

Bibliography and Abstracts on Schizophrenia



The abstracts that appear below are drawn from the computer-based information storage and retrieval system operated by the National Clearinghouse for Mental Health Information. They were selected for inclusion here on the basis of their direct relevance to schizophrenia: judgments about the quality of the article or book abstracted have been left to the reader. Foreign titles have been translated and the city of the journal's origin noted. Languages that use neither the Latin nor Fraktur (German) alphabets (e.g., the Slavic languages) have been transliterated. Titles of articles, books, and infrequently cited journals have been translated from these languages, and all other identifying information appears in English in their citations.

The articles described in these abstracts are not available from either the Clearinghouse or the Schizophrenia Research Branch.

Attention, Perception, Cognition

6485. Broga, M.I. (University of Western Ontario, London, Ontario, Canada) An information processing approach to the study of schizophrenic memory and thought. *Dissertation Abstracts International*, 42(6):2517-B, 1981.

Deficits in memory and thought processes among samples of paranoid and nonparanoid schizophrenic subjects were investigated. On the tachistoscope letter detection task, all groups appeared to be able to filter out irrelevant stimuli and to focus on designated information when attention was directed by a physical cue; however, neither the paranoid schizophrenic (PS) nor the nonparanoid schizophrenic (NPS) groups showed a decay function associated

with a temporal loss of information from the iconic store. On the Posner letter-matching task, all three groups showed comparable encoding strategies, although the PS and NPS groups were slower in performing these operations than the normal group. Results are also reported from the Peterson-Peterson task, the Sternberg task, an overt rehearsal task, and free recall of categorized words. Seventeen measures from the battery were also analyzed by multiple discriminant function analysis and two significant dimensions extracted. Data from the 17 information-processing measures were also subject to modal profile analysis. Five underlying modal types of information processors are identified. The nature of the empirically formed subgroups which loaded on each distinct modal profile are investigated, and the capabilities and limitations in processing of each type are presented.—Journal abstract, modified.

6486. Callahan, D.F. (No address given) Laterality, schizophrenia and the guided imagery technique. *Dissertation Abstracts International*, 42(8):3410-B, 1982.

The differential functioning of the right and left hemispheres and the effect of guided imagery on laterality were investigated in 24 schizophrenic outpatients tested on a dichotic listening task and assigned to guided imagery or traditional therapy conditions. The hypothesis that guided imagery subjects would make more responses based on emotional than verbal cues on the listening task at posttest was not substantiated. Both groups made significantly more content/verbal, or left hemisphere, responses than tone/emotional responses from pre- to posttesting, and the control group made more

content than tone responses from pre- to posttesting. Both groups showed improvement in symptomatology, but did not differ significantly from each other. Both groups also showed improvement at 10-month followup. No sex differences were found on the dichotic listening task.—Journal abstract, modified.

6487. Cook, M., and Simukonda, F. (Dept. of Psychology, University College of Swansea, Singleton Park, Swansea SA2 8PP, Wales) *Anhedonia and schizophrenia. British Journal of Psychiatry*, 139 (December):523–525, 1981.

The relationship between anhedonia and symptoms of apathy and withdrawal in schizophrenia was studied. Subjects were 52 schizophrenic inpatients and 102 hospital staff controls, who were administered Chapman's anhedonia and perceptual aberration scales. Differences between the two groups were found for both the physical and social anhedonia scales and for the perceptual aberration scale, but the difference for physical anhedonia was only marginally significant. It is concluded that the anhedonia scales do not differentiate between the two groups sufficiently well to be a useful diagnostic tool. (11 references)

6488. Crider, A.; Solomon, P.; and McMahon, M.A. (Dept. of Psychology, Williams College, Williamstown, MA 01267) *Disruption of selective attention in the rat following chronic d-amphetamine administration: Relationship to schizophrenic attention disorder. Biological Psychiatry*, 17(3):351–361, 1982.

Kamin's (1968) blocking paradigm was used to examine further an animal model of schizophrenic

attention disorder, using chronic d-amphetamine administration in the rat. In the blocking paradigm, prior training to one conditioned stimulus (CSA) blocks the ability to attend to a second conditioned stimulus (CSB) when the two form a compound (CSAB) in subsequent training. Experiment 1 shows that d-amphetamine disrupted rats' ability to ignore the irrelevant (CSB): the animals responded equally to both elements of the CSAB compound following five daily administrations of 4 mg/kg d-amphetamine. In experiment 2, the disruption of blocking by d-amphetamine was eliminated by a concomitant administration of .02 mg/kg haloperidol. These results are consistent with previous research showing that d-amphetamine disrupts rats' ability to ignore repeated presentations of a single nonreinforced stimulus in the latent inhibition paradigm. The inability of amphetamine-treated animals to ignore one element of a dual element compound bears some resemblance to selective attention deficits observed among schizophrenic patients. (38 references)—Author abstract, modified.

6489. Faber, R., and Reichstein, M.B. (Audie Murphy Veterans Hospital, San Antonio, TX 78284) *Language dysfunction in schizophrenia. British Journal of Psychiatry*, 139 (December):519–522, 1981.

Similarities between language disorders in aphasia and formal thought disorder in schizophrenia were explored in 24 schizophrenic, 5 manic, and 5 depressed psychiatric inpatients and 28 normal controls. Eight subtests from the Boston Diagnostic Aphasia Examination, a picture-naming test, and the Token Test were administered. Schizo-

phrenic subjects with formal thought disorder showed significant abnormalities compared to all other groups, particularly on the Token Test and the repetition of phrases test. These deficits are suggestive of language comprehension and repetition dysfunctions in a substantial minority of rigorously defined schizophrenic subjects. (19 references)—Author abstract.

6490. Frumkin, I.B. (No address given) *Information processing in schizophrenia: An attentional dysfunction. Dissertation Abstracts International*, 42(8):3419-B, 1982.

Information processing of dichotically presented lists of digit pairs was investigated in 10 nonparanoid schizophrenics, 10 affective disorder patients, and 10 normals. Digit lists were presented orally under a fast or slow presentation rate. Under successive report, subjects were to report the first three digits spoken in one ear, and then to report the digits heard in the other ear. Under alternating report, subjects were instructed to report digits in an order approximating order of receipt. Recall performance was calculated by counting the total number of relevant digits correctly reproduced in each list, taking order and position into account. Results show significant main effects for diagnosis, presentation rate, and recall strategy. A significant three-way interaction of these factors supports Yates' (1966) account of schizophrenic attention dysfunction as a result of a slowness in switching back and forth between acoustic or contextual channels. All subjects performed best under successive recall at the fast presentation rate. Only the schizophrenic patients had better performance at the slow rate with the successive, as opposed to

the alternate, recall condition.—
Journal abstract, modified.

6491. Johnson, O., and Crockett, D. (2605 W. 37th Ave., Vancouver, British Columbia, Canada V6N 2T3) Changes in perceptual asymmetries with clinical improvement of depression and schizophrenia. *Journal of Abnormal Psychology*, 91(1):45-54, 1982.

The hypothesis of altered lateral asymmetries with clinical improvement in depression and schizophrenia was investigated with two dichotic listening tests and two cognitive tests. Tests were administered at intervals ranging from initial hospitalization to recovery. Repeated measures analysis of variance found that severely depressed patients failed to obtain normal ear superiority in either dichotic test, but normal superiorities emerged with recovery from depression. Schizophrenic subjects initially failed to show normal right ear superiority on a dichotic words test but did obtain the expected left ear advantage on a dichotic chords test. Following treatment, schizophrenics shifted from a left ear advantage to a right ear advantage in dichotic chords and also increased their right ear advantage in dichotic words. Both patient groups showed normal word fluency but impaired spatial ability, which did not improve with recovery. Results are interpreted as suggesting that both depression and schizophrenia are associated with a breakdown in the processes of interhemispheric inhibition that mediate perceptual asymmetry. In depression, the effect of treatment is a return to normal patterns of asymmetry, whereas in schizophrenia the result of treatment is an abnormal pattern of asymmetry that may reflect the allocation of

both verbal and nonverbal material to the left hemisphere. (42 references)—Author abstract, modified.

6492. Kay, S.R. (Dept. of Psychology, Bronx Psychiatric Center, 1500 Waters Place, Bronx, NY 10461) Conceptual disorder in schizophrenia as a function of encoding orientation. *Journal of Nervous and Mental Disease*, 170(3):154-163, 1982.

The hypothesis that schizophrenic conceptual disorder derives from abnormal verbal encoding, geared to salient affective and physical cues at the expense of conceptual attributes, was evaluated. Subjects were 63 adult psychotic inpatients, including 42 schizophrenics and 21 nonschizophrenics of similar age, sex, race, and chronicity. They underwent 12 trials on Wickens' release from proactive interference (PI). The release effect for schizophrenics was significantly weaker on the conceptual dimension and stronger on the affective dimension. Schizophrenic subjects contrasted controls by their diminished PI release with less salient concepts. The results suggest that encoding by schizophrenics is uniquely oriented to stimulus salience rather than semantic relevance. (66 references)—Author abstract, modified.

6493. Koukkou, M. (Research Dept., Psychiatric University Hospital, P.O. Box 68, CH-8029 Zurich 8, Switzerland) EEG states of the brain, information processing, and schizophrenic primary symptoms. *Psychiatry Research*, 6(2):235-244, 1982.

Brain states underlying information processing in 22 acute and recovered medication-free schizophrenic

subjects and 20 matched controls were examined using electroencephalographic (EEG) reactivity to auditory information, the central component of the orienting reaction. EEG reactivity was assessed as information-induced changes of parameters extracted from power spectral frequency analysis of the ongoing EEG. Results indicate that EEG reactivity in controls and schizophrenics in remission was largely similar. Acute schizophrenics show deviant ectropic reactivity, which consists of changes within the 2-8 Hz α band. These results indicate an ectropic brain state during cognitive processing of received information during the period of acute schizophrenic symptomatology. (33 references)—Author abstract, modified.

6494. Kukla, F. (Frankfurter Allee 272, DDR-1130 Berlin, German Democratic Republic) Disturbed information processing of schizophrenics in the recognition of semantic relationships between concepts. *Zeitschrift für Psychologie mit Zeitschrift für Angewandte Psychologie*, 189(3):269-288, 1981.

Information processing in recognizing semantic relationships was studied in two groups of 16 subjects each. One group was normal; the other was composed of schizophrenics who had not yet begun therapy. The two groups were matched on the basis of premorbid and actual intelligence, age, education, and sex. Subjects were required to solve verbal analogy problems for 12 different concepts to test ability to define, classify, and use discrimination with these concepts. The schizophrenic subjects demonstrated that activation of concept features from long-term memory in schizophrenia is influenced more by the number of

features to be compared between two concepts than by task specificity and context. This indicates that not only long-term memory (meaning of concepts often forgotten), but also short-term memory (forgetting features during concept comparison) is impaired in schizophrenic subjects. (59 references)

6495. Matsue, Y., and Okuma, T. (Dept. of Psychiatry, Tohoku University School of Medicine, Sendai, Japan) Flickering light spot as a tracking target for the study of smooth pursuit eye movements in schizophrenics—A new method. *Folia Psychiatrica et Neurologica Japonica*, 35(4):437–445, 1981.

Smooth pursuit eye movements (SPEM) were studied in 26 schizophrenics and 20 normal controls. A light spot on the screen of a cathode ray oscilloscope was used as a tracking target. In order to induce SPEM disorder easily, the subjects were required to track a light spot which flickered in various frequencies. The new method devised has clearly demonstrated that the SPEM in schizophrenics was more profoundly disturbed by the flickering of the tracking target than that in a normal control. It is suggested that poor tracking of a flickering light spot in schizophrenics may be due to the inadequate concentration of attention to visual stimuli and/or inability to predict the movements of a tracking target. (9 references)—Author abstract, modified.

6496. Moyaert, P. (Universitaire Faculteit Sint Ignatius, Antwerp, Belgium) Language, body, and affect in schizophrenia. *Tijdschrift voor Psychiatrie*, 24(1):49–69, 1982.

Schizophrenia is described in relation to the structure of language (word

and thing presentations) and the vicissitudes of the instinct (affect), in accordance with the metapsychological reflections of Freud and Vergote. The schizophrenic's dialectic between the preconscious word presentations and the unconscious thing presentations is explained, and the vicissitudes of the affect are further defined. (11 references)—Journal abstract, modified.

6497. Portnoff, L.A.; Yesavage, J.A.; and Acker, M.B. (Neuropsychology Laboratory, Eastern State Hospital, Vinita, OK 74301) Visual search performance by paranoid and chronic undifferentiated schizophrenics. *Perceptual and Motor Skills*, 53(2):411–418, 1981.

Recent observations that some schizophrenics have difficulty with visual tracking and that this cognitive abnormality is suggestive of attentional deficits were investigated. Visual search performance was assessed in 15 chronic undifferentiated, 15 paranoid schizophrenics, and 15 normal controls on two tests which measure search in a systematic and an unsystematic stimulus mode. Chronic schizophrenics showed difficulty with both kinds of search tasks. Paranoids had only a deficit in the systematic task, and their ability for visual search in the unsystematized stimulus array was equivalent to that of normals. Although replication and cross-validation is needed to confirm these findings, it is concluded that the two tests of visual information processing may provide a useful ancillary method for differential diagnosis between these two types of schizophrenia. (27 references)—Author abstract, modified.

6498. Saccuzzo, D.P.; Braff, D.L.; and Sprock, J. (Psychology Clinic, San Diego State University, San

Diego, CA 92182) The effect of mental retardation and schizophrenia on information processing. *Journal of Nervous and Mental Disease*, 170(2):102–106, 1982.

A forced-choice letter discrimination task was used to examine the relationship between schizophrenia and retardation from the standpoint of information-processing theory. The subjects consisted of eight schizophrenic persons of average or better intelligence, eight mentally retarded schizophrenic persons, and eight minor depressive individuals who were matched with the nonretarded schizophrenic group for intelligence. The groups did not differ significantly on the minimum exposure duration needed to identify an unmasked target stimulus at criterion levels of accuracy. When masked stimuli were used, however, the depressive group obtained significantly more correct detections than did both schizophrenic groups. More importantly, the performance of the two schizophrenic groups did not differ significantly. Data indicate that schizophrenic deficits in information processing are independent of intellectual factors. (31 references)—Author abstract, modified.

6499. Sandhu, J.S. (Punjab Mental Hospital, Amritsar, Punjab, India) Relationship between attentional capacity and abstract thinking in schizophrenics. *Indian Journal of Clinical Psychology*, 8(2):85–94, 1981.

Abstract thinking deficit in schizophrenic patients was investigated in a study of the attentional capacity of chronic schizophrenic patients. Two groups of 23 chronic nonparanoid schizophrenic patients separated at two levels of abstraction and 23 normal controls matched for various

demographic variables were compared for their performance on four tasks of attention and an abstraction task. Input dysfunction was confirmed as a major source of abstract thinking deficit in schizophrenics, but results do not support the same conclusion for normal subjects. Results suggest that attentional dysfunction in schizophrenics may determine the nature of errors made in the process of abstraction. It is concluded that different measures of attention correspond with each other differently for normal and schizophrenic subjects, suggesting that primary mental functioning of normal subjects may be radically different from primary mental functioning of schizophrenic patients. (39 references)—Author abstract, modified.

6500. Stanikowska, I. (I Klinika Psychiatryczna, Instytut Psychoneurologiczny, Al. Sobieskiego 1/9, 02-957 Warszawa, Poland) The diagnostic and prognostic significance of disorders of conceptual thinking in schizophrenic patients. *Psychiatria Polska*, 15(3):279-284, 1981.

Studies of 202 patients were conducted to determine if the phenomenon of overinclusion is specific to schizophrenia and if it is related to clinical pattern, time of duration, and prognosis. Reed's modification of Epstein's test of concept subordination and Payne's test of solid classification were studied in groups of acute schizophrenics (35), chronic schizophrenics in the period of exacerbation (33), chronic schizophrenics in the period of remission (34), depressives (40), and normal subjects (60). The ability to form and use abstract concepts was found undiminished in schizo-

phrenic patients; however, the hypothesis that their thinking involves overinclusion has been verified. It has been found that the most characteristic symptoms of schizophrenia are unusual responses and the frequency of their occurrence differentiates schizophrenics from normal subjects and from depressive patients. (20 references)—Journal abstract, modified.

6501. Stuss, D.T.; Benson, D.F.; Kaplan, E.F.; Weir, W.S.; and Della Malva, C. (Dept. of Medicine (Neurology), Ottawa General Hospital, 501 Smyth Road, Ottawa, Ontario, K1H 8L6, Canada) Leucotomized and nonleucotomized schizophrenics: Comparison on tests of attention. *Biological Psychiatry*, 16(11):1085-1100, 1981.

Deficits in attention have been strongly linked with both schizophrenia and pathology in the prefrontal cortex. This observation was tested by administering a battery of commonly used tests of attention, sustained mental activity, and tracking to 16 patients who had undergone prefrontal leucotomy approximately 25 years earlier. Presurgical diagnosis in each patient was schizophrenia. The 16 patients were divided into three groups based on their recovery after surgery. A control group of nonleucotomized schizophrenics was established to control for psychiatric symptomatology. A second control group consisted of subjects without a history of psychiatric or central nervous system disorder. In general, there was no statistically significant impairment of performance on attention tests between the patients with prefrontal psychosurgery and the normal control subjects. The nonoperated schizophrenic control group performed most poorly. Lesion

chronicity, interaction of leucotomy and presurgical psychiatric state, and conditions of test administration are suggested as possible explanations for the unexpected results. (64 references)—Author abstract.

6502. Weiner, H. (Hoffman Division of Research, St. Elizabeths Hospital, Washington, DC 20032) Increasing slowed operant responding of schizophrenics under a fixed-ratio schedule of reinforcement. *Perceptual and Motor Skills*, 53(2):579-582, 1981.

Two procedures were evaluated in terms of their ability to modify the slowed, operant responding of schizophrenics under a fixed-ratio (FR 40) schedule. FR 40 response rates increased when schizophrenics were instructed to earn a minimum number of reinforcements or to imitate the rate of responding of someone shown earning that minimum number of reinforcements. The greater increase in FR 40 responding occurred under the latter procedure. The data suggest that merely providing schizophrenics with information on response/reinforcement relationships is not as effective as telling them how many reinforcers to earn. (7 references)—Author abstract, modified.

Biology

6503. Baron, M.; Perlman, R.; Levitt, M.; Meltzer, H.Y.; Gruen, R.; and Asnis, L. (New York State Psychiatric Institute, 722 West 168th St., New York, NY 10032) Plasma copper and dopamine-beta-hydroxylase in schizophrenia. *Biological Psychiatry*, 17(1):115-120, 1982.

Copper and dopamine- β -hydroxylase levels were studied in plasma samples

from schizophrenic and control subjects in light of their relevance for the dopamine hypothesis of schizophrenia. Although the results were not statistically significant, they were consistent with previous reports of elevated plasma copper in schizophrenia. In addition, sex differences—attributable to endocrine factors—similar to those of earlier research were noted. The finding of elevated plasma copper in drug-free schizophrenic subjects and the reproducibility of copper levels over time regardless of clinical state indicate that neuroleptics do not play a major role in altering copper concentration and that copper levels are a state-independent characteristic. Several hypotheses are suggested which link copper to the biology of schizophrenia, and suggestions are made for further research using acute and catatonic patients. (23 references)

6504. Cutler, N.R.; Jeste, D.V.; Karoum F.; and Wyatt, R.J. (Adult Psychiatry Branch, Div. of Special Mental Health, Intramural Research Program, St. Elizabeths Hospital, Washington, DC 20032) Low-dose apomorphine reduces serum homovanillic acid concentrations in schizophrenic patients. *Life Sciences*, 30(9):753–756, 1982.

The postulated dopaminergic autoreceptor regulatory effect in man of low-dose apomorphine was investigated. Behavior and serum homovanillic acid (HVA) concentrations following low-dose apomorphine were investigated in five chronic schizophrenic patients. Serum HVA concentrations were measured by mass fragmentography before and after 0.005 mg/kg of apomorphine or saline placebo. Results demonstrate significant reductions in serum HVA concentrations in all five subjects following apomor-

phine as compared with placebo. These results constitute direct evidence of a specific dopamine autoreceptor effect of low-dose apomorphine in schizophrenic patients. (22 references)

6505. Darchiya, N.Sh.; Zurabashvili, Z.A.; and Dzamashvili, M.G. (No address given) Some aspects of the mechanism of action of chlorpromazine. *Soobshcheniya Akademii Nauk Gruzinskoy SSR*, 102(3):725–727, 1981.

The mechanism of action of chlorpromazine was studied in elements of the white blood cells of patients with schizophrenia during an acute period of the illness (clear catatonic manifestations). Before the administration of chlorpromazine, there was little clasmotosis in the regular elements of the white blood cells of the subjects. Fifteen minutes after the administration of chlorpromazine, clasmotosis increased sharply, and it reached its maximum within an hour of administration. Results show that chlorpromazine strengthens the lysosomal membranes, facilitates the emergence of lysosomes, and thus intensifies clasmotosis; it converts cells to pentose phosphatic metabolism, reduces the quantity of heterochromatin, and increases that of eucromatin.—Journal abstract, modified.

6506. Davis, B.A.; Yu, P.H.; Carlson, K.; O'Sullivan, K.; and Boulton A.A. (Psychiatry Research Division, University Hospital, Saskatoon, Saskatchewan, S7N 0X0, Canada) Plasma levels of phenylacetic acid, m- and p-hydroxyphenylacetic acid, and platelet monoamine oxidase activity in schizophrenic and other patients.

Psychiatry Research, 6(1):97–105, 1982.

Blood from chronic schizophrenic patients in two hospitals and from institutional and noninstitutional controls was analyzed for platelet monoamine oxidase (MAO) activity and trace acid levels. MAO activity was assessed on three different substrates: tryptamine, phenylethylamine, and *p*-tyramine. The trace acids studied were conjugated and unconjugated phenylacetic acid (PAA), *m*-hydroxyphenylacetic acid (*m*HPA), and *p*-hydroxyphenylacetic acid (*p*HPA). Compared to controls, schizophrenic patients had significantly reduced MAO activity toward all substrates. Compared to controls, schizophrenics showed significantly reduced unconjugated PAA in one hospital, increased *p*HPA in the other hospital, and increased conjugated PAA in both hospitals. However, the most consistent significant finding was a reduced unconjugated *m*HPA in both groups of schizophrenics compared with both control groups. (98 references)—Author abstract, modified.

6507. DeLisi, L.E.; Weinberger, D.R.; Potkin, S.G.; Neckers, L.M.; Shilling, D.J.; and Wyatt R.J. (Adult Psychiatry Branch, Intramural Research Program, Saint Elizabeths Hospital, Washington, DC 20032) Quantitative determination of immunoglobulins in CSF and plasma of chronic schizophrenic patients. *British Journal of Psychiatry*, 139(December):513–518, 1981.

Certain immunoglobulins—IgG, IgA, and IgM—were quantified in cerebrospinal fluid (CSF) and plasma from 35 chronic schizophrenic patients and 33 neurological and normal controls using an immunofluorescent antibody

technique. A generalized reduction in immunoglobulin levels was observed in the schizophrenic patients compared with controls. While this result supports other reports of abnormal immune functioning in schizophrenia, it fails to replicate previous findings of elevations in CSF IgG and elevations in serum IgA. It is possible that although subjects were drug free, the schizophrenic patients' previous long-term neuroleptic treatment affected the immune system, or that abnormal immunity plays a role in the development of schizophrenia. (64 references)—Author abstract, modified.

6508. Dunlop, S.R.; Sattin, A.; Shea, P.; and Hendrie, H.C. (Dept. of Psychiatry, Indiana University Medical Center, Indianapolis, IN 46223) Comparison of MAO, D-beta-H, and COMT activities in chronic schizophrenics selected on the basis of nailfold capillary pattern. *Acta Psychiatrica Scandinavica*, 64(5):409-414, 1981.

The activity in blood of three enzymes involved in the metabolism of catecholamines was measured in 17 white male chronic schizophrenic subjects divided on the basis of plexus visualization score (PVS). PVS is a measure of the visibility of a venous plexus in the skinfold proximal to the fingernail, and has been suggested as a marker to distinguish subgroups of schizophrenics. High and low PVS subjects were compared to each other and to low PVS controls on measures of platelet monoamine oxidase (MAO), red blood cell catechol-O-methyltransferase (COMT), and plasma dopamine- β -hydroxylase. There were no differences between high and low PVS subjects on any biochemical variable. Schizophrenic subjects had

lower platelet MAO activity than controls. Platelet MAO and red blood cell COMT were significantly correlated in schizophrenic subjects. It is concluded that whatever the significance of the PVS feature to the presence of schizophrenia, it apparently cannot be explained in terms of biochemical variables. (19 references)—Author abstract, modified.

6509. Fulton, A.; Norman, T.R.; and Burrows, G.D. (Dept. of Psychiatry, University of Melbourne, Melbourne, Australia) Dopamine and schizophrenia—Biochemical and receptor studies. *Advances in Human Psychopharmacology*, 2:33-50, 1981.

Studies of the relationship of schizophrenia and dopamine, which investigate the formation of an endogenous psychotoxin by an abnormal biochemical transformation of catecholamines, dopamine metabolism in patients with schizophrenia, and dopamine receptor function, are reviewed. The data suggest that it now seems unlikely that the symptoms usually grouped under the term "schizophrenia" are caused by excessive levels of dopamine (DA) in the central nervous system. The concept of the schizophrenic state as being generated from disturbances to the entire transmitter network would probably be closer to the true situation than a study of DA transmission abnormalities in isolation. Suggestions are presented for testing this concept. (160 references)

6510. Gattaz, W.F., and Beckmann, H. (Beckmann: Zentralinstitut für Seelische Gesundheit, Psychiatrische Klinik, Postfach 5970, D-6800 Mannheim, West Germany) The HLA-system in psychiatric research. *Fortschritte der Neurologie*,

Psychiatrie und Ihrer Grenzgebiete, 49(4):145-151, 1981.

Studies of the action of human leukocyte antigens (HLA) on manic-depressive and schizophrenic patients are considered. In eight studies of HLA in manic-depressive patients, 17 antigens were recognized, and this occurred with a different frequency in patients when compared with controls. In nine studies of HLA in schizophrenic patients, 28 antigens showed a different frequency in patients when compared with controls. In studies with schizophrenic patients, there was relatively greater homogeneity, e.g., the HLA-A appeared with an increased frequency in patients in six out of nine studies; an increased frequency of HLA-A9 was found in five out of nine studies; and the HLA-B27 frequency was decreased in three studies. However, contradictory results were found as well. The contradictory findings may be accounted for either by assuming that there is no association between HLA and endogenous psychoses or that there are methodological biases. (38 references)—Journal abstract, modified.

6511. Golden, C.J.; MacInnes, W.D.; Ariel, R.N.; Ruedrich, S.L.; Chu, C.C.; Coffman, J.A.; Graber, B.; and Bloch, S. (University of Nebraska Medical Center, Nebraska Psychiatric Institute, 42nd and Dewey Ave., Omaha, NE 68105) Cross-validation of the ability of the Luria-Nebraska Neuropsychological Battery to differentiate chronic schizophrenics with and without ventricular enlargement. *Journal of Consulting and Clinical Psychology*, 50(1):87-95, 1982.

An attempt was made to cross-validate discrimination rules derived

from a previous study on the Luria-Nebraska Neuropsychological Battery for use in predicting ventricular enlargement and to replicate the correlations found between the Luria-Nebraska scales and ventricular-brain ratio. A group of 43 schizophrenic patients between the ages of 20 and 30 were given a computed tomography (CT) scan and the Luria-Nebraska Battery. Ventricular-brain ratio was calculated, and the Luria-Nebraska rules previously suggested were applied to predict the absence or presence of ventricular enlargement. All 15 of the patients with ventricular enlargement were correctly classified by the Luria-Nebraska. In the 28 patients with normal ventricles, the Luria-Nebraska classified 18 as normal and 10 as brain-damaged, for a combined hit rate of 33 out of 43, or 77 percent. The multiple correlation between the Luria-Nebraska scales and ventricular-brain ratio was .76, comparable to the results of the previous study. Differences between the studies and the implications of objective CT measurement for detecting cerebral atrophy are discussed. (25 references)—Author abstract, modified.

6512. Goldman, Z.; Ebstein, R.P.; Lerer, B.; Zohar, J.; Hermoni, M.; and Belmaker, R.H. (Dept. of Research, Jerusalem Mental Health Center-Ezrath Nashim, P.O. Box 140, Jerusalem, Israel) Haloperidol blood levels during dosage reduction in chronic schizophrenic patients. *Neuropsychobiology*, 7(6):281-284, 1981.

Haloperidol levels were measured by radioreceptor assay in 12 schizophrenic patients during gradual dosage reduction from 60 mg/day to 0 mg/day. Serum levels were highly correlated with the oral dose in each

patient, but poorly correlated across patients. Clinical deterioration appeared only 10 to 20 days after total cessation of the oral drug; it was not possible to determine an optimal blood level for chronic maintenance. Below oral dosage of 10 mg/day of haloperidol, many patients' blood levels are undetectable by the radioreceptor method. (12 references)—Author abstract, modified.

6513. Goode, D.J.; Manning, A.A.; and Middleton, J.F. (Bowman Gray School of Medicine of Wake Forest University, Winston-Salem, NC 27109) Cortical laterality and asymmetry of the Hoffman reflex in psychiatric patients. *Biological Psychiatry*, 16(12):1137-1152, 1981.

Cortical laterality and asymmetry of the Hoffman reflex was studied in 36 hospitalized schizophrenic or schizoaffective disorder patients judged unresponsive to conventional treatment who were treated 5 days after last receiving medication and retested 4 weeks after treatment with thiothixene, loxapine, or molindone. Results indicate that cortical laterality measures of patients were not significantly different from those of control subjects and were not related to measures of clinical symptomatology. Recovery curve height was significantly correlated with number of schizophrenic symptoms recorded for diagnosis based on the Research Diagnostic Criteria. Recovery curve height was significantly correlated with right-sided preference as measured by both visual half field and dichotic listening in medicated patients. In unmedicated patients, lateralization of the recovery curve was correlated with clinical symptomatology. Left hemispheric or subcortical dysfunction was related to schizo-

phrenic symptomatology. Right hemispheric or subcortical dysfunction was related to depression symptomatology. Findings are compatible with asymmetries of subcortical amine function in schizophrenia and schizoaffective disorder. (53 references)—Author abstract, modified.

6514. Goudemand, M.; Goudemand, J.; Parquet, Ph.-J.; and Fontan, M. (Service de Psychiatrie Générale, C.H.U. de Lille, Unités de Soins Normalisées, 6, rue du Pr-Laguesse, F-59037 Lille Cedex, France) Schizophrenic psychoses and HLA antigens: Personal data and a review of the literature. *Encephale*, 7(5):609-622, 1981.

The relation between HLA antigens and schizophrenic psychoses was studied. The frequency of 33 HLA alleles in 51 paranoid schizophrenics was compared to the alleles in a control population of 94 subjects. The frequency of HLA-A 29 was lower in the schizophrenics, and the frequency of HLA-B 15 was higher, but these data were not statistically significant. However, a review of all results published between 1974 and 1980 indicates some significant associations which vary depending upon whether the schizophrenia is considered as a clinical entity or a subtype. It is concluded that the correlation between schizophrenia and HLA antigens is uncertain but that it may be related to the genetic heterogeneity of schizophrenic disorders. (55 references)—Journal abstract, modified.

6515. Guelfi, J.D., and Mialet, J.-P. (Clinique des Maladies Mentales et de l'Encephale, 100, rue de la Santé, F-75674 Paris, France) Current trends in biological psychiatry research on

psychoses. *Encephale*, 7(5):569-600, 1981.

Some of the biological, electrophysiological, and neurophysiological research being done on schizophrenia and affective psychoses is discussed. Most current biological hypotheses of schizophrenia—transmethylation and the dopaminergic theory—are based on disorders of the biogenic amines. The norepinephrine, serotonin, and endorphin systems may also play a role.

Quantitative electroencephalographic studies have shown a dysfunction in arousal and cerebral dominance. Other electrophysiological studies have concurred with this and indicate an impairment in arousal level which may relate to the attention and adaptation disorders seen in schizophrenia. The major thrust of research on affective disorders has been on norepinephrine and serotonin abnormalities; however, acetylcholine, dopamine, electrolytic modifications of cell membranes, or immunological or neuroendocrine disturbances may also be involved. (216 references)—Journal abstract, modified.

6516. Hempel, K.; Ullrich, H.; and Philippu, G. (Institut für Medizinische Strahlenkunde, Würzburg, West Germany) Quantitative investigation on the urinary excretion and metabolism of 3,4-dimethoxyphenylethylamine in schizophrenics and normal individuals. *Biological Psychiatry*, 17(1):49-59, 1982.

A quantitative method for detecting 3,4-dimethoxyphenylethylamine (DMPEA) in the urine of schizophrenics, using the fluorometric determination of DMPEA in the form of its phosphopyridoxyl derivative, is described. The limit of detection is 2 mg DMPEA per 1 g creatinine. The

DMPEA content was measured in urine from healthy persons, schizophrenic subjects, and psychiatric patients without other diagnoses who were hospitalized with the schizophrenics. From each person, 5 to 10 (24-hour) urine samples were tested, and no DMPEA was found in schizophrenic subjects, in controls, or in healthy subjects. The urinary excretion of parenterally applied ^{14}C -DMPEA was determined in three healthy volunteers and in three rats. In man, about 25 percent of the label was excreted as DMPEA. The main metabolite in urine was homoveratric acid. Both compounds were excreted as conjugates. (13 references)—Author abstract, modified.

6517. Iacono, W.G. (Dept. of Psychology, University of British Columbia, #154-2053 Main Mall, Vancouver, British Columbia, Canada V6T 1Y7) Bilateral electrodermal habituation-dishabituation and resting EEG in remitted schizophrenics. *Journal of Nervous and Mental Disease*, 170(2):91-101, 1982.

Bilateral electrodermal responding, heartrate, and resting electroencephalogram (EEG) were compared for 24 carefully diagnosed nonpsychotic, remitted schizophrenic subjects and 22 medical outpatient controls. Subjects were exposed to 17 pure tones; the 16th differed in frequency and duration from the others. Before the tone series, subjects engaged in 2 minutes of respiratory maneuvers, followed by a 5-minute rest period during which EEG was recorded. Consistent with past studies of chronic inpatients, the schizophrenics divided evenly into responding and nonresponding groups, and skin conductance responding was associated with a higher rate of spontaneous activity, elevated tonic conductance levels, and more

responding during respiratory exercises. No group differences between controls and schizophrenic responders appeared with respect to number and amplitude of tone-elicited responses; there were no differences in dishabituation between these two groups. No evidence of any electrodermal or cerebral asymmetry was found. There were no differences between the two schizophrenic groups in measures of heartrate or resting EEG, although schizophrenics as a group produced less EEG alpha and more delta than did normals. Results are consistent with the hypothesis that electrodermal and EEG phenomena identified in psychotic hospitalized patients represent stable traits characteristic of schizophrenia. (66 references)—Author abstract, modified.

6518. Jones, G.H., and Miller, J.J. (Dept. of Psychological Medicine, Welsh National School of Medicine, Whitchurch Hospital, Cardiff CF4 7XB, Wales) Functional tests of the corpus callosum in schizophrenia. *British Journal of Psychiatry*, 139(December):553-557, 1981.

The notion was tested that poor links exist between the two cerebral hemispheres in schizophrenics. Subjects were 12 consecutive admissions with schizophrenia to acute wards and 12 hospital staff and student controls. The interhemispheric conduction time across the corpus callosum, as measured by the ipsilateral/contralateral latency differences of the early somatosensory evoked response, was found to be effectively zero in the schizophrenics, giving no overlap with controls. It is suggested that schizophrenia is a split brain condition akin to agenesis of the corpus callosum, but unrecognized because of the use of compensatory ipsilateral sensory

pathways. (23 references)—Author abstract, modified.

6519. Kokkinidis, L., and Anisman, H. (University of Saskatchewan, Saskatoon, Saskatchewan, S7N 0W0, Canada) **Amphetamine psychosis and schizophrenia: A dual model.** *Neurosciences and Biobehavioral Reviews*, 5(4):449-461, 1981.

Behavioral and neurochemical consequences of acute and chronic amphetamine treatment are reviewed. It is suggested that decreased noradrenergic activity after long-term amphetamine treatment influences stimulus sampling. Enhanced dopaminergic activity appears to be responsible for the progressive augmentation of stereotypy and self-stimulation behavior after long-term exposure to amphetamine. It is hypothesized that amphetamine-induced psychosis and the symptomatology associated with schizophrenia are related to alterations in norepinephrine and dopamine activity. (173 references)—Author abstract, modified.

6520. Kovaleva, Ye.S., and Prilipko, L.L. (Lab. obshchey patofiziologii, Institut psikiatrii AMN SSSR, Moskva, USSR) **The role of the blood serum of schizophrenic patients in the altered osmotic resistance of their lymphocytes.** *Zhurnal Nevropatologii i Psikiatrii imeni S.S. Korsakova*, 81(7):1018-1021, 1981.

The resistance of peripheral blood lymphocytes was studied in normal people and schizophrenic patients in relation to hypo-osmotic effects. Results show that in the normal subjects about 20 percent of the lymphocytes were slightly resistant; in 60 percent of the schizophrenic subjects the proportion of slightly

resistant lymphocytes was much lower; and the content of those cells in the blood of schizophrenic subjects with different forms of the disease varied—patients with the periodic form had minimal, and patients with the continuously progressive form had maximal deviations from the norm. (7 references)—Journal abstract, modified.

6521. Kushner, S.G., and Maznina, T.P. (No address given) **Classes of immunoglobulins responsible for the antithymocytic activity of the blood serum in normal and mentally ill people.** *Zhurnal Nevropatologii i Psikiatrii imeni S.S. Korsakova*, 81(7):1014-1015, 1981.

The antithymocytic activity of the blood serum was studied in schizophrenic patients and in mentally healthy control subjects using fluorescent antibodies. Results show that the antithymocytic activity of both the schizophrenic and healthy subjects was due to immunoglobulins G and M; the number of thymocytes showing fluorescence under the action of IgG was approximately the same in both groups; when fluorescein-labeled IgM was used, the number of fluorescent thymocytes was three times greater in the schizophrenic subjects than in the healthy subjects. These results suggest that these differences may be associated with increased avidity of the IgM antibodies, or with disturbances of the synthesis of immunoglobulins in the schizophrenic subjects. (5 references)—Journal abstract, modified.

6522. Landowski, J., and Wontrobski, Z. (Klinika Chorob Psychicznych, Akademia Medyczna, ul. Debiniki 7, 80-211 Gdansk, Poland) **The ratio of blood platelet monoamine oxidase to aldehyde**

reductase activity in paranoid schizophrenia. *Psychiatria Polska*, 15(2):133-137, 1981.

The ratio of monoamine oxidase activity to blood platelet aldehyde reductase was determined in 47 schizophrenic patients (10 with simple schizophrenia and 37 with paranoid schizophrenia) and 20 control subjects. The value of this ratio was found to be significantly lower in paranoid schizophrenics than in simple schizophrenics and in controls. The results of the study may be related to the hypothesis suggesting a relationship between paranoid syndromes and the hyperfunction of the central noradrenergic system. These results also serve as a basis for attempts at a biochemical interpretation of the development of paranoid syndromes. (14 references)—Journal abstract, modified.

6523. Loga, S.; Curry, S.; and Lader, M. (Lader: Dept. of Pharmacology, Institute of Psychiatry, De Crespigny Park, London SE5 8AF, England) **Interaction of chlorpromazine and nortriptyline in patients with schizophrenia.** *Clinical Pharmacokinetics*, 6(6):454-462, 1981.

Seven male inpatients suffering from acute schizophrenia were treated with 100 mg of chlorpromazine elixir for 9 weeks. Nortriptyline (50 mg) was added during weeks 4, 5, and 6. Plasma chlorpromazine concentrations, antipyrine plasma half-life, blood pressure, pulse rate, pupil size, salivation, handwriting, and clinical state were measured at weekly intervals. Plasma chlorpromazine concentrations rose when nortriptyline was added, and the antipyrine plasma half-life was prolonged. Blood pressure dropped on institution of chlorpromazine and

dropped further with the addition of nortriptyline. The pulse rate rose in a parallel fashion. Pupil size, salivation, and handwriting were diminished by chlorpromazine, but hardly affected further by nortriptyline. The addition of nortriptyline dramatically reversed the therapeutic actions of chlorpromazine, mainly through pharmacodynamic interaction. It is concluded that this combination is potentially deleterious, and must be used with care. (13 references)—Author abstract.

6524. Manowitz, P.; Goldstein, L.; and Nora, R. (Dept. of Psychiatry, College of Medicine and Dentistry, Rutgers University Medical School, Piscataway, NJ 08854) An arylsulfatase A variant in schizophrenic patients: Preliminary report. *Biological Psychiatry*, 16(11):1107-1113, 1981.

To determine if an abnormal arylsulfatase A (ASA), an enzyme that catalyzes the degradation of sulfatides, is present in some schizophrenics, leukocyte lysates from 90 adult male schizophrenics were analyzed for ASA specific activities and electrophoretic mobilities. Results indicate that there are some schizophrenics who have ASA specific activities which are intermediate between those of adult metachromatic leukodystrophy (MLD) patients and heterozygotes for MLD. These same subjects showed an ASA with abnormal electrophoretic mobility. A proposed mechanism is that the intermediate ASA specific activities are due to an inherited amino acid substitution in the protein backbone of the enzyme which results in its abnormal mobility and lower activity. (8 references)

6525. Mitkevich, S.P. (No address given) HLA antigens and schizophrenia. *Zhurnal Nevropatologii i Psikiatrii imeni S.S. Korsakova*, 81(7):1016-1018, 1981.

The distribution of HLA antigens was studied in 87 schizophrenic patients with various forms of the disease, and in 130 healthy people. HLA-A10 antigen was found among patients with continuous schizophrenia, and more HLA-B12 antigen was found among patients with the attack-like form of the disease. There were no differences in the distribution of HLA antigens between healthy people and the total group of schizophrenic subjects. (17 references)—Journal abstract, modified.

6526. Moriguchi, I. (Dept. of Neurology and Psychiatry, Gifu University, School of Medicine, Gifu, Japan) A study of schizophrenic brains by computerized tomography scans. *Folia Psychiatrica et Neurologica Japonica*, 35(1):55-72, 1981.

The brains of 55 schizophrenics and 65 controls were examined using computerized tomography. The width of the interhemispheric fissure and the third ventricle, and the volume of the lateral ventricles in the schizophrenic patients were significantly larger than those obtained in the controls. The extension of the width of the interhemispheric fissure and the increase in volume of the lateral ventricles in the schizophrenic patients were assumed to be caused not by aging but by the schizophrenic illness itself. The increase in the volume of the lateral ventricles and the area of the anterior horns of the lateral ventricles in the schizophrenic patients was assumed to be related to the schizophrenic patho-

genesis. (29 references)—Author abstract.

6527. Okasha, A., and Madkour, O. (Dept. of Psychiatry, Ain Shams University, Cairo, Egypt) Cortical and central atrophy in chronic schizophrenia. *Acta Psychiatrica Scandinavica*, 65(1):29-34, 1982.

Computed tomography brain scans were performed on 43 chronic schizophrenic subjects of more than 5 years' duration and under age 60, and in 39 normals matched for age, sex, and education. There was no statistical difference between controls and schizophrenics regarding cortical atrophy as measured by the interhemispheric and Sylvian fissures and mean sulcal width. Highly significant differences were found regarding central atrophy. Third ventricle measurements were normal in 9.3 percent; there was slight enlargement in 37.2 percent, moderate in 48.8 percent, and extreme in 4.7 percent. The cella media index denoting lateral ventricle dilation showed changes in 46.5 percent, slight changes in 9.3 percent, and the remaining 44.2 percent were normal. The study shows that a large number of chronic schizophrenics have an associated central atrophy. (17 references)—Author abstract.

6528. Pandey, R.S.; Gupta, A.K.; and Chaturvedi, U.C. (Dept. of Psychiatry, National Institute of Mental Health and Neuro Sciences, Bangalore, Karnataka, India) Autoimmune model of schizophrenia with special reference to antibrain antibodies. *Biological Psychiatry*, 16(12):1123-1136, 1981.

The prevalence of antibrain antibodies in schizophrenic patients and nonschizophrenic controls, and the relationship between the

antibrain antibody titer and the duration of illness, family history, past history, and subtype of schizophrenia were investigated. Antibrain antibody titers were determined by hemagglutination technique in sera and cerebrospinal fluid (CSF) of 54 schizophrenic patients and 27 nonschizophrenic controls. Results indicate that antibrain antibodies were detected in sera and CSF of 26 schizophrenics but in none of the controls. They were significantly more often present in those schizophrenics who had a past history and family history of schizophrenia. Antibrain antibodies had no significant relationship with the subtype and the duration of schizophrenia. (60 references)—Author abstract, modified.

6529. Pavlova, Ye.V. (No address given) Microtubules and microfilaments in the embryonic human brain (normal and pathological). *Zhurnal Nevropatologii i Psikhiatrii imeni S.S. Korsakova*, 81(7):969-974, 1981.

Microtubules and microfilaments in the embryonic human brain were studied by electron microscopy in fetuses taken from healthy and schizophrenic women in medical abortions. Results show that the brain cells of fetuses obtained from the schizophrenic women had greater numbers of the organelles of both types than cells of fetuses taken from healthy women. Results also show that in the fetuses taken from schizophrenic women the organelles formed accumulations and lost their correct orientation, the microfilaments contained compact inclusions, and the microtubules were convoluted. (22 references)—Journal abstract, modified.

6530. Rinieris, P.; Stefanis, C.; Lykouras, E.; and Varsou, E. (Dept.

of Psychiatry, Athens University Medical School, Eginition Hospital, 74 Vas. Sophias Ave., Athens 611, Greece) Subtypes of schizophrenia and ABO blood types. *Neuropsychobiology*, 8(2):57-59, 1982.

Determination of ABO blood types was carried out in 430 (171 female and 259 male) patients with hebephrenic schizophrenia and in 340 (155 female and 185 male) patients with paranoid schizophrenia. Data were compared with a random sample of 600 individuals (268 female and 332 male) drawn from the general population. No significant association was detected between any of the blood phenotypes and affliction either with hebephrenic or paranoid schizophrenia. (6 references)—Author abstract.

6531. Rosofsky, I.; Levin, S.; and Holzman, P.S. (Levin: Mailman Research Center, McLean Hospital, 115 Mill St., Belmont, MA 02178) Psychomotility in the functional psychoses. *Journal of Abnormal Psychology*, 91(1):71-74, 1982.

The fine psychomotor functioning of schizophrenics, manic-depressives, hospitalized nonpsychotic patients, and normal control subjects was examined. The psychomotility measures tested were: simple reaction time (RT), traverse RT, tapping speed, dexterity, and strength of grip. Results show generalized slowing among patient groups on simple RT, traverse RT, tapping speed, and manual dexterity. Findings are interpreted with reference to other evidence involving motor impairments in psychosis. Findings of clear psychomotor slowing in psychosis suggest that psychosis implicates processes controlled in the central nervous system. These processes may reflect a

more or less enduring condition of inadequate integration at the neural level that disrupts reality attunement of attention and motor behavior. (10 references)—Author abstract, modified.

6532. Schreiber, W.E.; Gentry, R.; and Fischer, E.H. (Gentry: Dept. of Psychiatry and Behavioral Sciences GI-20, University of Washington, Seattle, WA 98195) Erythrocyte calmodulin in chronic schizophrenia. *American Journal of Psychiatry*, 139(1):106-108, 1982.

To determine whether the protein, calmodulin, is present in excess in schizophrenia, the erythrocyte calmodulin levels of 17 schizophrenic and 18 normal subjects were measured. The calmodulin levels of the two groups were not significantly different. (10 references)—Author abstract.

6533. Senitz, D., and Winkelmann, E. (Bezirkskrankenhause für Psychiatrie und Neurologie, Olga-Benario Str. 16/18, DDR-4350 Bernburg, German Democratic Republic) Morphological findings in the orbitofrontal cortex of schizophrenics. A golgi and electron microscopic study. *Psychiatrie, Neurologie und Medizinische Psychologie*, 33(1):1-9, 1981.

The structure and function of nerves, their pathological changes, and variation in structures of neurons were studied using the Golgi method. Parts of the orbitofrontal cortex of eight deceased schizophrenics, 30 to 50 years old, were impregnated and fixated with neutral formal solution. Pyramidal cells with thick and partly sinuous dendrites covered heavily with spines were observed under the microscope. Also observed were irregularly arranged triangular cells

in Lamina VI with thickened dendrites and increased density of spines, as well as splitting of the myelin lamellae. It is concluded that by using the Golgi method routinely, pathological specifics of changed nerve cells can be diagnosed more easily, and it is recommended that further research be done, especially in larger quantities in normal and schizophrenic cells. (18 references)—Journal abstract, modified.

6534. Siris, S.G.; Cooper, T.B.; Rafkin, A.E.; Brenner, R.; and Lieberman, J.A. (KCC 1 South, Mount Sinai Hospital, One Gustave L. Levy Place, New York, NY 10029) Plasma imipramine concentrations in patients receiving concomitant fluphenazine decanoate. *American Journal of Psychiatry*, 139(1):104-106, 1982.

Plasma imipramine/desipramine levels were monitored in four schizophrenic patients with depression patients who were receiving concomitant fluphenazine decanoate and oral imipramine. High plasma levels were found, and combined tricyclic plasma levels continued to increase between days 21 and 42. Results suggest that the high plasma levels of imipramine and desipramine were the result of impaired metabolism. Findings raise concerns for potential toxicity; caution in dosing is recommended. (10 references)—Author abstract, modified.

6535. Snider, S.R. (Dept. of Neurology, University of Arizona Health Sciences Center, Tucson, AZ 85724) Cerebellar pathology in schizophrenia—Cause or consequence? *Neuroscience and Biobehavioral Reviews*, 6(1):47-53, 1982.

The clinical and experimental literature on cerebellar pathology in schizophrenia is reviewed in relation to the question of whether such pathology is cause or consequence of schizophrenia. Atrophy of the cerebellar vermal cortex has been reported to occur in 10 percent or more of patients with schizophrenia. Data from studies on experimental animals indicate that a functional relationship exists between the cerebellum and parts of the forebrain involved in emotion, and that the cerebellum may influence some types of behavior. Cerebellar abnormality in schizophrenic patients, although of uncertain cause, could contribute to the symptomatology of the disease. (103 references)—Author abstract, modified.

6536. Stevens, J.R. (No address given) Receptor supersensitivity: Relationships to cerebral anatomy and histopathology of schizophrenia. *Biological Psychiatry*, 16(12):1119-1122, 1981.

Results of altered dopaminergic binding sites in the striatum of schizophrenic patients are discussed in terms of the relationship of receptor supersensitivity to cerebral anatomy and histopathology of schizophrenia. If schizophrenia is related, even secondarily, to altered numbers or sensitivity of striatal dopaminergic binding sites, assaying samples of striatum that receive projections from relevant brain regions is advocated. Two reasons to compare medially and laterally disposed striatal structures in the study of schizophrenia are given. If there is a real difference between medial and lateral ligand binding or amine content in schizophrenia material but not in controls, the findings are suggested to be related to the clinical and anatomic

pathology of schizophrenia. (12 references)

6537. Walker, E., and Green, M. (Cornell University, Ithaca, NY 14850) Soft signs of neurological dysfunction in schizophrenia: An investigation of lateral performance. *Biological Psychiatry*, 17(3):381-386, 1982.

Lateral differences in neurological soft signs were investigated in 20 schizophrenic subjects, 20 depressed subjects, and 20 normal controls, bilaterally administered measures of haptic sensitivity and neuromotor function. Earlier findings that schizophrenic subjects exhibited more neurological soft signs than psychiatric and normal controls were confirmed; however, there was no evidence of lateral asymmetry in abnormalities for any of the groups. Findings are discussed in terms of their implications for theories of hemispheric dysfunction in schizophrenia. (10 references)

6538. Yu, P.H.; Bowen, R.; Carlson, K.; O'Sullivan, K.; and Boulton, A.A. (Psychiatric Research Division, University Hospital, Saskatoon, Saskatchewan, S7N 0X0, Canada) Comparison of biochemical properties of platelet monoamine oxidase in mentally disordered and healthy individuals. *Psychiatry Research*, 6(1):107-121, 1982.

Some biochemical properties of platelet monoamine oxidase (MAO) isolated from chronic schizophrenics, institutionalized nonschizophrenics, and healthy controls were investigated. The enzyme activity level in the healthy population was reasonably constant over at least a 6-week period. Correlations were found for all groups between MAO activity assessed for different

substrates: *p*-tyramine, β -phenylethylamine, and tryptamine. Some heterogeneity of the platelet MAO may exist, however, at least in some of the chronic schizophrenics, since the substrate specificities were changed and the K_m values were reduced. The half-life of the enzyme at 58°C was 2 to 3 minutes and the transition temperature derived from Arrhenius plots was 16 to 17°C with respect to β -phenylethylamine. Platelet MAO from chronic schizophrenics was not significantly different from control values with respect to temperature effects. SES-polyacrylamide gel electrophoresis of the ^3H -pargyline-MAO adduct revealed that the subunit of platelet MAO is a single band protein with a molecular weight of about 65,000. No apparent difference was observed between individuals. The adjacent structure of the flavine site of the platelet MAO was chromatographically identical to the pentapeptide isolated from MAOs from other tissues. The response of platelet MAO to thimerosal, a new differential type-A MAO inhibitor, could be distinguished not only from type-A MAO isolated from human placenta, but also from type-B MAO isolated from bovine liver. (38 references)—Author abstract, modified.

6539. Zarifian, E.; Scatton, B.; Bianchetti, G.; Cuche, H.; Loo, H.; and Morselli, P.L. (Service Hospitalo Universitaire de Santé Mentale et de Thérapeutique, Hôpital St. Anne, 1 Rue Cabanis, F-75014 Paris, France) High doses of haloperidol in schizophrenia. *Archives of General Psychiatry*, 39(2):212-215, 1982.

The effects of high doses of haloperidol on clinical status, plasma neuroleptic and prolactin concentrations, and cerebrospinal fluid

(CSF) levels of homovanillic acid (HVA) and γ -aminobutyric acid (GABA) were investigated in three paranoid schizophrenic patients over 6 weeks. Oral dosages were increased at weekly intervals from 10 mg/day to 200 mg/day and then reduced to 10 mg/day. The increase did not affect paranoid symptoms. Neurological side effects were slightly increased in two patients and were moderately reduced in one. Plasma prolactin levels, initially high, increased when the dosage was increased to 100 mg/day, but did not increase further. The CSF levels of HVA and GABA increased to day 7 but returned to initial values on day 28 in two patients; they were decreased to day 28 in one patient. (22 references)—Author abstract, modified.

Case Studies

6540. Bienenfeld, D., and Hartford, J.T. (Hartford: 7206 Medical Sciences Building, 231 Bethesda Avenue, Cincinnati, OH 45267) Pseudodementia in an elderly woman with schizophrenia. *American Journal of Psychiatry*, 139(1):114-115, 1982.

The case of a 71-year-old woman is described who was hospitalized with symptoms suggesting dementia: confusion, memory problems, slovenliness, and delusions. The psychiatric history, however, confirmed the existence of a functional psychiatric disorder and a pattern of reversible cognitive impairment. Unmedicated, the patient showed no change in cognitive function, affect, or delusion. Initiation of treatment with fluphenazine hydrochloride resulted in steady improvement, and the patient was discharged on main-

tenance fluphenazine. The history and presentation of the patient fulfilled *DSM-III* criteria for undifferentiated schizophrenia. The association of pseudodementia with schizophrenia emphasizes the need to search for the particular features of this syndrome in all patients presenting with cognitive deficits. (5 references)—Author abstract, modified.

6541. Kiejna, A.; Piss, T.; and Leszek, J. (Klinika Psychiatryczna, Akademia Medyczna, ul. Kraszewskiego 25, 50-229 Wrocław, Poland) A pharmacogenic type of cataleptic reaction in the course of treatment for schizophrenia. *Psychiatria Polska*, 15(1):91-93, 1981.

A pharmacogenic type of cataleptic reaction in the course of treatment for schizophrenia is described in a case study. On admission, the patient had difficulties in making verbal contact, behaved eccentrically, was autistic, and had a slovenly appearance. A catatonic state was diagnosed, and he was given 10 mg of haloperidol. Following the appearance of hypertonic hypokinetic dyskinesias, haloperidol was replaced with thioridazine in doses up to 600 mg. The patient's state deteriorated. In relation to contemporary administration of neuroleptics, it has been observed that cataleptic reactions appear during the treatment of catatonic schizophrenia and may be the result of the blocking of dopaminergic receptors. The possibility of other predisposing factors, such as physical constitution or a function of brain cells, cannot be excluded. (8 references)

6542. Nanko, S. (Institute of Brain Research, School of Medicine, University of Tokyo, Tokyo, Japan)

Schizophrenia-like psychosis in a 46,XX male. *Folia Psychiatrica et Neurologica Japonica*, 35(4):461-463, 1981.

A case of a schizophrenia-like psychosis in a 46,XX male found among 4,129 male inpatients in Japanese mental hospitals is presented. It is noted that the XX male is rather rare among this population. The main clinical feature was a formal thought disorder that included delusions, auditory hallucinations, and poor reality testing. This is the first report of a 46,XX male with schizophrenia-like psychosis. (12 references)—Author abstract, modified.

6543. Rovera, G.G.; Angelini, G.; and Possamai, L. (Istituto di Clinica Psichiatrica, Università di Torino, Torino, Italy) Two cases of transsexual schizophrenia. *Minerva Psichiatrica*, 22(2):99-103, 1981.

The literature on transsexuality is reviewed, with emphasis on biological, psychopathological, and therapeutic research. Adult sexual manifestation is defined as dependent on: (1) the prenatal hormonal mix; (2) the prepubescent psychosocial structuring; (3) hormonal activity from puberty to adulthood; and (4) structure and sexual disposition of partners. Two cases are analyzed. (8 references)—Journal abstract, modified.

6544. Sharma, S.K.; Garg, A.R.; and Pamecha, R. (136 Ashok Nahar, Udaipur (Raj.), 313 001, India) Lawrence-Moon-Biedl syndrome with schizophrenia. *Australian Journal of Developmental Disabilities*, 7(4):193-194, 1981.

A case of Lawrence-Moon-Biedl syndrome with schizophrenia is

reported in an 18-year-old female. The patient displayed all the physical features of this syndrome, which includes obesity, mental retardation, retinitis pigmentosa, hypogenitalism, and polydactyly with an autosomal recessive mode of inheritance. In addition, she showed a gradual onset of psychiatric symptoms, beginning with insomnia, and followed by behavioral abnormalities including talking to herself, refusal to eat, running away, hallucinatory behaviors, and paranoid delusions. Treatment with oral chlorpromazine (800 mg/day) resulted in gradual improvement of mental disturbances over a 4-week period. (8 references)

Cross-Cultural Studies

6545. Dean, G.; Walsh, D.; Downing, H.; and Shelley, E. (Medico-Social Research Board, 73 Lower Baggot St., Dublin 2, Ireland) First admissions of native-born and immigrants to psychiatric hospitals in South-East England 1976. *British Journal of Psychiatry*, 139 (December):506-512, 1981.

In 1976, over 91 percent of all first admissions to psychiatric hospitals in southeast England were analyzed by birthplace, sex, age group, and marital status. First admissions for schizophrenia were five times the expected number of immigrants from New Commonwealth America (the West Indies), four times the expected number for immigrants from New Commonwealth Africa (mostly ethnic Asians), and three times the expected number from India. Immigrants from Pakistan and the remaining New Commonwealth Asian countries did not show a significantly higher than expected number of admissions for schizophrenia, and their first

admissions for alcoholic psychosis and alcoholism, psychoneuroses, and personality and behavior disorders were significantly fewer than expected. First admissions for schizophrenia were also significantly more than expected among immigrants from Ireland, Germany, and Poland, but not from Italy. Females had a higher first admission rate than males, and the highest first admission rates for both males and females occurred in those aged 20 to 34 and in those over 55 years old. Cultural factors influencing differential admission rates among immigrants are discussed. (17 references)—Author abstract, modified.

6546. El-Islam, M.F. (Faculty of Medicine, P.O. Box 24923, Kuwait) Rehabilitation of schizophrenics by the extended family. *Acta Psychiatrica Scandinavica*, 65(2):112-119, 1982.

Patterns of care by extended and nuclear families for their relatives were studied in 540 Arab schizophrenic outpatients in Qatar. The extended family differs from the nuclear family in its larger size and in the greater emotional commitment of its members to each other's well-being. The extended family is more tolerant of patients' minor behavioral abnormalities and temporary protective withdrawals. The extended family is more helpful in supervising patients' medication, social adjustment, and use of leisure time. The more traditionally oriented extended family helps patients understand their illness in terms of cultural belief systems once they lose the components that cannot be contained in these systems. Findings show that extended family members are less likely than nuclear family members to tax the patients' emotional resources and limited repertoire of

social skills. (14 references)—Author abstract, modified.

Description

6547. Adebimpe, V.R.; Klein, H.E.; and Fried, J. (Northern Communities Mental Health & Mental Retardation Center, River Ave. and Alcor St., Pittsburgh, PA 15212) Hallucinations and delusions in black psychiatric patients. *Journal of the National Medical Association*, 73(6):517-520, 1981.

The incidence of hallucinations and delusions was compared in a sample of 129 black and 146 white schizophrenic patients to determine if black patients experience hallucinations and delusions more frequently than whites. Results from standardized research rating scales—in contrast to previous reports based on hospital records—indicate hallucinations are more frequent among blacks, but no racial differences are found in the frequency of delusions. Current ignorance regarding the content of hallucinations in normal and nonschizophrenic, and in schizophrenic black subjects is noted as a source of diagnostic confusion which may have dire consequences for many individuals. (23 references)—Author abstract, modified.

6548. Bellodi, L.; Morabito, A.; Macciardi, F.; Gasperini, M.; Benvenuto, M.G.; Grassi, G.; Marzorati-Spaurani, C.; and Smeraldi, E. (Institute of Clinical Psychiatry, via F. Sforza 35, I-20122 Milano, Italy) Analytic considerations about observed distribution of age of onset in schizophrenia. *Neuropsychobiology*, 8(2):93-101, 1982.

In light of possible use of age correction in future genetic studies of

schizophrenia, the existence of factors influencing a frequency distribution of age at the onset of the disease was evaluated in data for 217 patients. Factors examined included sex, diagnostic subtype, marital status, present age, duration of illness, existence of affected parents at patient's time of onset, number of siblings, birth order, and a variable which separates patients with siblings from those without. Of these variables, sex, diagnosis, number of siblings, and birth order were significant according to the Cox's regression model used. (17 references)—Author abstract, modified.

6549. Biebel, D. (Helmtrudenstr. 1, D-8000 Munchen 40, West Germany) The schizophrenically reacting mother. *Dynamische Psychiatrie*, 14(4/5):187-201, 1981.

The genetic explanation of schizophrenia that is used to justify abortion, sterilization, and adoption is challenged by a case study and a related pilot study. In the case study, a schizophrenically reacting patient in the therapeutic process gradually developed the social energetic deficits of her childhood, and thus became more able to be a mother to her child. The pilot study on the group dynamics of pregnancy and birth demonstrates that schizophrenically reacting mothers do not have schizophrenically ill children. (15 references)—Journal abstract, modified.

6550. Boucharlat, J. (Service de Psychotherapie, Hôpital Sud, Centre Hospitalier Régional Universitaire de Grenoble, F-38130 Echirolles, France) Schizophrenic conversation—Mythic conversation: A diary. *Psychologie Médicale*, 13(13):2103-2104, 1981.

Excerpts from a young schizophrenic patient's diary are presented, and their significance is discussed. The diary is of interest because it touches on universal themes which are reflected in religious myths, such as abandonment, death, mutilation, and love. It is suggested that present day psychology, which emphasizes psychopathology and biological discoveries, should also consider the metaphysical aspect of existence. (5 references)—Journal abstract, modified.

6551. Carrico, K.L., Jr. (Michigan State University, East Lansing, MI 48823) An examination of the social networks of normals and schizophrenics. *Dissertation Abstracts International*, 42(8):3490-B, 1982.

The social networks of normal subjects and schizophrenics were compared. The comparison was made along four classes of social network variables: structure, content, function, and emotion. In the first phase, it was found that the schizophrenic patients' perception of social relationships was as reliable as was the perception of the normals. Self-report data were found to represent solely the subjects' perceptions regarding social networks, not the actual status of the social networks. In the second phase—the comparison between social networks of the normals and schizophrenics—differences were found in perceived network size and reciprocity. Schizophrenic subjects perceived themselves to be surrounded by fewer important persons than did normals. Normals perceived their relationships as reciprocal in terms of support, whereas schizophrenic patients perceived the relationships as lacking in reciprocity.—Journal abstract, modified.

6552. Darchiya, N.Sh., and Zurabashvili, Z.A. (No address given) Certain types of clasmatosis in schizophrenia. *Soobshcheniya Akademii Nauk Gruzinskoy SSR*, 103(3):729-731, 1981.

Some types of clasmatosis occurring in schizophrenia were studied. In attack-like progressive schizophrenia, clasmatosis formations are bright, optically empty, and elongated (ellipsoidal). Clasmatosis in paranoid schizophrenia takes the form of very large pyriform formations of optically heterogeneous density. The total number of clasmatosis formations in paranoid schizophrenia is greater than in attack-like progressive schizophrenia. These results show that the inclusions found in clasmatosis formations differ in shape, content, nature, quantity, and other characteristics, depending on the nature of the illness.—Journal abstract, modified.

6553. Destounis, N. (12 Lykavittou Street, Athens 136, Greece) Schizophrenia—A psycho-social approach. *Dynamische Psychiatrie*, 14(4/5):301-305, 1981.

It is suggested that the field of psychiatry should be approached not only from the viewpoint of already known disciplines, but also from an existential and phenomenological point of view. Cultural psychiatry and social psychiatry have opened new horizons into the understanding of the etiology and treatment of mental diseases such as schizophrenia. Social psychiatry is primarily a field of research, and cultural psychiatry, as its branch, deals with the sociocultural aspects of mental disorders in a given cultural milieu. The present technological revolution decreases man's capacity for adaptation due to

physical, social, and psychological stresses. The confrontation of these stresses requires continuous trans-cultural research in order to increase our knowledge of the genesis and treatment of mental illness and, in particular, of schizophrenia.

6554. Freire, M.; Roy, A.; Blake, P.; and Seeman, M.V. (University of Toronto, Ontario, Canada) Rejection in parents of schizophrenic outpatients correlates with time spent together. *Comprehensive Psychiatry*, 23(2):190-193, 1982.

Parental rejection was measured in the parents of 16 schizophrenic outpatients by a self-report questionnaire. Parental expression of hostility was positively correlated with time spent with the patient. This was true in a relatively stable patient population protected by neuroleptics. It is concluded that if further studies confirm that parental rejection is partly reactive, that reaction may be amenable to therapeutic intervention. The findings are discussed in the context of previous work with expressed emotion and schizophrenic relapse. (8 references)—Author abstract, modified.

6555. Fujinawa, A. (Psychology and Psychopathology Inst., Kyoto University, Nihonmatsu-Cho, Yoshida, Sakyo-ko, Kyoto 606, Japan) Schizophrenic patients and self-portraits. *Dynamische Psychiatrie*, 14(4/5):250-261, 1981.

A study is presented of schizophrenic patients able to draw their inner self-image, but unable to draw their self-portraits from a mirror. The problem is considered from the perspective of observing and analyzing the changing of the patient's attitudes toward portraying himself. Lacan's concept of the

mirror phase is the theoretical background for dividing the patient's attitude toward self-portraiture into three phases. These are: (1) the transient phase when the patient begins to come out of the pathological state, (2) the phase in which the patient develops his inner self-image, and (3) the phase in which the patient is able to draw his image as it appears in the mirror. It is suggested that a schizophrenic patient, in the course of therapy, undergoes these phases several times and in an increasingly differentiated manner. Through the self-portraits, this process can be analyzed visually.—Journal abstract, modified.

6556. Galle, G. (Universitäts-Nervenklinik mit Poliklinik, Schwabachanlage 6+10, D-8520 Erlangen, West Germany) Transitory initial schizophrenic episodes. *Psycho: Psychiatrie und Medizinische Psychologie für die Praxis*, 7(1):24-27, 1981.

Initial schizophrenic episodes of young people who are not diagnosed as acute schizophrenics are examined. Transitory initial schizophrenic episodes may be recognized as schizophrenic only in retrospect. Five case histories are reported of people under age 25 who had received 8 days of psychiatric inpatient treatment and then were released. Reported symptoms included weakness, nervousness, apathy, feelings of paranoia, mistrust, and anxiety. The diagnosis of transitory schizophrenia proved to be correct in three cases. It is concluded that the terms "pubertal crisis" and "general depression" often are used inappropriately to describe schizophrenic phenomena. (6 references)

6557. Gerard, K. (Zaklad Psychiatrii Społecznej, Instytut Psychoneuro-

logiczny, Al. Sobieskiego 1/9, 02-957 Warszawa, Poland) Changes in the sociodemographic structure of populations of patients first hospitalized for schizophrenia. *Psychiatria Polska*, 15(1):29-36, 1981.

The sociodemographic characteristics of schizophrenic patients first hospitalized during the period 1927 to 1968 were studied. There was a decrease in the percentage of farmers and poorly educated subjects, with a simultaneous increase in the percentage of white-collar workers and better educated subjects; there were also fewer patients from large families. Patients differed from the general population in that they were mainly single and childless. Initially, the number of single and childless subjects was similar for both sexes; with the passage of time it increased for men and decreased for women. The mean age at the time of hospitalization remained the same for men, but increased for women. These changes suggest a trend toward a mitigation of the morbid process in women and the opposite tendency in men. (13 references)—Journal abstract, modified.

6558. Glazer, W.; Sholomskas, D.; Williams, D.; and Weissman M. (34 Park Street, New Haven, CT 06519) Chronic schizophrenics in the community: Are they able to report their social adjustment? *American Journal of Orthopsychiatry* 52(1):166-171, 1982.

Data obtained from the administration of the Social Adjustment Scale II were compared for 56 schizophrenic subjects and their significant others. It is noted that deinstitutionalization of schizophrenic patients makes it imperative that we develop reliable and valid methods to assess

social adjustment. High agreement was found between the reports of schizophrenics and their significant others. The findings suggest that the reports of schizophrenic patients about their social adjustment are a reasonable indicator of status. (15 references)—Author abstract, modified.

6559. Grunewald, U.; Korabelnikov, K.; and Pink, E. (Bezirksfach-rankenhaus für Psychiatrie/Neurologie, DDR-9706 Rodewisch, German Democratic Republic) Social development conditions in schizophrenics. Results of data analysis of rehabilitation questionnaires. *Psychiatrie, Neurologie und Medizinische Psychologie*, 33(1):39-47, 1981.

One-hundred schizophrenic patients, 17 to 55 years old, were studied at the Karl Marx University in Leipzig to determine their premorbid disabilities. A survey of the literature on family research and the social environment of schizophrenic patients shows that patients develop paranoid syndromes, neurosis, and depression in their youth. Premorbid distress was noted more frequently in marriage partners and less frequently in parents. It is concluded that the social-psychological problems and peculiarities of schizophrenics are the consequences of a disturbed premorbid development in social communication. It is recommended that family members and other people close to the schizophrenic patient undergo personality-centered therapy to overcome difficult emotional problems and to enable them to face reality in family as well as on the job. (19 references)—Journal abstract, modified.

6560. Hubschmid, T. (Sozialpsychiatrische Universitätsklinik,

Murtenstr. 21, CH-3010 Bern, Switzerland) Psychiatric thinking—Systemic thinking. *Familien-dynamik*, 6(4):366-378, 1981.

Three theories of schizophrenia which influence the procedures in psychiatric institutions are reviewed: medical/somatic, psychoanalytic, and family-oriented approaches. Examples from a social/psychiatric clinic which illustrate a possible approach based on a systemic model also are examined. (17 references)—Journal abstract, modified.

6561. Hunca-Bednarska, A.; Olajosy, M.; Chlewinski, Z.; and Bednarski, M. (Klinika Psychi-atryczna, Akademia Medyczna, ul. Abramowicka 2, 20-442 Lublin, Poland) The emotional significance of selected concepts in a group of patients with early and chronic schizophrenia (a comprehensive study). *Psychiatria Polska*, 15(1):1-7, 1981.

Forty patients with early and chronic schizophrenia were studied using the Osgood Semantic Differential. Concepts evaluated by the patients had a positive, a negative, an aggressive, and an indifferent emotional character. The emotional importance of emotionally indifferent and positive concepts was found to vary significantly, due mainly to the influence of such factors as valuation, stability, and sensitivity. The results obtained for patients with chronic schizophrenia reveal more intense emotional associations, and may suggest that there is no simple loss of emotionality in these patients. (20 references)—Journal abstract.

6562. Jeste, D.V.; Kleinman, J.E.; Potkin, S.G.; Luchins, D.J.; and Weinberger, D.R. (Adult Psychiatry Branch, Division of Special Mental

Health Research, NIMH, St. Elizabeths Hospital, Washington, DC 20032) *Ex uno multi: Subtyping the schizophrenic syndrome. Biological Psychiatry*, 17(2):199-222, 1982.

Ninety-three chronic schizophrenic inpatients who met the Research Diagnostic Criteria for schizophrenia were studied. Data on a number of historical, epidemiologic, phenomenologic, biochemical, neuropathological, and treatment/response variables were analyzed. Patients were classified into pairs of subgroups as follows:

(1) ventricle/brain ratio (VBR) assessed on computed tomography (normal vs. abnormal); (2) premorbid adjustment (good vs. poor); (3) therapeutic response to neuroleptics (good vs. poor); (4) platelet monoamine oxidase (MAO) activity (low vs. high); (5) paranoid features (present vs. absent); (6) tardive dyskinesia (present vs. absent); and (7) hemispheric asymmetry on computed tomography (normal vs. abnormal). Results suggest that two biological variables, VBR and platelet MAO activity, might be useful in identifying two distinct subgroups among chronic schizophrenic patients. A subgroup with large VBR was associated with poor premorbid adjustment, neurological impairment, and poor therapeutic response to neuroleptics, while the subgroup with low platelet MAO activity displayed paranoid features and tardive dyskinesia. (47 references)—Author abstract, modified.

6563. Julien, R.A.; D'Agostino, N.; and Balzamo, E. (Service de Psychiatrie, Secteur VI des Bouches du Rhône, CHS Valvert, Boulevard des Libérateurs, F-13011 Marseille, France) *Dream recall and primary*

delusional experience in schizophrenics. Psychologie Medicale, 13(13):2107-2112, 1981.

Dream recall of five schizophrenics who were either in an acute phase or in remission was studied. Subjects spent three consecutive nights in the sleep laboratory. Their first night's sleep was uninterrupted; during the second and/or third nights they were awakened three or four times 10 minutes after the electroencephalogram indicated that rapid eye movement sleep had begun, and were asked to tell their dreams. All the dreams were closely related to the patients' lives, but contrasted with their waking states. The mood in the dream often contrasted with the mood of the previous day, and subjects often made semantic modifications when recalling the dream. (18 references)

6564. Kobal, M. (Psychiatrische Universitätsklinik Ljubljana, YU-61260 Ljubljana Polje, Yugoslavia) *Some characteristics of schizophrenia in adolescence. Dynamische Psychiatrie*, 14(6):332-344, 1981.

Factors in the development of adolescent schizophrenia are discussed, including genetics, individual peculiarities in the workings of the nervous system, and early childhood development. Fifty-five patients of the Adolescent Unit of the Mental Health Center in Ljubljana were observed. Patients' symptoms which occurred most often were introjection, problems in abandoning childish behavior patterns, preoccupation with eschatological problems and transcendental phenomena, and shift in thinking toward details. It is emphasized that all of the above categories in and of themselves are normal preoccupu-

pations of adolescents, but that the persistence of these symptoms may indicate the onset of schizophrenia. (15 references)

6565. Kramer-Dover, S.L. (George Washington University, Washington, DC 20006) *The similarity in psychopathology between schizophrenic mothers and their children. Dissertation Abstracts International*, 48(2):3428-B, 1982.

Similarity in psychopathology was investigated in 115 Danish schizophrenic mother-child dyads. A total of 37 symptom syndromes, scored as present or absent for mothers, were compared with symptom syndrome scores of adult offspring. Contrary to expectations, schizophrenic mothers and their offspring were not found to be similar in terms of psychopathological symptoms manifested by each, and mother-daughter dyads exhibited the same degree of similarity as mother-son dyads. Thus, the social learning model of symptom transmission was not substantiated. Proximity in time of ratings was not a factor determining similarity, but proximity of age of mothers and children at respective times of rating was positively associated with degree of symptom similarity.—Journal abstract, modified.

6566. Leff, J., and Abberton, E. (MRC Social Psychiatry Unit, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, England) *Voice pitch measurements in schizophrenia and depression. Psychological Medicine*, 11(4):849-852, 1981.

A laryngograph was used to attempt to distinguish between the monotonous voice produced by schizophrenic patients and that of

severely depressed patients. Voice pitch was studied in a series of emotionally blunted and nonblunted schizophrenic patients, and retarded and nonretarded depressive patients. The frequency distributions of the laryngographic recordings were analyzed to yield kurtosis scores. The group of retarded depressive patients had a significantly higher kurtosis score than the group of blunted schizophrenic patients. Hence this technique allows an objective distinction to be made between two kinds of monotonous voices produced by psychiatric patients. It is noted that blunted schizophrenic patients had a higher mean kurtosis score than nonblunted schizophrenic patients. (5 references)—Author abstract, modified.

6567. Majczak, A.; Olajosy, M.; Nagay, J.; and Perzynski, J. (Klinika Psychiatrii, Akademia Medyczna, ul. Abramowicka 2, 20-442 Lublin, Poland) Analysis of selected data concerning patients first hospitalized for schizophrenia between 1971 and 1975 in the city and voivodship of Lublin. *Psychiatria Polska*, 15(1): 17-22, 1981.

Case histories of 272 schizophrenic patients first hospitalized between 1971 and 1975 in the city and voivodship of Lublin were studied. More men than women had been hospitalized, particularly among those in the 21- to 25-year-old age group. Rehospitalization was more frequent in patients from the city of Lublin. Patients from the city did not differ from those from the voivodship (province) of Lublin with regard to social status or number of children. Analysis of the sources of income for 1975 revealed that a greater percentage of professionally active patients were in the group first hospitalized between 1971 and 1975,

as compared to a group of those first hospitalized between 1960 and 1970. (10 references)—Journal abstract, modified.

6568. Meya, U. (Abt. Neurologie, Medizinische Fakultät, RWTH Aachen, Goethestrasse 27/29, D-5100 Aachen, West Germany) The problem of the attitude adopted by psychotic patients toward their own disease, seen from the aspect of its semantic (definitional significance) development. *Fortschritte der Neurologie-Psychiatrie*, 49(11): 395-405, 1981.

Studies on the way schizophrenic patients view their illness are presented, and a model to visualize the complex social network in which patients find themselves while assimilating the experience of their psychosis is presented. The model is based on advances in social psychology during the past 25 years. The most important elements with characteristic influences on the process of assimilation are: (1) typical judgments by the public about mental disease; (2) judgments of the social primary group and the way of obtaining the social role of a patient; (3) interaction with close friends and relatives; (4) the experience of a mental hospital, the treatment, and the therapist, nurses, and other patients; and (5) previous experience as a patient. The model presents the following conclusions: (1) a high degree of harmony between the elements listed facilitates the assimilation of the experience of a psychosis and thus leads to a better prognosis; and (2) the information gained in a social setting of an investigator exploring a patient represents just a small part of the complex process of assimilating the experience of a psychosis. (64

references)—Author abstract, modified.

6569. Neufeldt, A.H. (Dept. of Psychology, York University, Downsview, Ontario M3J IP3, Canada) ". . . Move over!": A message from self-help groups. *Canada's Mental Health*, 29(4):3-4, 33, 1981.

The history, purpose, and accomplishments of two Canadian self-help groups, On Our Own and Friends of Schizophrenics, are described. Founded in 1977, On Our Own is an organization composed of deinstitutionalized psychiatric patients, providing friendship, understanding, and support through outreach to those still in institutions and those just released. Features of the organization include a democratic, self-governing, nonprofit structure with monthly business meetings and annual meetings for members. Friends of Schizophrenics, initiated in 1978 by parents of schizophrenics, provides a forum for support, discussion, and information for the families of schizophrenic patients. In addition to supporting families, the group has devoted much energy to educating the public. (3 references)

6570. Perzynski, J. (Klinika Psychiatrii, Akademia Medyczna, ul. Abramowicka 2, 20-442 Lublin, Poland) Studies of the structure and dynamics of neurotic syndromes initiating schizophrenic processes. *Psychiatria Polska*, 15(1):9-15, 1981.

Two groups of 22 patients each underwent clinical analysis. The first group was composed of patients in whom schizophrenia had begun with neurotic disorders; the other group was composed of neurotic patients. The two groups were found to differ in a statistically significant way with

regard to age at onset of the illness, duration of the disorder, and number and frequency of the various symptoms. Great variations were found in the neurotic syndromes of early schizophrenia with respect to the occurrence, intensity, and season-dependent intensification of symptoms as well as the occurrence of symptoms characteristic of this group of patients.—Journal abstract.

6571. Pull, C.B. (Centre Hospitalier de Luxembourg, 4, rue Barble, Luxembourg, Belgium) Depression and schizophrenia. *Encephale*, 7:343-346, 1981.

The classification of affective psychoses and schizophrenic psychoses is discussed. Although schizophrenia and depression represent two valid and distinct classifications of disorders, the boundary between the two is vague and it is difficult to classify illnesses with both schizophrenic and affective elements. It is uncertain whether schizoaffective psychoses should be classified under the schizophrenias or affective psychoses, or if they are distinct from both of these classifications. It is concluded that although they probably do not constitute a homogeneous grouping, affective psychoses and schizophrenic psychoses should be classified separately at present, if only to facilitate further research. (15 references)—Journal abstract, modified.

6572. Ramsay, R.A.; Ananth, J.; Engelsmann, F.; Krakowski, A.J.; Wittkower, E.D.; and Ghadirian, A.M. (McGill University, P.O.B. 6070, Montreal, Quebec H3C 3G1, Canada) Schizophrenia and psychosomatic illness. *Journal of Psychosomatic Research*, 26(1):33-42, 1982.

To explore the possibility of a mutually exclusive relationship between schizophrenia and certain psychosomatic disorders, 354 adult schizophrenic patients, both acute and chronic, were studied with regard to lifetime prevalence of peptic ulcer, bronchial asthma, neurodermatitis, and rheumatoid arthritis. Significant evidence to support the hypotheses of mutual exclusivity was found only in the case of peptic ulcer in the overall sample. Prevalence was higher in younger, more acute patients than in older, chronic patients, but it is suggested that this finding is difficult to interpret. Parallel inquiry into the prevalence of schizophrenia and the same disorders among family members of the patients yielded inconclusive results. (34 references)—Author abstract.

6573. Rosenberger, P., and Lewine, R.R.J. (Lewine: Illinois State Psychiatric Institute, 1601 West Taylor Street, Chicago, IL 60612) Conceptual issues in the choice of a structured psychiatric interview. *Comprehensive Psychiatry*, 23(2):116-123, 1982.

Two popularly used interviews, the Present State Examination (PSE) and the Schedule for Affective Disorders and Schizophrenia (SADS), are compared to assist the clinician in making an informed choice of available interview schedules. It is suggested that the interviewer's cognitive task, the conceptualization of psychopathology, and clinical and research objectives must be considered when choosing an interviewing schedule. It is noted that the PSE may be more appropriate for making treatment decisions and more useful in clinical work, while the SADS, oriented toward longer duration illness, might be used to

conduct family history studies and to assign subjects to different treatment groups. (23 references)

6574. Rousselot, Y. (No address given) Langfeldt's conception of schizophrenia. *Annales Medico-Psychologiques*, 139(8):879-892, 1981.

Langfeldt's method of classifying schizophrenia is discussed, and a few current opinions of his system are reviewed briefly. Langfeldt divided schizophrenia into two types: true schizophrenia with dementia, and an illness with symptoms similar to schizophrenia but with a good prognosis. True schizophrenia is recognized by a number of chronic symptoms; in addition, factors such as biotype, character, heredity, and etiology will influence the prognosis. (32 references)

6575. Roux, G. (9, place Royale, F-64000 Pau, France) The finished drawing, sketches, incompleteness. *Psychologie Medicale*, 13(9):1435-1440, 1981.

Three observations of finished and unfinished drawings by schizophrenics are discussed. The sketch, or unfinished drawing, is usually a preliminary to a more detailed picture, but it can also be a habitual mode of expression as it commonly is for schizophrenics. The drawings discussed are highly individualized but at the same time have common elements. The few pictures that have been completed are cold and inhuman, and they cannot compare with the richness of the sketches.—Journal abstract, modified.

6576. Rozycka, J., and Swornowska, K. (Instytut Psychologii, Uniwersytet Wrocławski, Dawida 1, 50-527

Wroclaw, Poland) Ingratiation behavior in paranoid schizophrenics. *Psychiatria Polska*, 15(1):23-27, 1981.

The behavior of 40 paranoid schizophrenic patients was studied to determine whether such patients are capable of ingratiation behavior. It was found that some paranoid schizophrenics, even those hospitalized for 10 to 20 years, were capable of ingratiation activities. This confirms the viewpoint that paranoid schizophrenia is characterized by selective rather than total pathology in human interrelations. (4 references)—Journal abstract, modified.

6577. Strian, F.; Heger, R.; and Klicpera, C. (Max Planck Institut für Psychiatrie, Kraepelinstrasse 10, D-8000 München 40, West Germany) The time structure of depressive mood in schizophrenic patients. *Acta Psychiatrica Scandinavica*, 65(1):66-73, 1982.

The depressive mood of 134 schizophrenic patients was examined. Patients completed a self-rating mood scale every other day. The frequency of depressive mood and the intensity and dynamics of each period of depression were analyzed using defined algorithms. Marked depression was found in more than half of the patients. Depression was seen predominantly at the beginning of hospitalization, but subsequent occurrences were not concentrated in any specific time periods. The results suggest that depression in schizophrenia is predominantly an experience or consequence of the underlying illness and that pharmacological factors are not as important as has been previously assumed in the literature. (18 references)—Author abstract.

6578. Tyszkiewicz, M. (No address given) Artistic works of schizophrenic patients viewed as personal creative expression. *Zdrowie Psychiczne*, 22(1):43-50, 1981.

An analysis of the creative work of schizophrenic subjects as a means for personal expression is presented which focuses on 94 paintings—22 by professional artists, 52 by amateurs, and 20 by patients in a psychiatric ward. The analysis distinguishes between classical themes such as scenic paintings, portraits, still lifes, and abstract paintings and paintings in which pathological distortions dominate. The type of expression in the paintings is also subdivided into three categories: direct communicative, metaphoric, and hidden expression. Results indicate that the hospitalized patients have the weakest development of verbal expression. It is suggested that art therapy may facilitate contact with the environment and may permit expression of feelings. (8 references)

6579. Watson, C.G.; Kucala, T.; Angulski, G.; and Brunn, C. (Research Service, VA Medical Center, St. Cloud, MN 56301) Season of birth and schizophrenia: A response to the Lewis and Griffin critique. *Journal of Abnormal Psychology*, 91(2):120-125, 1982.

A response is presented to the Lewis and Griffin (1981) critique of research describing seasonality effects in schizophrenia. They have argued that this effect may be an artifact resulting from the use of inappropriate expected values in χ^2 calculations in previous studies, the age incidence effect, and the age prevalence effect. The birth months of 3,556 schizophrenics at Minnesota Veterans Administration Hospital were examined before and after

correcting for year-to-year across-month variations in birth rates in the expected values and the age prevalence bias toward the January/March seasonality effect. Finally, the data were reanalyzed on a subset of patients in whom the age incidence effect should be minimal. Even after these corrections, results support the contention that the winter birth rate of schizophrenics is excessive, at least in severe climates. (18 references)—Author abstract, modified.

6580. Zipper, M.M. (University of Missouri-Columbia, Columbia, MO 64110) Social stress and autism in schizophrenia. *Dissertation Abstracts International*, 42(8):3451-B, 1982.

The relationship between interpersonal intensity and autistic thinking in schizophrenic subjects was examined as a function of the level of subjective stress. Results indicate that schizophrenic cognitive deficit is exacerbated under conditions of increased threat of interpersonal intimacy. Schizophrenic subjects of both high and low stress conditions failed to demonstrate any noteworthy differences in their self-disclosure regardless of the type of self-disclosure models. In contrast, nonpsychotic psychiatric patients demonstrated little psychopathology across experimental conditions.—Journal abstract, modified.

Diagnosis

6581. Ban, T.A. (Tennessee Neuro-psychiatric Institute, 1501 Murfreesboro Rd., Nashville, TN 37217) Chronic schizophrenias: A guide to Leonhard's classification. *Comprehensive Psychiatry*, 23(2):155-169, 1982.

The development of the concept of schizophrenia is reviewed along with the clinical importance of understanding its various manifestations. It is pointed out that of the three systematic schizophrenias, only systematic catatonias have shown a considerable decrease during the past 25 years. It is concluded that classifying patients on the basis of Leonhard's criteria corresponds with clinical experience and provides seemingly homogeneous populations, a prerequisite to meaningful research to understand and treat the various disorders subsumed under schizophrenia. (39 references)—Author abstract, modified.

6582. Blumenthal, S.L. (California School of Professional Psychology, Berkley, CA 94701) The use of Rorschach thematic content analysis for differential diagnosis. *Dissertation Abstracts International*, 42(6): 2516-B, 1981.

Rorschach protocols for 65 males who had been inpatients at one of two hospitals were used to identify affective and psychodynamic themes evident in Rorschach content. It was hoped that identification of affective themes could be a diagnostic aid. Major focus was on the hypotheses regarding the more specific subcategories between the diagnostic groups—paranoid schizophrenic, manic-depressive, and schizoaffective patients. The Affective Inferences Scale was a useful diagnostic instrument when used conservatively in conjunction with structural features of the Rorschach, other tests, and other individual variables. The instrument's main value was its sensitivity to thematic concerns which might be unconscious and conflictory in nature. Evidence for the schizoaffective diagnosis as a blend of two polar conditions was

ambiguous. It is recommended that future investigators form diagnostic groups from discrete selection criteria based on symptomatic and case history variables.—Journal abstract, modified.

6583. Bobon, D.P., and Mendlewicz, J. (Clinique psychiatrique universitaire de Liege, Liege, Belgium) Preliminary results of the French adaptation of Montgomery's Schizophrenia Scale. *Feuilles Psychiatriques de Liege*, 14(4):477-486, 1981.

A preliminary French version of the Montgomery Schizophrenia Scale, a 12-item subscale of the Comprehensive Psychopathological Rating Scale, is discussed. In the proposed French translation, the items and degree of intensity of symptoms were translated rather literally, but the headings were not. Administration of this scale to four delusional subjects before and 3 weeks after treatment with zetidine showed that the scale is sensitive to neuroleptic use. A copy of the French version of the scale is included. (6 references)

6584. Csemy, L. (Sasankova 2659, 106 00 Praha 10, Czechoslovakia) Indicators of perceptocognitive decline in the Rorschach method. *Ceskoslovenska Psychologie*, 25(4):330-338, 1981.

A less traditional use of the Rorschach method, a quantitative approach to measuring the perceptocognitive level, was investigated. Five perceptocognitive indexes and two scoring systems of organic psychosis were used. The procedure was verified with three groups (neurotics, schizophrenics, organic psychotics) of 10 persons each. Highly significant differences in the perceptocognitive level were found between neurotics

and organic psychotics, and between neurotics and schizophrenics. No significant differences in the perceptocognitive level were found between organic psychotics and schizophrenics. Some difference was found in the symptoms of organic psychosis. This suggests that the decrease in the perceptocognitive level in both groups is different in quality. Attention is directed to the differential diagnostic contribution of the indicators. The procedure is recommended especially for use in clinical practice, because it allows the study of important integrational and regulatory mechanisms of personality. (12 references)—Journal abstract, modified.

6585. Halkias, D.E. (United States International University, San Diego, CA 92106) Exploring differing vantage points on schizophrenia: A survey on the consistency of behavioral cues and clinical usage of psychodiagnostic label among California psychologists. *Dissertation Abstracts International*, 42(8):3423-B, 1982.

A descriptive survey of California psychologists was conducted to examine the behavioral cues they use to diagnose schizophrenia, and their clinical usage of this psychodiagnostic label. Of 350 psychologists contacted, 108 (31 percent) responded. Results indicate that not one of the behavioral cues reached a consensus rate of 40 percent; nor did one definition of schizophrenia reach a favorable rate of consensus. The probability of obtaining a population consensus was computed from the normal curve error based on the foregoing parameters. While there was higher consensus for behavioral cues and definitions among those having the same specialization and among those having the same

theoretical approach, the difference between their level of consensus and that of the sample population was not significant.—Journal abstract, modified.

6586. Mahendra, B. (Dept. of Neurological Sciences, Medical College of St. Bartholomew's Hospital, West Smithfield, London EC1, England) *Where have all the catatonics gone? Psychological Medicine*, 11(4):669-671, 1981.

The apparent decline in the incidence of catatonic schizophrenia is discussed. The decline is placed as occurring from about the 1930s; i.e., before the introduction of neuroleptics. This decline has been generally attributed to early detection and management, a liberal and humane hospital atmosphere, and increased occupation of the patient. However, it is suggested that the conditions which were studied and described as catatonia included those that ran a basically schizophrenic course with coexisting catatonic features, as well as manic-depressive illnesses with catatonic signs and organic states. It is proposed that the catatonia might have been virally induced. General problems in diagnostics of schizophrenia are considered, such as what are the cardinal features of the disorder and what are epiphenomena which might disappear within a generation. (21 references)

6587. Miller, H.R.; Streiner, D.L.; and Kahgee, S.L. (Dept. of Psychology, Hamilton Psychiatric Hospital, P.O. Box 585, Hamilton, Ontario, Canada L8N 3K7) *Use of the Golden-Meehl indicators in the detection of schizoid-taxon membership. Journal of Abnormal Psychology*, 91(1):55-60, 1982.

The ability of the seven Minnesota Multiphasic Personality Inventory items identified by Golden and Meehl to indicate schizoid taxon membership was examined. On the basis of a cutting score of four or more items answered in the schizoid direction, 53.1 percent of a group of schizophrenic subjects were identified as taxon members, whereas 70.9 percent of a group of nonschizophrenic, acutely depressed patients were so identified. In contrast, 9.3 percent of a group of nonschizophrenic depressed patients currently in remission were identified as taxon members. Only 33.3 percent of a subgroup of the schizophrenics were consistently identified as taxon members on two testings, whereas 37.8 percent of this group were consistently identified as nontaxon members. The sum of the standard scores for the depression (D), psychasthenia (Pt), schizophrenia (Sc), and social introversion (Si) scales was also unsuccessful in identifying taxon members, regardless of the cutting score used, although it did differentiate the two groups of depressive subjects. The seven items and the sum of the D, Pt, Sc, and Si scales may be reasonable indicators of degree of current psychopathology and emotional distress. (4 references)—Author abstract, modified.

6588. Overall, J.E. (Dept. of Psychiatry and Behavioral Sciences, University of Texas Medical School, Houston, TX 77025) *Criteria for the selection of subjects for research in biological psychiatry.* In: van Praag, H., ed. *Handbook of Biological Psychiatry. Part VI: Practical Application.* New York: Marcel Dekker, 1981. pp. 359-391.

Issues in the selection of subjects for biological research in psychiatry are

examined in an attempt to develop a conceptual framework within which to view objective diagnostic criteria for mental illness. Current research diagnostic criteria are examined also, and objective procedures for diagnostic classification of schizophrenia and major depressive disorder, based on the Brief Psychiatric History Form and the Brief Psychiatric Rating Scale, are presented. (52 references)

5689. Stephens, J.H.; Astrup, C.; Carpenter, W.T., Jr.; Shaffer, J.W.; and Goldberg, J. (Maryland Psychiatric Research Center, Box 3235, Baltimore, MD 21228) *A comparison of nine systems to diagnose schizophrenia. Psychiatry Research*, 6(2):127-143, 1982.

The overlap and prognostic value of nine systems for defining schizophrenia were examined using the files of 283 hospitalized patients discharged with a diagnosis of schizophrenia, schizoaffective schizophrenia, or paranoid state, without knowledge of the patient's subsequent history. Kappa values measuring pairwise diagnostic agreement among the nine systems are typically low except among New York Research Diagnostic Criteria (RDC), *DSM-III*, and St. Louis criteria. Long-term followup status is not significantly predicted by Schneider's first rank symptoms, New Haven Schizophrenia Index, or Taylor-Abrams criteria. Diagnosis by means of the other systems, especially the Astrup process/nonprocess distinction, is significantly correlated with followup, but Astrup's process schizophrenia is not operationally defined and could not be expected to be used with the degree of interrater reliability desired by researchers. *DSM-III* schizophrenia has the highest correlation with followup of

the operationally defined systems, and is suggested for use by researchers desiring a highly homogeneous, although narrowly defined, population. Investigators wishing to cast a wider net could use a less restrictive system such as the RDC, with or without schizoaffectives included. (38 references)—Author abstract, modified.

6590. van Scheyen, J.D. (Hazelaarslaan 9, Middelburg, The Netherlands) Psychogenic psychosis and religion: Diagnostic observations on psychogenic psychosis and/or schizoaffective psychosis. *Tijdschrift voor Psychiatrie*, 23(10):590-610, 1981.

It is suggested that in psychogenic (reactive) psychosis vulnerability factors related to the premorbid character may be of more importance than the life events preceding the psychosis. In 12 out of 28 patients with clinical psychogenic psychosis, this vulnerability was related to a typically orthodox Calvinistic attitude. This attitude reflects a discrepancy between a rationalistic dogmatic religious conviction and the subjective religious experience in which anxiety-inducing feelings of existential insecurity can dominate. During the psychotic episode these patients showed a state of excessive emotional disturbance in which anxiety-inducing religious experiences were typical. In a followup study over a period of 4 to 10 years, it appeared that 14 out of 28 patients showed relapses either as psychotic episodes or as depressions which could be diagnosed as unipolar vital depressions. In 9 out of the 28 patients, a family history of affective psychosis could be demonstrated. Further, the reliability of the original

diagnosis of psychogenic psychosis seems doubtful, and it is suggested that a number of these patients could have been diagnosed as schizoaffective. (32 references)—Journal abstract, modified.

Epidemiology

6591. Pulver, A.E.; Sawyer, J.W.; and Childs, B. (Johns Hopkins Hospital, 600 North Wolfe Street, Baltimore, MD 21205) The association between season of birth and the risk for schizophrenia. *American Journal of Epidemiology*, 114(5):735-749, 1981.

A test was conducted of the hypothesis that season of birth is associated with risk for schizophrenia for subgroups of the schizophrenic populations. Many epidemiologic studies have been conducted to discover factors that might bear on the origins of schizophrenia. In general, the results of these studies have been contradictory; one consistent finding, however, has been an association between season of birth and risk for schizophrenia. The results of regression analyses of data from Monroe County, New York, are reported. All white residents who were reported to have been diagnosed schizophrenic for the first time during the period January 1, 1969 to December 31, 1971, and who were hospitalized at least 1 day in the 5-year period following the first schizophrenic diagnosis formed the group of schizophrenic patients. The population data used for the denominators of the incidence rates consisted of all white residents living in Monroe County as of April 1, 1970. An effect of month of birth on risk for schizophrenia was related to the sex and age of subsets of the

whole population.—Author abstract, modified.

The Family

6592. Ammon, G. (Prinz-Friedrich-Leopold-Str., 21, D-1000 Berlin 38, West Germany) Preventive work in psychoanalytical kindergartens—Diagnosing aspects causing schizophrenia in family groups. *Dynamische Psychiatrie*, 14(4/5):163-178, 1981.

The diagnosis of schizophrenia-causing tendencies in family groups is discussed in terms of preventive work in a psychoanalytical kindergarten with groups of children and parents. Schizophrenogenic families are differentiated from family groups where some aspects or tendencies causing schizophrenia can be observed. Some significant group dynamic and ego structural facets of behavioral patterns which evoke schizophrenic reactions with high probability are presented. (34 references)—Journal abstract, modified.

6593. Schwarz, F. (Forschungsstelle für Psychopathologie und Psychotherapie, Max-Planck-Gesellschaft, Montsalvatstr. 19, D-8000 München 40, West Germany) Family relatives in the psychotherapy of schizophrenic patients. *Zeitschrift für Klinische Psychologie und Psychotherapie*, 29(3):247-254, 1981.

Dependency and isolation problems that schizophrenics encounter with relatives are considered in relation to individual, group, and family therapy. In individual and group therapy, the therapist becomes familiar with the problems of schizophrenic patients and their relatives by the reports of the patients and by

their transference reactions. In family therapy, the patient is confronted directly with his relatives. Contact with the family without a therapeutic frame can occur through letters or phone calls. Independent of the therapeutic setting, the involvement of relatives seems to be a basic factor for a favorable outcome in schizophrenic patients. (40 references)—Journal abstract, modified.

Genetics

6594. Galdi, J.; Rieder, R.O.; Silber, D.; and Bonato, R.R. (Dept. of Psychiatry, University of Cincinnati College of Medicine, Room 7303, MSB, Cincinnati, OH 45267) Genetic factors in the response to neuroleptics in schizophrenia: A psychopharmacogenetic study. *Psychological Medicine*, 11(4):713-728, 1981.

A psychopharmacogenetic strategy was used to investigate a genetic heterogeneity model of schizophrenia. This model consisted of various genetic subtypes represented by patients classified hypothetically according to the types and genealogical (Mendelian) patterns of illnesses in first-degree relatives. The effect of neuroleptics on these subtypes was tested for evidence of posttreatment responses which discriminated between them. The findings reveal that schizophrenic patients who had depressed relatives tended to exhibit depression and more severe pseudoparkinsonism irrespective of types of neuroleptics and greater remission of paranoid hostility symptoms when treated with neuroleptics of the aliphatic-piperidine type. Schizophrenic patients who had schizophrenic relatives failed to show these

responses. The interpretation emphasizes the recognition of these responses as arising from neuroleptic-induced alterations of defective neurological and neurochemical systems underlying this subtype and as pharmacogenetic criteria by which it can be discriminated. (97 references)—Author abstract, modified.

6595. Targum, S.D., and Schulz, S.C. (2141 K. Street, N.W., Suite 704, Washington, DC 20037) Clinical applications of psychiatric genetics. *American Journal of Orthopsychiatry*, 52(1):45-57, 1982.

The value of psychiatric genetic assessments in clinical practice is demonstrated through discussion of clinical issues pertinent to psychogenetics. Data are presented which suggest that there is a constitutional or temperamental predisposition that is etiologic in the development of the major psychiatric disorders—schizophrenia and affective disorder. It is suggested that psychogenetic evaluations may improve diagnostic and prognostic capabilities, aid in pharmacotherapeutic decisions, and contribute to marital and family planning in instances of familial psychosis. It is concluded that the exclusive use of interpersonal, psychological, or family approaches may be overlooking an important biological element that may facilitate treatment. (60 references)—Author abstract, modified.

High-Risk Studies

6596. Ritzler, B.; Gryll, S.; Kiecolt-Glaser, J.; Jones, F.; and Singer, M. (Psychology Clinic, University of Southern Mississippi, Southern Station, Box 5025, Hattiesburg, MI

39401) Predicting offspring vulnerability to psychopathology from parents' test data. *Journal of Personality Assessment*, 45(6):600-607, 1981.

Interpretation of parents' psychological test data was used to predict vulnerability to psychopathology of male offspring—4, 7, and 10 years old. Families were chosen for the study according to the previous psychiatric diagnosis of at least one parent. The prediction procedure was styled after methods used in previous studies with adolescent and young adult offspring. Vulnerability was measured by a global rating score obtained from the Rochester Adaptive Behavior Inventory, a scale based on behavioral observations of the behavior of offspring. Evaluation of 11 families at each age level resulted in significantly accurate predictions at the 10-year-old level, but less than significantly accurate predictions at the 7-year-old and 4-year-old levels. These findings have important implications for the family development of schizophrenia and related disorders. (12 references)—Author abstract.

6597. Watt, N.F.; Grubb, T.W.; and Erlenmeyer-Kimling, L. (Dept. of Psychology, University of Denver, 2460 S. Vine St., Denver, CO 80208) Social, emotional, and intellectual behavior at school among children at high risk for schizophrenia. *Journal of Consulting and Clinical Psychology*, 50(2):171-181, 1982.

The school behavior of 44 children of schizophrenic parents and 70 children of normal parents was rated by classroom teachers unaware of parental disorder. Subjects were 12 to 17 years old. As compared to controls, children of schizophrenic parents showed greater interpersonal

disharmony, less scholastic motivation, more emotional instability, and lower intelligence, but no difference in introversion. Two of the four children with two schizophrenic parents had extremely low ratings for scholastic motivation, harmony, emotional stability, and intelligence, but neither was extremely introverted. It is tentatively concluded that disharmony, emotional instability, and low intelligence are the early markers for vulnerability to schizophrenia. Introversion may best be construed, not as a static preschizophrenic characteristic, but as a dynamic phase in a process of coping and retreat that precedes schizophrenic breakdown, sometimes by many years. (19 references)—Author abstract, modified.

Historical

6598. Gershon, E.S. (Section on Psychogenetics, Biological Psychiatry Branch, NIMH, Bldg. 10, Room 3N218, Bethesda, MD 20205) The historical context of Franz Kallmann and psychiatric genetics. *Archiv für Psychiatrie und Nervenkrankheiten*, 229(4):273–276, 1981.

The pioneering contributions of Franz Kallmann to psychiatric genetics, especially to the genetics of schizophrenia, are discussed. Much of Kallmann's work was conducted during the Nazi period in German history, which reflected a racial interpretation of the inherited nature of man. Upon emigrating to the United States in 1936, his major work involved a family study of schizophrenia in 13,581 relatives of 1,087 patients admitted to a Berlin hospital in a 10-year period. He was also the first to identify increased mortality in relatives of schizophrenics, partic-

ularly from suicide, and the results of his classic twin studies of schizophrenia and manic-depressive illness in New York State hospitals still provide important support for the genetic hypothesis in these disorders. It is contended that Kallmann's work did not achieve immediate, widespread acceptance in American psychiatry, partly due to the tide of opinion against genetic research and applications in psychiatry in Nazi Germany. (13 references)

Overview

6599. Manschreck, T.C. (Dept. of Psychiatry, Massachusetts General Hospital, Fruit Street, Boston, MA 02114) Current concepts in psychiatry: Schizophrenic disorders. *New England Journal of Medicine*, 305(27):1628–1632, 1981.

An overview of schizophrenic disorders is presented, with a focus on *DSM-III* advances in definition and diagnosis. The *DSM-III* diagnostic criteria reflect several strategic changes in psychiatric thinking. There is an explicit view of schizophrenia as an idiopathic syndrome with heterogeneous causes; there is a more balanced emphasis on symptoms and course of illness factors; the criteria narrow the previously defined boundaries of schizophrenia; the requirement that affective and organic mental disorders be ruled out makes schizophrenia a diagnosis of exclusion; and traditional phenomenologic subtypes (e.g., paranoid, catatonic, hebephrenic) have been deemphasized because of a lack of validation. Diagnostic criteria for schizophrenic disorder are outlined, and characteristics of the prodromal, active, and residual phases of the disorder are delineated. Course and prognosis

of schizophrenia are reviewed; and etiology is discussed. Although the cause of schizophrenia remains obscure, clinical, genetic, epidemiologic, and biochemical investigations provide evidence consistent with the concept of schizophrenia as a disease. Pharmacologic, psychotherapeutic, and behavioral treatments for schizophrenia are summarized. (37 references)

Psychological Theory

6600. Billeter, W. (Analytisches Zentrum, Ehntaler Str. 249, CH-8046 Zurich, Switzerland) The bodily expression of the pathogenic group dynamics in schizophrenia—Diagnosis and therapy. *Dynamische Psychiatrie*, 14(4/5):277–294, 1981.

The diagnosis and therapy of the bodily expression of pathogenic group dynamics in schizophrenia is discussed in terms of Shamanism and the cathexis of the body scheme. The cathexis of the body scheme can be measured quantitatively as the static electrical charge or as the local resistance of the skin. Thus, it is possible to measure psychic structure beyond the actual symptomatology. The therapeutic program comprises group psychotherapy, individual psychotherapy, and somatic therapy including methods derived from Shamanism, like breathing methods, motion with music, and riding. This enables integration of the disintegrated body. This integration is an aspect of identity development and depends on a reparative group such as a family or community.—Journal abstract, modified.

6601. Jarosz, M. (Instytut Chorob Układu Nerwowego AM, ul. Narutowicza 96, K1. B, 90-141 Lodz,

Poland) The pros and cons of the "Pracoxgefühl": Not intuition but diagnosis. *Psychiatria Polska*, 15(2):167-172, 1981.

An overview of arguments for and against the Pracoxgefühl theory, or early premonition of schizophrenia, is presented, focusing on the nature of the feeling as a means of establishing an early diagnosis of schizophrenia. It is suggested that instead of focusing on the intuitive aspects, it is more valuable to establish and observe symptoms that may indicate the early onset of schizophrenia. At the same time, it is important to remember that many of the early symptoms of schizophrenia, such as memory loss, divergent thought patterns, anxiety, an inclination to magical and exaggerated thought processes, and other forms of eccentricity, may surface at times in healthy individuals. For this reason, all initial symptoms should be analyzed carefully, and the Pracoxgefühl should be considered as a hypothesis that needs verification. (16 references)

6602. Jarosz, M. (Instytut Chorob Ukladu Nerwowego Am, ul. Narutowicza 96, K1. B, 90-141 Lodz, Poland) Early premonition of schizophrenia. *Psychiatria Polska*, 15(2):173-178, 1981.

The early premonition of schizophrenia, or *Pracoxgefühl*, is discussed in light of the literature on the characteristics of true schizophrenia. Psychiatry has been unable to designate specific schizophrenic symptoms clearly since many of schizophrenia's characteristic symptoms may also appear in other syndromes, and often appear in healthy individuals. In particular, Rumke's work on the intuitive diagnosis of schizophrenia is

described. Although Rumke felt that the Pracoxgefühl was a valuable instrument in diagnosing schizophrenia in a patient, it is suggested that an inexperienced psychiatrist may not be able to verify the symptoms under consideration. (12 references)

6603. Kodandaram, P.; Vinutha, M.A.; and Sathyavathi, K. (Dept. of Clinical Psychology, National Institute of Mental Health and Neurosciences, Bangalore 560029, India) Social identity among criminals, mental patients and normals. *Indian Journal of Clinical Psychology*, 8(2):137-140, 1981.

The social/psychological role theory model of Sarbin (1970) for understanding behavioral dysfunctions was experimentally examined. Sarbin's three-dimensional model of conduct asserts that social identity can be assessed by evaluating both a person's status and the degree of involvement in the role enacted. Consequently, a person with dysfunctional conduct is a person who has lost his or her social identity. Sarbin's Conduct Impairment Scale was administered to 30 subjects in each of four groups: criminals, schizophrenics, neurotics, and normal subjects. Results show that criminals and mental patients differed significantly from normal subjects on test scores. (7 references)—Author abstract, modified.

6604. Lang, H. (Psychosomatische Klinik, Universitat Heidelberg, Landfriedstr. 12, D-6900 Heidelberg 1, West Germany) The relationship between obsession and schizophrenia. *Nervenarzt*, 52(11):643-648, 1981.

The relationship between obsession and schizophrenia is discussed based on three cases. The need to establish

research limits is explored, particularly when the symptoms themselves serve as reminders of cognitive disturbances in schizophrenia. This controversial differentiation is discussed against the background of a brief overview of the literature in the field. Based on this overview, a causal relationship for a possible reciprocal effect between obsession and schizophrenia is developed. It appears that the manifestation of obsessive phenomena in schizophrenia is less a defense of overly strong motivations and more an existential attempt to counteract psychotic personality disintegration. (37 references)—Journal abstract, modified.

6605. Smith, D.B. (University of Massachusetts, Amherst, MA 01002) An interactional model of psychosis and schizophrenia. Dissertation Abstracts International, 42(8):3443-B, 1982.

A model of psychosis and schizophrenia, based primarily on symbolic interaction theory, is developed. The development of dialogic consciousness, defined as an internalized communicative process, is discussed, and problematic processes in the developmental sequence are delineated. Prelinguistic and linguistic experience are considered. Psychosis is defined as the disintegration of dialogic consciousness, and the emergence of nondialogically organized interactive phenomena into consciousness. Schizophrenia is defined as a particular way to construct reality that both increases vulnerability to psychosis and determines the content of what nondialogically organized phenomena emerge in psychosis. The schizophrenic drama is viewed primarily as a struggle to remain related to social processes in some way that protects

the person from psychological destruction within that social process.—Journal abstract, modified.

Treatment

6606. Abuzzahab, F.S., Sr., and Zimmerman, R.L. (Clinical Psychopharmacology Consultants, PA, Suite 818 Fairview, 606 24th Avenue South, Minneapolis, MN 55454) Psychopharmacological correlates of post-psychotic depression: A double-blind investigation of haloperidol vs. thiothixene in outpatient schizophrenia. *Journal of Clinical Psychiatry*, 43(3):105–110, 1982.

A 24-week double-blind study was conducted to compare haloperidol and thiothixene for efficacy and safety in 46 schizophrenic outpatients. Results of global evaluations suggest that haloperidol produced slightly more rapid relief of symptoms than did thiothixene. The inclusion of depression scales was useful in following patients who exhibited depressive symptoms; clinically significant depression was seen in five patients receiving haloperidol and three receiving thiothixene. A high incidence of akathisia in the thiothixene group was responsible for a statistically significant difference between groups in the number of central nervous system symptoms. Mean doses of test drugs were 17.5 mg/day for haloperidol and 31.8 mg/day for thiothixene. The study shows that haloperidol was equal to and in some parameters superior to thiothixene in improving the symptoms of psychosis. (17 references)—Author abstract, modified.

6607. Bomba, J.; Badura, W.; Mamrot, E.; and Orwid, M. (Dept. of Child and Adolescent Psychiatry,

Academy of Medicine, ul. Kopernika 21, 31–501 Krakow, Poland) Results of psychotherapy in adolescent schizophrenia. *Dynamische Psychiatrie*, 14(6):345–354, 1981.

Sixty-six adolescents suffering from schizophrenia were asked to complete a questionnaire when released from the hospital and again 5 years after their release from the Adolescent Unit, Department of Psychiatry in the Academy of Medicine, Krakow, Poland. The workings of the therapeutic unit and the treatment goals are explained. Patients' progress was assessed using the Turku Schizophrenia Assessment Form and the Modified Followup Form. It was found that most patients showed either no symptoms or some symptomatic improvement over the 5-year period. It is concluded that the emotional and social development of adolescent schizophrenics was not arrested by the patients' illness. (5 references)

6608. Carleton, J.L. (World Association for Social Psychiatry, 2323 Oak Park Lane, Santa Barbara, CA 93105) Therapeutic dependency in the treatment of schizophrenia. *Dynamische Psychiatrie*, 14(4/5):202–232, 1981.

The concept of therapeutic dependency as a form of treatment is presented. It is suggested that successful dynamic therapy with schizophrenics is dependent upon the nature of the interpersonal relationships which can be created between the patient and his therapeutic groups and with his therapist. The schizophrenic patient's needs for physical, emotional, and intellectual contact and involvement with other people are the same as those of any other person. The psychopathology of the schizophrenic patient creates

special obstacles to the development of mutuality with others. Therapy must undo the damage from early childhood experience and motivate the reconstruction of adequate ego structures and processes. This can only be done in a social therapeutic environment where normal physical, emotional, and intellectual experiences are possible. (20 references)

6609. Costa, J.-G.; Silva, E.; and Dreyfus, J.-F. (Silva: Faculté de Sciences Médicales, Université d'Etat de Rio de Janeiro, Rio de Janeiro, Brazil) Clinical evaluation of pipotiazine and its palmitic ester in the treatment of schizophrenia. *Annales Medico-Psychologiques*, 139(4):439–445, 1981.

The effectiveness of pipotiazine and of pipotiazine palmitate in the treatment of schizophrenia was evaluated clinically. Twenty chronic schizophrenic inpatients hospitalized for an acute attack were given oral pipotiazine in doses of 10 to 20 mg/day. After their release, they received a monthly injection of 80 mg pipotiazine palmitate. Subjects were evaluated on the basis of a physical evaluation and the Brief Psychiatric Rating Scale. Results show that the oral pipotiazine controlled symptoms beginning with the second week and had the greatest effect on conceptual disorganization, thought disorders, anxiety, depression, and tension. The injections not only prevented relapses but also produced further improvement. Side effects were minimal and easily controlled. It is concluded that pipotiazine would be especially useful in countries where the psychiatric infrastructure is still weak. (11 references)—Journal abstract, modified.

6610. Erdreich, M. (Government Mental Health Center, P.O. Box 9, Tirat Carmel, Haifa, Israel) Psychotherapeutic journeys with schizophrenic patients living in the community. *Dynamische Psychiatrie*, 14(4/5):233-249, 1981.

Psychotherapy for schizophrenics living in the community, after having passed the acute stage in the hospital, is discussed in terms of providing various support systems for the schizophrenic which help him to cope with his problems. A case study of a patient treated in the community is discussed, as is a pilot study of the effects of psychotherapy on schizophrenic patients. (3 references)

6611. Freedman, R.; Kirch, D.; Bell, J.; Adler, L.E.; Pecevich, M.; Pachtman, E.; and Denver, P. (Depts. of Psychiatry and Pharmacology, University of Colorado Health Sciences Center, 4200 E. Ninth Avenue, Denver, CO 80262) Clonidine treatment of schizophrenia: Double-blind comparison to placebo and neuroleptic drugs. *Acta Psychiatrica Scandinavica*, 65(1):35-45, 1982.

Antipsychotic effects of clonidine were evaluated in one schizoaffective and seven schizophrenic patients, using a double-blind, crossover design to compare placebo, clonidine, and standard neuroleptic drugs. Mean improvement on clonidine and neuroleptics was equal, and improvement scores on the two treatments were closely correlated for individual patients. Clonidine was selected because it blocks noradrenergic but not dopaminergic neurotransmission. Patients were selected because of coexisting psychosis and tardive dyskinesia. For all patients, tardive dyskinesia improved when neuroleptics were

discontinued during clonidine and placebo periods of the study. The data provide preliminary evidence that clonidine may be an effective alternative to neuroleptics, particularly for patients for whom the dopaminergic blocking action of the neuroleptics is undesirable. (27 references)—Author abstract.

6612. Gershon, S.; Sakalis, G.; and Bowers, P.A. (Dept. of Psychiatry, Wayne State University, 951 East Lafayette, Detroit, MI 48207) Mesoridazine—A pharmacodynamic and pharmacokinetic profile. *Journal of Clinical Psychiatry*, 42(12):463-469, 1981.

Data on the clinical effectiveness and side effects of mesoridazine are reviewed, and an attempt is made to relate clinical efficacy to phenothiazine pharmacokinetics. The published results of 21 controlled clinical studies comparing mesoridazine with a reference drug or placebo are summarized. Both controlled and open-labeled clinical studies have attested to the efficacy of mesoridazine in schizophrenia, as well as certain other psychiatric disorders. Clinical observations of the effectiveness of mesoridazine in patients refractory to treatment with thioridazine and other neuroleptics may be related to its slow rate of inactivation and to the relatively large proportion of free mesoridazine that is available for penetration to the target sites in the brain. (84 references)—Author abstract, modified.

6613. Gift, T.E., and Gift, J.M. (Dept. of Psychiatry, Strong Memorial Hospital, 300 Crittenden Boulevard, Rochester, NY 14642) Depot fluphenazine and depression: Possible mechanism. *Journal of*

Psychiatric Treatment and Evaluation, 3(6):557-558, 1981.

A modest number of cases have been reported linking fluphenazine with depression. Two cases are presented which suggest that depot administration of fluphenazine prevents the use of psychotic regression, otherwise facilitated by discontinuing oral neuroleptics, as a means of escaping from painful depressive affect. Implications of this for psychotherapy and problems of noncompliance are discussed with respect to the treatment of certain schizophrenic and schizoaffective patients. (12 references)—Author abstract, modified.

6614. Joshi, V.G.; Eswaran, S.; Nagesh, R.; Pai, M.; Mathews, G.; and Mallick, P.N. (7-Jutica Makarand Society, Sawakar, Marg, Bombay 400 016, India) Vitamins B₁, B₆, and B₁₂ in the adjunctive treatment of schizophrenia—Further studies to examine the effect of reduction of chlorpromazine dosage. *Journal of Orthomolecular Psychiatry*, 11(1):45-49, 1982.

A double-blind, placebo-controlled randomized study explored the possibility of reducing the drug doses of acute schizophrenic patients. Patients were given placebo or chlorpromazine with an injection of Macraberin Glaxo containing 100 mg vitamin B₁, 1,000 µg vitamin B₁₂, and 50 mg vitamin B₆. It was found that as the daily dose of chlorpromazine was reduced, recovery in the vitamin therapy group was retarded to a greater extent than in the placebo group. The difference between recovery rates in both groups became statistically significant when the daily chlorpromazine dose was at a subtherapeutic level of less than 150 mg per day. Possible explanations of

the experimental results are proposed. It is hypothesized that the vitamins help in the recovery process by decreasing the supersensitivity of postsynaptic neurons to a more normal level. (5 references)—Author abstract, modified.

6615. Kon, A., and Gaoni, B. (Shalvata Hospital, Hod-Hasharon, P.O.B. 94, Tel-Aviv, Israel) *Dynamic aspects of insulin therapy. Evolution Psychiatrique*, 46(2):473-487, 1981.

A new look at insulin therapy for schizophrenics is presented. Sakel's insulin therapy is now considered outdated; however, when insulin therapy is used in conjunction with psychotherapy, there have been surprising results in some cases of schizophrenia. In a group of 18 young schizophrenics who were unresponsive to standard neuroleptic treatment and electroshock therapy, a combination of insulin therapy and psychotherapy resulted in 12 remissions and 3 cases of improvement 3 years after treatment. It is noted, however, that results were less impressive immediately upon completion of treatment; the effects were often delayed. (21 references)—Journal abstract, modified.

6616. Lange, E.; Konig, L.; and Eyman, B. (Medizinische Akademie "Carl Gustav Carus," Fetscherstr. 74, DDR-8019 Dresden, German Democratic Republic) *Peculiarities and difficulties in the systematic use of drugs in the treatment of chronic schizophrenics. Psychiatrie, Neurologie und Medizinische Psychologie*, 33(1):34-38, 1981.

Difficulties encountered in the treatment of chronic schizophrenic psychoses with various syndromes were investigated. There is a crisis in

psychopharmacology involving the many new products constantly being introduced into the market. This creates specific problems for those with schizophrenic psychoses. Ten defect schizophrenics, average age 42 and hospitalized for 13 years, were treated with caripramin for 3 months. Six of the subjects showed increased drive and spontaneous behavior, but those treated with a higher dosage experienced an outbreak of latent psychotic symptoms. More specific knowledge with regard to the pathological and psychodynamic course of schizophrenic defects is needed. It is concluded that hospital personnel needs to be increased and reeducated.—Journal abstract, modified.

6617. Mandel, M.R.; Severe, J.B.; Schooler, N.R.; Gelenberg, A.J.; and Mieske, M. (Schooler: National Institute of Mental Health, 5600 Fishers Ln., Room 10C06, Rockville, MD 20857) *Development and prediction of postpsychotic depression in neuroleptic-treated schizophrenics. Archives of General Psychiatry*, 39(2):197-203, 1982.

Data were collected during a 1-year multicenter collaborative trial comparing short-acting fluphenazine hydrochloride with long-acting fluphenazine decanoate in a group of schizophrenic patients being maintained in the community. The emergence and course of post-psychotic depressive symptomatology, operationally defined by the Hamilton Depression Scale total score, were studied. About 25 percent of the 211 patients had developed depression within 5 months after discharge. Depressed subjects had a more chronic psychiatric history and, contrary to the hypothesis that depression is a

favorable prognostic indicator, they were more likely to relapse. There were no differences in incidence of emergent depression between the two neuroleptic-treated groups. (40 references)—Author abstract, modified.

6618. Morales, E.; Levy, V.; and Schilkrut, R. (Servicio de Psicofarmacologia Clinica, Hospital "El Peral," Facultad de Medicina Sur, Universidad de Chile, Santiago, Chile) *Evaluation of a prolonged action neuroleptic: Penfluridol—Clinical and psychosocial evolution in a 1-year followup. Acta Psiquiatrica y Psicologica de America Latina*, 27(3):186-193, 1981.

Twenty schizophrenic patients treated for 1 year with penfluridol were evaluated clinically and psychologically to determine the drug's antipsychotic and resocializing effect. Interviews and home visits allowed investigators to rank patients on a series of specially designed scales. A reduction in the treatment program dropout rate was observed. Patients showed gradual but steady improvement on the clinical social questionnaire. Significant improvement was seen in social readjustment. The majority of patients resumed a satisfactory level of activity as a result of treatment. Although the family dynamic was judged pathological in 80 percent of the cases studied, patients in over half of these families were seen to enjoy improved family status as a result of treatment. The importance of treating the family as well as the patient is emphasized. (16 references)—Journal abstract, modified.

6619. Nahunek, K.; Svestka, J.; and Ceskova, E. (Psychiatricka klinika LF UJEP, Jihlavska 102, 615 07 Brno-Bohunice, Czechoslovakia) *On the*

question of differences between therapeutic responses after particular neuroleptics in comparison to perphenazine in schizophrenics. *Ceskoslovenska Psychiatrie*, 77(1):25-30, 1981.

The frequency of atypical therapeutic response by schizophrenics was studied using 15 neuroleptics, with perphenazine as a referent substance. In the majority of patients, the effects of most of the neuroleptics overlapped with perphenazine with only small quantitative differences. The differences ranged between 0 percent to 12.5 percent. Within this range, a certain specificity of effect in a small number of patients might be conceivable, especially in the following neuroleptics: flupenthixol, clozapine, clorotepine, oxyprothepine, methophenazine, thiothixine, and triperidol. No difference was found between perphenazine and levomepromazine, or between chlorpromazine and clothiapine.—Journal abstract, modified.

6620. Petrie, W.M.; Ban, T.A.; and Ananth, J.V. (Tennessee Neuropsychiatric Institute, 1501 Murfreesboro Rd., Nashville, TN 37217) The use of nicotinic acid and pyridoxine in the treatment of schizophrenia. *International Pharmacopsychiatry*, 16(4):245-250, 1981.

The hypothesis that combined administration of nicotinic acid and pyridoxine has greater therapeutic effects than the component drugs in chronic schizophrenic patients was tested. This could not be substantiated in a 48-week study in which supplementation of neuroleptic treatment with a single vitamin, i.e., nicotinic acid or pyridoxine, produced significant therapeutic changes, while supplementation with

both vitamins did not. (9 references)—Author abstract, modified.

6621. Pietzcker, A.; Poppenberg, A.; Schley, J.; and Muller-Oerlinghausen, B. (Dept. of Psychiatry, Free University of Berlin, Eschenallee 3, D-1000 Berlin 19, West Germany) Outcome and risks of ultra-long-term treatment with an oral neuroleptic drug: Relationship between perazine serum levels and clinical variables in schizophrenic outpatients. *Archiv für Psychiatrie und Nervenkrankheiten*, 229(4):315-329, 1981.

Evidence is presented from 33 schizophrenic outpatients treated continuously with perazine over 20 years. The intensity of psychopathologic symptoms and side effects was very low. The high intraindividual constancy of perazine plasma levels and the tight correlation between dose and plasma levels indicated satisfactory patient compliance. Plasma levels amounted to only 25 percent of those under acute treatment and correlated positively with the severity of the disease. Higher plasma levels coincided with more frequent side effects, such as slightly pathologic liver function and moderate impairment of oral glucose tolerance. Results suggest that low dose maintenance treatment of schizophrenic patients with oral neuroleptics is effective and relatively safe. (50 references)—Journal abstract.

6622. Populin, M.; De Vanna, M.; and Poldrugo, F. (Clinica Psichiatria, Università di Trieste, Trieste, Italy) Fluphenazine decanoate in the outpatient treatment of schizophrenic patients. *Minerva Psichiatrica*, 22(2):85-92, 1981.

The clinical effects of long-term treatment with fluphenazine

decanoate on 75 chronic schizophrenic outpatients were assessed. Good therapeutic results were achieved in 78.6 percent of the cases. A significant reduction in relapses was observed, compared to the period preceding treatment. The most frequently observed side effects were asthenia and somnolence (60 percent), parkinsonism (56 percent), weight gain (44 percent), and akathisia (36 percent). Extrapyramidal side effects were relieved quickly by administration of antiparkinson drugs. The necessity for tailoring the dose and administration of long-term drugs to each patient is emphasized, with the aim of avoiding interfering side effects. (74 references)—Journal abstract, modified.

6623. Rhoades, L.J. (NIMH, 5600 Fishers Lane, Rockville, MD 20857) Treating and assessing the chronically mentally ill: The pioneering research of Gordon L. Paul. NIMH Science Reports Series, Washington, DHHS Pub. No. (ADM) 81-1100, 1981. 65 pp.

The work of Paul and his colleagues in developing a comprehensive social learning program for treating chronic mental patients and a comprehensive treatment assessment technology is described. During a 6-year study of the differential effectiveness and efficacy of three treatment approaches (social learning therapy, milieu therapy, and traditional hospital treatment), the researchers found social learning therapy to be the treatment of choice for severely disabled patients. The research subjects, on the average, had been hospitalized for 17 years before the study and had been rejected for community placement. Subjects had diagnoses of schizophrenia and bleak prospects; yet, they responded partic-

ularly well to psychosocial interventions developed by Paul, especially the social learning program. Social learning and milieu therapy were noteworthy for additional reasons: the use of drugs was substantially reduced or eliminated; almost all of the treatment in the psychosocial programs was administered by high school equivalent aides trained in the programs; a further reduction in costs may be possible; the measures of patient functioning were able to predict both release success and subsequent level of functioning maintained in the community; and two of the observational instruments developed for the project were subsequently tested on 36 programs. (81 references)

6624. Rosen, A.J.; Tureff, S.E.; Lyons, J.S.; and Davis, J.M. (Dept. of Psychology, University of Illinois, Chicago Circle, Box 4348, Chicago, IL 60608) Pharmacotherapy of schizophrenia and affective disorders: Behavioral assessment of psychiatric medications. *Journal of Behavioral Assessment*, 3(2):133-148, 1981.

Ward behaviors (body activity, extremity activity, scanning, social interaction, proximity, participation, laughing/smiling, and idiosyncratic behavior) emitted by psychiatric inpatients with either schizophrenic or affective disorders were time sampled both before and during the administration of psychiatric medications. The data indicate that the primary effects of the pharmacological interventions are confined to activity measures and symptoms rather than social behaviors. The implications of these results for treatment protocols are discussed in terms of interactions between pharmacological and psychosocial interventions. In addition, rates of behavior during treatment were

related to baseline rates via log/log function of negative slope, a result that is consistent with data derived from the infrahuman laboratories. These results provide support for attempts to relate preclinical and clinical psychopharmacology, and suggest that behavioral assessment can be applied profitably to drug effects in clinical situations. (34 references)—Author abstract.

6625. Seeman, M.V., and McGee, H. (Clarke Institute of Psychiatry, 250 College Street, Toronto, Ontario, M5T 1R8, Canada) Treating depression in schizophrenic patients. *American Journal of Psychotherapy*, 36(1):14-22, 1982.

Various ways in which depressive symptoms can be understood in the context of schizophrenic illness are described. Despite careful clinical observation, the distinction between schizoaffective illness, schizophrenic prodrome, schizophrenic resolution phase, depression of insight, reactive depression, and depression secondary to neuroleptics is not easy to make. Successful intervention in the depressive reactions of schizophrenic patients depends on accurate diagnosis, careful observation, the use of many modalities of treatment, and the maintenance of therapist optimism. Therapy needs to be pragmatic and focused on the special needs of the individual patient. (23 references)—Author abstract, modified.

6626. Seidel, M.; Ernst, K.; and Lindenau, K. (Bereich Medizin (Charite), Humboldt-Universitat, Schumannstr. 20/21, DDR-1040 Berlin, German Democratic Republic) The state of extracorporeal detoxication procedures as therapy methods in schizophrenia. *Psychiatrie, Neurologie und*

Medizinische Psychologie, 33(12):705-717, 1981.

The literature on the problem of extracorporeal detoxication in chronic schizophrenia is reviewed. In the 132 cases of chronic schizophrenia without uremia treated with hemodialysis, hemoperfusion, and hemofiltration published in the literature, it was found that 38 percent were considered improved. Because of the insufficient comparability of examination methods and the lack of clarity of the specific therapy influence (placebo effect, etc.), the effectiveness of these treatment methods in chronic schizophrenia is still questionable. (55 references)—Journal abstract, modified.

6627. Shopsin, B.A., and Kline, N. (Unit for the Study and Treatment of Affective Disturbances, New York University, Bellevue Medical Center, New York, NY 10003) Treatment of outpatients with high doses of haloperidol. *Acta Psiquiatrica y Psicologica de America Latina*, 17(3):236-242, 1981.

Thirty-seven patients, the majority of whom were diagnosed as schizophrenic, were treated with haloperidol in doses ranging from 15 mg to 80 mg. The average treatment period was 37 weeks. Six of the patients manifested extrapyramidal symptoms during the course of treatment. The long-term effectiveness of treatment with high doses of haloperidol was established. Caution is urged in the prescription of antiparkinsonian agents. Choice of neuroleptic and dose determination are discussed. The value of treatment with drugs such as haloperidol is found in maintaining the patient in an episode-free state, while the disadvantage lies in the possible

harmful side effects of long-term use. Elevated doses of haloperidol are judged effective in maintenance programs for outpatients. (12 references)

6628. Spotnitz, H. (41 Central Park West, New York, NY 10023) *Aggression in the therapy of schizophrenia. Modern Psychoanalysis*, 6(2):131-140, 1981.

Clinical experience with aggressive schizophrenic patients is described to support the view that schizophrenic psychosis is psychologically reversible on a sustained basis. It is contended that the therapist who works with aggressive schizophrenic patients must employ emotional communication to resolve the patient's resistance to expressing aggression verbally rather than physically. The schizophrenic patient is seen as suffering from both unchanneled aggression and emotional deprivation, and needs to learn slowly how to express aggressive impulses in language. Successful treatment is shown to depend in large measure on the personality of the therapist and his self-analytic ability. (6 references)

6629. Svestka, J.; Bartova, D.; Ceskova, E.; and Rysanek, R. (Psychiatricka klinika LF, CS-657 15 Brno-Bohunice, Czechoslovakia) *Depot neuroleptic preparations in psychiatric practice. Ceskoslovenska Psychiatrie*, 77(3):187-197, 1981.

Evidence is presented that depot neuroleptics resulted in remission of endogenous, mainly schizophrenic,

psychosis in 78 percent of 469 patients. Among these patients, 11.5 percent discontinued treatment and 28 percent were employed during treatment. During administration of depot neuroleptics, 68 percent of 183 patients in the acute stage of psychosis achieved complete or partial remission. In 46 patients, the same depot neuroleptic was used subsequently for maintenance therapy, and in 78 percent of the cases a positive correlation of therapeutic and prophylactic action was recorded. Schematic classification of the neuroleptics according to the affinity to extrapyramidal and autonomic system revealed that extreme positions are held by oleo-chlorotepine (with the highest) and thioridazine retard (with the lowest) incidence of side effects. Pharmacogenic depressions were observed in 9.5 percent of the treated patients. Administration of depot neuroleptics, particularly oxyprothepine decanoate, proved promising in the treatment of abnormal sexual behavior and of substance addiction. (32 references)—Journal abstract, modified.

6630. Tung-Yep, T. (No address given) *The use of orthomolecular therapy in the control of schizophrenia—A study preview. Australian Journal of Clinical Hypnotherapy*, 2(2):111-116, 1981.

The effectiveness of megavitamin therapy to treat schizophrenia was investigated. A sample of 485 individuals who had taken the Hoffer Osmond Kelm Diagnostic (HOD) Test were administered Hivita 400

for 4 weeks, complemented by weekly retesting on the HOD test. The results were as follows: 392 people improved their total HOD score by more than 75 percent; 47 persons improved their total score by more than 75 percent when psychological counseling, psychometric analysis, or hypnotherapy was used as an adjunct to megavitamin therapy; 38 people did not improve appreciably; 8 people relapsed. For the 439 people who showed improvement, a 67-month time period on maintenance doses showed that those who discontinued Hivita 400 therapy relapsed completely within a period of 6 weeks, but improved again on starting doses over approximately 2 weeks. (11 references)—Author abstract, modified.

6631. Ungvari, G., and Pethö, B. (Psychiatric Clinic, Semmelweis University, Balassa 6, H-1083 Budapest, Hungary) *Treating schizophrenia with large doses of neuroleptics. Psychiatrie, Neurologie und Medizinische Psychologie*, 33(4):230-236, 1981.

Results of megadosage therapy with the neuroleptic drug, haloperidol, in the treatment of 30 schizophrenics with acute psychoses are presented. In several years of investigations, patients given an average daily dose of 65 mg of haloperidol for 6 consecutive days showed rapid improvement without dangerous side effects. Haloperidol is recommended in the initial phase of a combined psychotherapeutic program. (21 references)—Journal abstract, modified.