehensive Assessment of Psychopathic Personality (CAPP, 9), and Heboidophrenia/Pseudo-Psychopathic Schizophrenia (10) in male forensic patients from a medium-risk hospital.

Assessment of Psychopathy in Schizophrenia (Spectrum Disorders)
No guidelines to address scoring conflicts arising from phenotypical conflation. Three methods exists:
1. Scoring symptom free periods (4)
2. Rating mere phenotypic applicability
   ➜ False positives, but no specificity,
   ➜ Higher probability of overdiagnosing PP
3. Culling aetiology
   ➜ High specificity, little sensitivity, might miss risk related correlates

Results
SSD augments likelihood of endorsement. SSD decrease likelihood of endorsement. SSD has a variable influence. SSD has no impact on this PP characteristic.

Assessment of Psychopathy in Forensic Schizophrenia Spectrum Disorders: Validating the CAPP (Michie et al., 2018; 265):303–7)

Conclusion
Our results suggest that measuring psychopathy in schizophrenia is biased. Therefore, different normative data and guidelines of widely accepted assessment schemes are needed.

Further multi-modal empirical research is necessary to further confirm our findings, current literature sustains the doubt of a different phenotype for psychopathy in schizophrenia spectrum disorders.

References