

Premorbid Adjustment and Schizophrenic Heterogeneity

Although psychiatric diagnosis has traditionally been keyed to the patient's presenting signs and symptoms, their significance to his past life or eventual outcome has been difficult to establish. Moreover, signs and symptoms often change over time—a clear obstacle in efforts to use them as the basis for developing a meaningful system of subclassification. Because of these and other reasons for dissatisfaction with the heavy reliance on symptomatology in psychiatric diagnosis, and skepticism as well about the concept of schizophrenia as a unitary disease, efforts have been made to classify, and meaningfully subclassify, schizophrenic patients according to other criteria—most notably past history and prognosis.

A large body of literature has grown out of the attempt to use good, or poor level of pre-illness functioning to subclassify schizophrenic patients and, on this basis, to make differential predictions of outcome. If publications in this area have been proliferating, their abundance is rivaled by the number of scales that have been developed to conduct the research that has been so copiously reported. The original Elgin Prognostic Scale, developed by Wittman based on her review of studies of prognosis in schizophrenia, has spawned a host of analogous instruments, all purportedly offering some methodological refinement, new conceptual slant, or simpler method of administration as their contribution to a burgeoning field of inquiry. Each of the scales has its share of proponents, who claim for it the ability to predict outcome and identify homogeneous groupings of schizophrenics for research purposes, and each is said to offer a somewhat different perspective on the poor premorbid-good premorbid (or process-reactive) distinction. The scales have been

I. The Concept of Premorbid Adjustment

by John S. Strauss, Ronald F. Kokes, Rafael Klorman, and James L. Sacksteder

II. Measuring Premorbid Adjustment:

The Instruments and Their Development

by Ronald F. Kokes, John S. Strauss, and Rafael Klorman

III. The Relationship of Demographic and Diagnostic Factors to Measures of Premorbid Adjustment in Schizophrenia

by Rafael Klorman, John S. Strauss, and Ronald F. Kokes

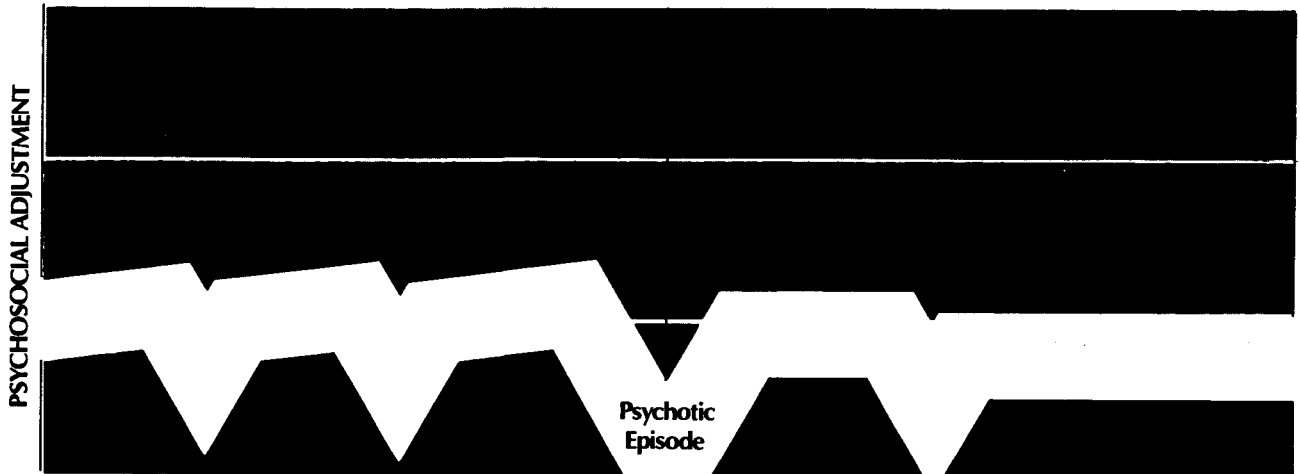
IV. Some Biological Approaches to Research on Premorbid Functioning in Schizophrenia

by Rafael Klorman, John S. Strauss, and Ronald F. Kokes

V. Premorbid Adjustment in Schizophrenia:

Directions for Research and Application

by John S. Strauss, Rafael Klorman, and Ronald F. Kokes



variously derived and have sometimes been designed to assess particular age levels (e.g., adolescence) or diagnostic groups (e.g., schizophrenia). The limits of their applicability, in terms of reliability and validity, have rarely been tested, however. Similarly, interscale comparability and overlap have received only limited attention. Therefore, the following five-part article by John S. Strauss, Ronald F. Kokes, Rafael Klorman, and James L. Sacksteder, which critically reviews the literature on scales of premorbid adjustment, fills an important gap in our knowledge of this area. Dr. Strauss and his colleagues assess the formal psychometric properties of these scales and evaluate the particular usefulness and limitations of each based on presently available data. Their assessment is strongly influenced by the ease of obtaining and the reliability of the primary data, the scale's established predictive validity, and its ability to define more homogeneous populations within diagnostic groups. These authors also review the relationship between good premorbid-poor premorbid status and demographic, diagnostic, biochemical, and psychophysiological factors that have been viewed as important in understanding schizophrenia. Part I of this major review begins on the following page.

A number of other articles in this issue of the Bulletin complement the Strauss et al. review and also show some interesting interrelationships. John P. Houlihan's review of recent findings concerning heterogeneity among schizophrenic patients is an especially apt companion piece because, in addition to providing a somewhat different perspective on the premorbid adjustment literature, it also covers attempts to reduce the heterogeneity of schizophrenic populations that were beyond

the scope of the more specialized review of Strauss et al. The review of premorbid adjustment gains meaning when seen in the context of the broader research area of which it is a major part and which Houlihan selectively reviews. John Sappington's methodological note on the implications of controlling demographic variables in process-reactive research has obvious relevance to the Strauss et al. review, as does Philippe Khouri's short essay on continuum versus dichotomy in theories of schizophrenia. Controversy has long raged over whether there is a process-reactive dichotomy or continuum; Dr. Khouri's approach to this question is from the vantage point of etiologic theories. He cites hitherto-unnoticed similarities between genetic theorists and environmental theorists who posit an etiologic continuum of schizophrenic disorders and between their counterparts who posit an etiologic dichotomy. Khouri's discussion of polygenic (etiologic continuum) versus monogenic (etiologic dichotomy) theories will be better understood if read in juxtaposition with David Rosenthal's excellent review of searches for the mode of genetic transmission in schizophrenia. Finally, Jimmie Holland and I.V. Shakhmatova-Pavlova's article describing the unique diagnostic system in use in the U.S.S.R. is of special interest because the Soviet system includes not only presenting signs and symptoms but life and family history data as criteria to be used in the diagnostic process. The article on Soviet diagnosis should also provide helpful background information to readers of Diethelm H. Boehme's report on an unusual treatment technique now in use in the U.S.S.R.—The Editors.