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.

This collection is not exhaustive. The Clearinghouse routinely scans all mental health related literature, and its information system includes references to a great many articles of potential use to readers who are involved with research, training, or treatment in schizophrenia. Many of these references—notably reports of basic research—may not be published in the Bulletin, but are available from the Clearinghouse in other publications or through individually generated bibliographies. Because Psychopharmacology Abstracts publishes a comprehensive list of new articles on drug trials in schizophrenia monthly, only those articles that review a number of psychopharmacological studies are published here. Mental health professionals or laypersons actively working in the mental health field who wish to request computer printouts of late references or comprehensive bibliographies on specific aspects of schizophrenia may write to the following address: Technical Information Section, National Clearinghouse for Mental Health Information, National Institute of Mental Health, Rm. 11A21, 5600 Fishers Lane, Rockville, MD 20857.

The articles described in these abstracts are not available from either the Clearinghouse or the Center for Studies of Schizophrenia.

Attention, Perception, and Cognition


Two experiments were performed to replicate the original reports of a relationship between deviant smooth pursuit eye tracking (SPET) performance (recorded using electrostamnographic techniques) and schizophrenia, and to investigate the consistency of schizophrenic eye tracking performance and possible causes of inconsistent performance, as well as the effect of experimentally induced distraction on eye tracking performance. The first experiment successfully replicated the earlier findings linking SPET and schizophrenia, while the second experiment showed that a distracting task had a disruptive effect on SPET performance by normal controls. The results of the experiments are interpreted as evidence that SPET performance is sensitive to superficial inattention, and that deficits in schizophrenic performance are best explained by attentional deficits in the schizophrenics. (10 refer-

Preattentive information processing was examined in matched samples of process nonparanoid schizophrenics, reactive paranoid schizophrenics, and nonschizophrenic psychiatric inpatients. Three measures of visual preattentive processing were administered under standard conditions, and also enriched conditions in which preattentive discriminability was enhanced through increased perceptual grouping and segregation. Nonparanoid schizophrenics displayed a differential performance deficit under standard conditions on each measure. Under conditions of enhanced preattentive discriminability, nonparanoid schizophrenics differentially improved to the extent that no significant differences were found between groups on two of the measures. Paranoid schizophrenics and psychiatric controls did not differ significantly across measures or conditions. (37 references)—Author abstract.

The nature of cognitive deficit was investigated in an interview survey of temporal orientation in chronic schizophrenia. Patients with age disorientation were much less likely than patients without age disorientation to be able to give correct answers to simple questions about dates and the passage of time. The age disoriented systematically underestimated the current year and their duration of hospital stay. In individual patients, the errors they made were consistent with their concept of their own age. However, there were patients in whom an incorrect appreciation of their own age coexisted with correct awareness of the current year. Between these patients and those for whom subjective time stood still, there appeared to be a continuum of increasing temporal disorientation, a clinical correlate of intellectual impairment. (18 references)—Author abstract.

The behavior patterns of normal subjects and paranoid schizophrenics in a simple problem-solving situation were studied in an attempt to determine how and why paranoid schizophrenic patients fail. Archiv fur Psychiatrie und Nervenkrankheiten (Berlin), 225(1):31–53, 1978.

jects' behavior to be treated as a consequence of an intention to control a situation of interaction with the environment, concomitantly with the process of understanding the significance of the stimuli of the environment. A systems theory based on Galois field theory and a calculus of operators specifying the three groups of subjects were used, and a computer program was tested in a simulation experiment. The results show that the disturbance of schizophrenic patients includes several factors: (1) initial inertia; (2) a later tendency to inertia alternating with very short attempts to adapt, or else long-lasting sequences of inadequate and rigidly maintained behavior; (3) characteristic distribution of inertia as well as of one or two changes in single transformations; and (4) different distribution of probabilities of acceptance of a certain state after two previous transitions. (11 references)—Author abstract, modified.


Visual information processing in schizophrenia was studied in terms of the lateralized specialization of the cortex, hypothesizing that impaired left (dominant) hemispheric processing and/or alterations in the interhemispheric balance of function and articulation of response output may be involved in this disorder. The performance of 51 acutely disturbed medicated schizophrenics and 19 normal controls was determined on brief presentation of hemisphere-related tasks to the left or right visual fields or bilateral presentations across the visual fields. Results indicate that: (1) schizophrenics exhibit deficits in verbally mediated and sequential processing, both of which predominantly involve the left hemisphere; (2) schizophrenics do not have the degree of decreased reaction time (RT) to bilateral stimulation as normals, suggesting the need for sequential processing strategies without facilitation of verbal mediation and inconsistent with a hypothesis of general dissociation between the hemispheres independent of the processing demands of the task; (3) reactive schizophrenics have slower RTs than process schizophrenics; and (4) schizophrenics show a greater increment in RT than normals when proceeding from a choice RT task to a matching discrimination paradigm. Journal abstract, modified.

In a study of interhemicpheric transfer in schizophrenia, groups of schizophrenics, nurses, and psychiatric controls were trained to perform a manual shape discrimination task. On two test measures, the schizophrenic group, but not the control groups, displayed defective intermanual transfer. The performance of schizophrenics resembled that of split brain monkeys on similar tasks. Experiments suggesting poor interhemispheric transfer on auditory tasks in schizophrenics are discussed, along with the possibility that certain schizophrenic symptoms are related to defective interhemispheric communication. (21 references)—Author abstract.


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The effect of treatment with chlorpromazine on possible hemispheric differences in the auditory-temporal discrimination of chronic schizophrenics was investigated. Nineteen male schizophrenic patients, 10 male nonpsychotic patients, and 18 healthy male subjects were required to detect longer target tones from a sequence of short tones presented to either ear. The rate of stimulus presentation and the frequency of switches between the ears were varied. The schizophrenic patients were examined for 4 weeks while on standard clinical doses of chlorpromazine, for 4 weeks while on placebo, and for 4 weeks following reinstatement of medication. Lateral asymmetries in the performance of the schizophrenics were found to diminish in proportion to both the duration and the dosage of medication. The results are consistent with the hypothesis that chlorpromazine causes an improvement of left hemisphere performance relative to the right. The performance of the schizophrenics, relative to that of comparison subjects, deteriorated as the rate of stimulus presentation increased, supporting the hypothesis that schizophrenics have particular difficulties in response selection or

The eye and hand tracking proficiency of 32 monozygotic twin pairs was studied using a procedural and quantitative methodology. The aim was to determine individual differences in smooth pursuit, saccadic eye movements, and manual tracking performance. The horizontal and vertical electrooculograms (EOG), eye velocity, hand movements, and target motion were recorded while tasks were being performed. Eysenck's psychoticism dimension correlated with eye tracking ability, with high scorers performing poorly on saccadic and smooth pursuit tasks. Two qualitative types of irregularity were associated with smooth pursuit EOGs. One involved interruptions of sine-wave symmetry by large saccades and smooth pursuit EOGs. One involved interruption of sine-wave symmetry by large saccades and was not consistently present within an individual or twin pair. The other involved differences in the smoothness of the sine waves and showed higher retest stability and twin concordance. This abnormality was present even when the eyes were stationary or closed, and thus reflected a basic property of the EOG and perhaps of the oculomotor system. Estimates of the incidence of poor tracking were calculated, and the implications of the findings for psychological research are discussed, particularly as they relate to schizophrenia.—Journal abstract, modified.


A multiple-choice object sorting test (MCOST) for research on schizophrenic thought disorder was developed and tested for its usefulness in assessing the permanent symptoms of schizophrenic psychosis and in eliminating previous misconceptions regarding the nature of the phenomenon. The MCOST is the first object sorting test to be developed from a psychometric viewpoint. Test development employed normal subjects and proceeded in three phases. The data yielded reliable and stable object-grouping preference scores on 10 rational scales (color, form, number, size, dimensionality, configuration, symmetry, ornateness, function, and concept) and five factor scales (exclusivity, configuration, perceptual accessibility, error, and dimensionality), in addition to the traditional error score. The instrument is not appreciably related to personality dimensions measured by the Differential Personality Questionnaire and is unaffected by the demographic variables of age and sex. The MCOST is, therefore, a potentially valid measure of disordered cognition in schizophrenia, and suggestions are made for future validation efforts. Journal abstract, modified.


Simultaneous recordings of smooth pursuit eye movements by electrooculographic (EOG) and infrared reflection techniques were compared, and good correspondence was found between the two methods for studying schizophrenia. The parameter of pursuit arrests, previously used to quantify smooth pursuit performance, was not well correlated in the two methods. The natural logarithm of the signal-noise ratio, obtained from harmonic regression of digitized and standardized eye movement data, provided a valid quantitative assessment of smooth pursuit, and suggests that such scoring of EOG records is effective and generally free of artifacts. (10 references)—Author abstract, modified.


The discriminative validity of the Whitaker Index of Schizophrenic Thinking (WIST) was examined in a sample of psychiatric inpatients. A system was devised to establish criterion diagnosis based on the use of a standardized, structured interview, and a diagnostic system for
schizophrenia was derived from discriminant function analysis with nonpathognomic symptom combinations. Results show that 63 percent of patients reliably diagnosed as schizophrenic were detected via the WIST, while only 14 percent of nonschizophrenic patients scored in the schizophrenic range on the WIST. The assets and liabilities of using the WIST to diagnose schizophrenia are discussed. (42 references)—Author abstract, modified.


Intrafactorial scatter on the Picture Completion subtest of the WAIS in 55 schizophrenic and 55 normal subjects was examined to test the hypotheses that: (1) normal subjects will evidence less scatter than schizophrenics; (2) acute schizophrenics will scatter more than chronic; and (3) nonparanoid schizophrenics will scatter more than paranoids. Findings indicate that schizophrenics tend to produce more intrafactorial scatter than normals. Scatter, however, is not more pronounced for any particular schizophrenic subgroup. Although results are consistent with the theoretical position which considers disordered thought to be closely related to increased intellectual inefficiency, they also suggest that the magnitude of this inefficiency depends heavily on the nature of the intellectual task. Journal abstract, modified.


The perceptual functioning of individuals whose MMPI profiles indicated schizophrenic tendencies, but did not exhibit marked thought disorder, were investigated on a backward visual masking task and compared with two control groups—one whose profiles were without inflated scale scores, and another whose profiles showed elevations on any two scales except schizophrenia. The schizotypic group required a significantly longer critical interstimulus interval to recognize target letters than did the inflation-free group. It is concluded that a deficit exists at a very early stage in the visual information-processing system of the schizotypic group. (31 references)—Author abstract, modified.


The prevalence of age disorientation was estimated in the population of patients with a diagnosis of schizophrenia in a large mental hospital. Of these 357 patients, 25 percent demonstrated age disorientation, defined as a 5-year discrepancy between true and subjective age, and 11 percent of the population believed themselves to be within 5 years of the age they were at admission, although they were a mean 28.9 years older. Age-disoriented patients differed from the age orientated in being significantly older. However, when age matched, they were younger at first admission and had a longer duration of stay than patients with a diagnosis of schizophrenia without age disorientation. It is concluded that age disorientation may be a feature of a type of schizophrenic illness of early onset and poor prognosis. (7 references)—Author abstract.


The utility of the Bannister-Fransella Grid Test of schizophrenic thought disorder in differentiating between thought-disordered schizophrenics and other psychiatric cases was evaluated. A grid test was constructed along the usual lines and administered to 20 schizophrenics and 20 normals, all adults in the age range of 14–46 years. The intensity score failed to discriminate thought-disordered schizophrenics and the normals. Results show higher mean intensity scores for both groups as compared to the original study, and it is suggested that perhaps the two studies are not strictly comparable. (6 references)—Author abstract.
Biology


Serum calcium and magnesium were studied in drug-free and neuroleptic-treated schizophrenic patients. Calcium and magnesium were not significantly different in 31 unmedicated schizophrenic patients compared with normal controls. Serum calcium was altered, however, in two subgroups: (1) patients who remitted after neuroleptic withdrawal were significantly lower in calcium than those who did not remit; and (2) catatonic schizophrenic patients appeared to have an increased calcium at the onset of catatonic stupor. Patients treated with pimozide were found to have a significant decrease in both calcium and magnesium as compared with their drug-free values. These same patients showed a similar decrease in both electrolytes during treatment with fluphenazine, a structurally different neuroleptic drug. (46 references)—Author abstract.


A study was undertaken to investigate the hypothesis that typical/atypical schizophrenia (process/reactive) entails dysfunctioning in the frontal and temporal areas of the brain, respectively. Rather than the conventional method of group mean analysis, the inverse factor analytic procedure of profile analysis was used to isolate clusters of individual profiles whose performance of over 53 neuropsychological variables was similar. Results do not substantiate this hypothesis, but instead suggest a possible brain-damage component in typical schizophrenics which was not present in atypical schizophrenics. These results represent the first time that a process/reactive continuum has been suggested from an inductive approach for analyzing the performance of schizophrenics on an extensive battery of psychological tests sensitive to brain damage. (39 references)—Author abstract, modified.


The evidence for a relationship between altered or abnormal neurotransmitter activity and psychiatric disorders is summarized. Topics discussed are: the monoamine hypothesis of depression and mania; the pharmacological basis of the monoamine hypothesis; metabolic studies in patients with affective disorders; other biochemical hypotheses of disorders; the aminergic hypothesis of schizophrenia; the transmethylation hypothesis; enzymatic abnormalities in blood related to schizophrenia; the dopamine hypothesis of antipsychotic drug action; the theory of preclinical screening of antipsychotic drugs; a priori screening tests; biochemical screening tests; neurophysiological screening tests; and behavioral screening tests. (127 references)


Biomedical findings with possible therapeutic implications for schizophrenia are discussed. Hemodialysis resulted in remission of psychopathological symptoms in 8 out of 19 chronic schizophrenics, and successful hemodialysis was associated with a decrease of leucine endorphin levels in the blood. Three endorphins (endogenous peptides) were isolated from the brain and beta-endorphin was found to be the most potent in inducing behavioral changes in rats. Neither a positive nor an inverse relationship between the severity of schizophrenic psychopathology and cerebrospinal fluid endorphin concentrations could be borne out by clinical experiments. The possibility that schizophrenia is a prostaglandin deficiency disease is discussed. It is suggested that if schizophrenia is caused by a prostaglandin deficiency it should respond favorably to the administration of arachidonic acid and/or dihomo-gamma-linolenic acid, and the therapeutic effects of neuroleptics should be potentiated by these immediate precursors of prostaglandins. (17 references)—Author abstract, modified.
Cyclic nucleotides, cyclic adenosine monophosphate (AMP), and cyclic guanosine monophosphate (GMP) were measured in the cerebrospinal fluid (CSF) of Parkinson patients with and without L-dopa therapy and in schizophrenic patients before and after propranolol therapy. No effect of L-dopa or propranolol was found on CSF cyclic nucleotides. However, Parkinson patients showed a 40-50 percent reduction of CSF cyclic AMP and an 80-90 percent reduction of CSF cyclic GMP compared with schizophrenic patients. Implications of these findings are discussed. (20 references)—Author abstract, modified.


The possibility of detection of endogenous inhibitors of monoamine oxidase (MAO) activity was investigated. Exposure of normal platelets to normal platelet poor plasma produced no significant effects with either dopamine or N,N-dimethylytryptamine as substrate. When platelets from the same normal subjects were mixed with platelet poor plasma from chronic schizophrenics with low platelet MAO activity, significant changes were noted. Data may be consistent with the existence of an endogenous inhibitor of platelet MAO in the plasma of a group of chronic schizophrenics. (10 references)


Platelet monoamine oxidase was kinetically evaluated in chronic schizophrenics and matched controls, using substrates of major physiologic importance and substrates of particular interest in the study of schizophrenia, such as serotonin (5-HT), N,N-dimethyltryptamine (DMT), 5-methoxytryptamine (5-MT), and dopamine (DA). Substrates were measured at six concentrations. Values for maximal velocity ($V_{\text{max}}$) and Michaelis constant ($K_m$) were obtained by using Lineweaver-Burk plots. The $V_{\text{max}}$ was decreased for all substances in chronic schizophrenia and the $K_m$ was decreased for DA, 5-HT, and DMT, but remained unchanged for 5-MT. The value of $K_m/ V_{\text{max}}$ was similar for schizophrenics and normal persons when DA, 5-HT, and DMT were used as substrates, which may indicate that uncompetitive inhibition is responsible for the observed decrease in activity among chronic schizophrenics. The finding of a decreased $V_{\text{max}}$ but unchanged $K_m$ with 5-MT would be consistent with noncompetitive inhibition. (44 references)—Author abstract.


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Amphetamine-induced stereotyped behavior in animals is proposed as a model for schizophrenia. Comparison of amphetamine-induced stereotypy with phenylethylamine- (PEA) induced stereotypy indicates that the alpha-adrenergic blocking agents phentolamine and phenoxybenzamine selectively antagonize PEA-induced stereotypy, whereas the beta-adrenergic blocking agent propranolol fails to alter significantly stereotypies evoked by PEA or amphetamine administration. Catecholamine depletion by alpha-methyl-p-tryosine administration blocks stereotypies induced by both PEA and amphetamine, whereas selective norepinephrine depletion antagonizes only PEA stereotypy. Therefore, PEA-elicited stereotypy, but not amphetamine-elicited stereotypy, is dependent upon norepinephrine. The significance of this for the PEA animal model of schizophrenia is discussed. (28 references)—Author abstract, modified.


The use of the average evoked response (AER) in diagnostic studies on schizophrenia and affective illness is reviewed. The increase in diagnostic specificity when the AER and a
neurochemical measure such as platelet monoamine oxidase levels are used together is reported, and a new strategy in biological psychiatry, the biochemical high-risk paradigm, is described. In general, schizophrenics show low amplitude and variable AERs, while affective disorder patients, especially bipolar, show larger amplitudes. Stimulus intensity, spacing, and significance are important variables; age and sex effects also are prominent. Use of AERs in combination with neurochemical measures may be especially useful in the search for biologically homogeneous patient subgroups. (59 references)


The incidence and quantities of di-methyltryptamine and O-methylbufotenine were studied in the cerebrospinal fluid (CSF) of patients suffering acute schizophrenic illnesses and in surgical and neurological control groups. Lumbar puncture was performed on 50 schizophrenic patients, both chronic patients and those with acute first onset, as well as on seven unipolar and bipolar affectively ill patients. Five milliliters of CSF were obtained at the L 3-4 level. Analytical and gas chromatographic tests revealed no significant differences in distribution between the two patient groups, although some schizophrenic patients had higher levels of both amines than did control subjects. The advantages of the gas chromatographic diagnostic technique used are two-fold: (1) CSF is probably preferable to blood or urine for investigating this type of problem; and (2) previous reports of blood dimethyltryptamine in psychotic disorders are restricted in their sensitivity to the low nanogram range, whereas with the use of heptafluorobutyrylimidazole derivatization low picogram quantities of the amines can be detected, thus decreasing the chances of false negative results. (14 references)—Author abstract, modified.


Changes in levels of prolactin, growth hormone, luteinizing hormone, follicle stimulating hormone in serum, and testosterone in plasma, were studied in 38 patients with acute schizophrenic illnesses in a 4-week, double-blind comparison of the two isomers of lupenthixol and placebo. Only prolactin showed changes which could be related either to changes in clinical state or to the effects of medication. Although there was a significant relationship between prolactin level and anti-psychotic effect in patients on alpha-flupenthixol, in the individual case, prolactin level was not a strong predictor of therapeutic response. It is concluded that dopamine receptor blockade may permit other, and slower, changes to take place, and it is these changes, rather than dopamine receptor blockade itself, which are reflected in clinical improvement. (40 references)—Author abstract, modified.


In a letter to the editor, the measurement of enkephalin-like material in the cerebrospinal fluid (CSF) of chronic schizophrenics and patients with Friedrich ataxia, and the measurement of the inactivation of enkephalin-like material from CSF following incubation are described. It is hypothesized that the lowered levels of enkephalin-like material in CSF of chronic schizophrenics and the changes in the ability of the CSF to inactivate the enkephalin-like material in this disease might reflect important changes of endorphin secretion and metabolism in schizophrenic patients. (10 references)


A study to determine whether schizophrenics were distinguishable...
from unipolar or bipolar depressives was undertaken by means of hand somatometry and somatoscopy. Typical features distinguishing the schizophrenic's hand were: being colder, having lower blood supply, sweating more readily, and having a thinner panniculus adiposus, visible tendons and venous pattern. Schizophrenics were reluctant to shake hands and tended to hide their hands. In appearance the schizophrenic's hand was found to be long fingered and graceful. The depressive patient's hand structure could be distinguished from the general population's and from schizophrenics'. No differences were discernible between unipolar and bipolar depressives. Endogenous depressive women tended to have broader and shorter hands. Manic-depressive women had significantly broader hands, although the length did not vary from the norm. Manic-depressive men had significantly shorter and broader hands. Characteristic features of depressives' hands were: warmer, well-developed panniculus adiposus, venous pattern barely visible, and a powerful thenar. Patients tended to grasp an extended hand more firmly and longer than schizophrenics or controls.—Journal abstract, modified.


In a postmortem examination of brains of four patients with chronic paranoid schizophrenia, above normal norepinephrine levels were measured in the ventral septum, the bed nucleus of the stria terminalis, the nucleus accumbens, and the mammillary bodies. No changes were detected in other limbic forebrain regions, including the hypothalamus and the medial olfactory (preoptic) area. The results point to the possibility of a malfunction of limbic noradrenergic mechanisms in schizophrenia, especially the paranoid variety. Thus, the therapeutic efficacy of the antipaminergically active neuroleptics in schizophrenia may be an example of an indirect therapeutic effect rather than chemotherapy aimed at correcting the primary neurochemical disturbance. (24 references)—Author abstract, modified.


At the 17th Annual Meeting of the Society for Psychophysiology Research, held in Philadelphia, October 1977, a summary is presented of a report on amplitude and latency of facial EMG and contingent negative variation (CNV) which were measured for 10 alcoholics, 10 schizophrenics, and 10 college students, using a startle response paradigm. The stimulus was presented by itself or was paired in three different ways. While the discrete lead stimulus was too weak to produce startle amplitude facilitation, it did produce CNV in the student group. The continuous lead stimulus produced only tendencies for startle facilitation and CNV in the student group, but produced CNV in the alcoholic group. However, only the alcoholics who saw the continuous lead stimulus in their right visual field developed CNV. The alcoholics did not develop CNV's following the discrete lead stimulus. Thus, the processes mediating CNV in alcoholics are judged to differ from those mediating students' CNV. Finally, it is reported that the schizophrenic subjects were extremely variable in their attention to the stimuli, and showed no consistent response tendencies.—Author abstract, modified.


Platelet monoamine oxidase (MAO) activity was compared in drug-free chronic and acute schizophrenic patients, medicated chronic schizophrenic patients, and normal controls. A significant decrement in MAO activity was found only in medicated chronic schizophrenic patients. The possible mechanism for these findings is discussed. (42 references)—Author abstract.

The activities of monoamine oxidase (MAO) type B in blood platelets, and types A and B in fibroblasts cultured from punch biopsy specimens of skin, as well as catechol-O-methyltransferase (COMT) in erythrocytes and fibroblasts, were assayed in a sample of 21 chronic male schizophrenics and 21 age-matched male controls. Fibroblasts contained moderate amounts of both forms of MAO (types A and B) found in human brain and large amounts of COMT activity. Activities of both enzymes correlated poorly between fibroblasts and blood cells. No between group differences in these biochemical variables were found, nor was it possible to distinguish patients with paranoid symptoms. In contrast, markedly lower MAO activities were confirmed in platelet samples from chronic patients provided by colleagues at the National Institute of Mental Health. Results concerning MAO and COMT activities are now sufficiently inconsistently characteristic of schizophrenics as to question their clinical applicability, and to indicate a need for further critical evaluation, with special attention to diagnosis, matching of subjects, and effects of possible spurious environmental variables. (94 references)—Author abstract, modified.


To determine if dopamine antagonism is a necessary condition for the antischizophrenic action of neuroleptics, morning prolactin and clinical symptomatology were measured in 15 schizophrenic patients before neuroleptic therapy, and after 3 and 6 weeks of high dose butaperazine or loxapine treatment. Prolactin levels were transiently elevated during the unmedicated admission period, probably reflecting a normal stress response. Prolactin increased in all patients during neuroleptic therapy. There was, however, no correlation between magnitude of prolactin changes and clinical response, presumably because the prolactin response achieved a maximum at relatively low doses of neuroleptics. (41 references)—Author abstract.


In studies of the possible involvement of endogenous opioid peptides in psychiatric disorders, the behavioral effects of opioid peptides were compared with those of opiate agonists in male Sprague-Dawley rats, and the effect of naloxone on psychotic symptomatology was examined in schizophrenic patients. In rats, intraventricular injection of beta-endorphin, D-A 1a2-Met-enkephalinamide, or D-A 1a2-D-1eu5-enkephalin resulted in a dose dependent, steep increase in analgesia and catatonia. Morphine also produced a steep dose response curve for analgesia but had only slight effects on catatonia. Etorphine and sufentanil produced steep dose response curves for both analgesia and catatonia; the quantitative relationship between catatonia and analgesia for these two opiates was similar to that obtained for the opioid peptides. In clinical studies, a reduction in psychotic symptomatology was observed after naloxone as well as after placebo, but the effect of naloxone was more pronounced. The role of opioid peptides in the pathogenesis of schizophrenia is discussed. (17 references)


The sensory integrative treatment approach for the adult schizophrenic was examined by focusing on three differences between process and reactive subtypes of schizophrenia: grasp strength, posture, and vestibular reactivity. Results indicate a significant difference between the process subtype schizophrenic subjects and normal subjects on all three variables, and a significant difference in vestibular reactivity between process and reactive schizophrenics. It is suggested that the process schizophrenic is more suitable for sensory integrative treatment than the reactive schizophrenic. (44 references)—Author abstract, modified.

3955. Issidorides, M.R.; Zioudrou, C.; Lykouras, E.; and Stefans, C.N. (Department of Psychiatry, Eginias Hospital, 74, Vas. Sophias Av-

Electron microscopic study of the neutrophils revealed that the chromatin of drug-free schizophrenics had a greater readiness to decondense than that of controls. Following treatment with pimozide for a month, the chromatin of most neutrophils acquired an increased resistance to decondensation. The electrophoretic pattern of the acid extractable nuclear proteins of the neutrophils of drug-free chronic schizophrenics did not differ significantly from those of controls in number and intensity of the major bands. Administration of pimozide to these patients revealed several changes in their electrophoretic pattern, which tended to disappear when the drug was discontinued. (21 references)—Author abstract, modified.


Vestibular responses to caloric stimulation were examined in a study that controlled opportunity for fixation and state of alertness. Previous findings of diminished nystagmus in schizophrenia were evaluated. Two findings failed to replicate these earlier reports: (1) none of the psychotic patient groups, when compared with normal controls, showed lower response intensity, latency, or culmination time of the nystagmic response; and (2) the schizophrenic groups did not manifest a prevalence of clinically significant asymmetry. However, it was observed that chronic deteriorated schizophrenics and recent schizophrenics have significantly greater dysrhythmic responses. This diminished orderliness of nystagmus may explain previous reports of absent or diminished nystagmus in the schizophrenics. The results are not compatible with peripheral vestibular disease in schizophrenia, but they may reflect a state-related phenomenon consistent with disturbances in alertness, which are not necessarily voluntary or motivational in origin. (84 references)—Author abstract, modified.


Gamma-aminobutyric acid (GABA) levels in the cerebrospinal fluid (CSF) of 17 drug-free schizophrenic patients were studied to determine the existence of GABA inhibitory neuron deficiency. GABA levels in the schizophrenic patients were compared with levels in nine normal individuals and with 10 of the same schizophrenic patients after neuroleptic treatment. There was no significant difference between CSF level of GABA in the control group compared to those in schizophrenic patients by any other criteria. No correlation was present between CSF levels of GABA and global psychopathology, psychomotor activity, clinical improvement, or whether the schizophrenic episode was acute or recurrent. After a mean of 2 months of neuroleptic treatment, there was a small but significant decline of 12 percent in mean GABA levels in the CSF. Although the dopamine hypothesis of schizophrenia suggests a possible role for GABA, direct evidence for the dopamine hypothesis in humans is lacking. (18 references)—Author abstract, modified.


At the 17th Annual Meeting of the Society for Psychophysiological Research, held in Philadelphia, October 1977, a summary is presented of a report on an analysis of data from a habituation phase of an experiment comparing normal subjects with chronic and acute schizophrenics and with low- and high-functioning mentally retarded. The results indicate that: (1) both univariate and multivariate analyses of variance failed to differentiate the three populations; (2) use of Rao’s V-criterion of maximum likelihood enabled correct classification of subjects on each of the six trials ranging from 61 percent to 78 percent for normals, 80 percent to 100 percent for mentally retarded, and 28 percent to 54 percent for schizophrenics; (3) principal component factor analysis revealed stability of factor structure across trials; (4) no differences were found in half-time recovery between normals and schizophrenics; (5) various intermea-
sure correlations reliably distinguished between populations; and (6) intermeasure relationships varied across trials in distinct ways for the different populations. It is concluded that the results illustrate the potential and value of studying electrodermal response measure interrelationships.

Author abstract, modified.


The HLA (Human Leucocyte Antigen) types A and B were studied in 80 patients diagnosed as schizophrenic in an attempt to identify a genetic marker for schizophrenia. Antigen frequencies in the schizophrenic patients were compared with those in healthy control subjects. Analysis of findings indicate that there was an increased incidence of HLA-BW5 and a decrease in HLA-AW19 and HLA-BW17 as compared with healthy controls. In the subgroup of patients exhibiting Schneider's first rank symptoms, there was an increased incidence of HLA-A1 with a decrease in HLA-A2 and HLA-BW17. Although the incidence of three antigens in the schizophrenics under study as a whole and of three in the subgroup with first rank symptoms differed significantly from that found in the controls, the differences were not great. Furthermore, for each group, at least one antigen frequency would be expected to differ at the 5 percent level from that of controls by chance alone, since 25 antigens were studied. It is of interest, however, that one of the significant results was an increase in HLA-A1 among schizophrenics exhibiting first rank symptoms. Further study is needed to determine whether this study's positive findings point to a genetic or immunological predisposition for schizophrenia. (9 references)—Author abstract, modified.


In a paper presented at the Janssen Symposium on Receptors of Dopamine Antagonists—New Biochemical Approaches, held in Beersel, Belgium, July 1978, a study of tritiated spiroperone binding in the normal and schizophrenic postmortem human brain is described. Binding assays showed that 3H-spiroperone binds saturably to areas of human and rat brain that are rich in dopamine (DA) or 5-hydroxytryptamine (5-HT). Cinanserin and 2-amino-6,7-dihydroxytryptamine displaced 3H-spiroperone selectively from 5-HT and DA receptor sites, respectively. An investigation of the DA and 5-HT receptor components of 3H-spiroperone binding in nucleus accumbens samples from 26 postmortem schizophrenic brains failed to reveal any abnormality. (12 references)—Author abstract, modified.


An amphetamine model of manic-depressive illness is described. Many features of manic depressive illness can be mimicked in humans by the use and withdrawal of amphetamines, and high doses of the drug induce a syndrome virtually indistinguishable from paranoid schizophrenia. A review of the biochemical and physiological effects of the amphetamines reveals the operation of specific homeostatic or adaptive neural mechanisms which may operate in adaptation to psychological stress. Evidence is presented that the mechanisms malfunction in manic depressive and acute schizophrenic states, accounting for many of the clinical features of these conditions. (86 references)—Author abstract, modified.


At the 17th Annual Meeting of the Society for Psychophysiological Research, held in Philadelphia, October 1977, a summary is presented of a report on a determination as to whether a better separation of schizophrenic and control subjects could be accomplished with respect to finger blood flow and galvanic skin response (GSR) recovery limb rates by using a biological marker for selection of study subjects. Plexus visualization score (PVS), a genetic characteristic of skin microvascular bed, was used as a marker. A study of 64 schizophrenics and 24 controls demonstrated that schizophrenics with high PVS have the slowest GSR recovery rates and the lowest finger blood flow rates of the groups. In the high PVS group, patients receiving

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medication had higher mean blood flows than those receiving placebos. The GSR responses were absent more often in patients on drugs. It is reported that a suggestion of a bimodal distribution into responders and nonresponders was apparent only in patients receiving medication.—Author abstract, modified.


The transmethylation hypothesis of schizophrenia was examined by comparing the urinary excretion of hallucinogenic methylated amino derivatives such as bufotenine, N,N-dimethyltryptamine, and 3,4-dimethoxyphenylethylamine among 53 psychiatric patients, including 24 schizophrenics. The excretion of methylated amine derivatives was not found to be significantly interrelated with the diagnosis of schizophrenia. No relationship was found between their excretion and such variables as hallucinations, delusions, schizophrenic disorders of affect and thought, motor agitation, and elevated or depressed mood. Patients who had displayed morbid symptoms over 6 months were found to excrete methylated amine derivatives significantly more frequently than the other patients. A selective relationship was found to exist between the excretion of methylated indoleamine derivatives and psychosis in the patients’ relatives. It is concluded that further research into methylation disorders should concentrate also on patients’ families, and that disorders of catecholamine and indoleamine methylation should be studied separately. (29 references)—Journal abstract, modified.


A survey of human soluble brain proteins fractionated by a high resolution acrylamide gel electrophoretic system revealed that one brain protein (coded 2.7 in the electrophorograms) was missing in a significant number of samples from patients with chronic schizophrenia and related psychoses. The absence of protein 2.7 did not appear to be related to the environmental effects of institutionalization or drug treatments. It is suggested that the psychotic subjects with the missing protein may actually have a mutant, unstable form of the protein. (41 references)—Author abstract, modified.


Evidence is reported of a significant, naturally occurring lateralization in the distribution of a neurotransmitter system in the human brain. The concentrations of norepinephrine, dopamine, epinephrine, and ascorbic acid in brain tissue samples were analyzed through recently developed assay procedures. Norepinephrine had a strongly lateralized distribution in the human thalamus. In the pulvinar region, the left hemisphere was rich in norepinephrine, whereas in the somatosensory input areas, the right hemisphere had a higher concentration of this catecholamine. It is concluded that such naturally occurring left/right differences in concentration of a neurotransmitter represent a new aspect of hemispheric specialization. Results also
suggest that norepinephrine mediation may be involved with lateralized neuropsychological dysfunction in schizophrenia disorders. (20 references)—Author abstract, modified.


Preliminary observations of the cerebrospinal fluid (CSF) from schizophrenic inpatients and 14 nonschizophrenic controls are reported. A significant increase in concentration of phenylethylamine, the major metabolite of phenylethylamine, was noted in the CSF of schizophrenics. This finding may provide some support for the phenylethylamine hypothesis of schizophrenia. (7 references)—Author abstract, modified.


Abnormalities of cerebral lateralization in schizophrenics were studied using lateral eye movements (LEM), which have been shown to be associated with activation of the contralateral frontal lobes, as a criterion measure. Schizophrenics were compared to normals with respect to the processing of four types of stimuli: verbal nonemotional (VNE), verbal emotional (VE), spatial nonemotional (SEN), and spatial emotional (SE). Results indicate that schizophrenics initiate thought in their left hemisphere significantly more often than controls when one compares all test conditions, and on VNE, VE, and SE material. Neither medication nor level of education had an appreciable effect on LEM in either group. However, sex was a significant variable; women irrespective of diagnosis consistently used the left hemisphere more often than men. The inappropriate initiation of thought on SE material as well as the overall increase in left hemisphere activity suggest left hemisphere disorder. This is consistent with other findings that suggest a left hemisphere locus of disturbance in schizophrenia. (47 references)—Author abstract, modified.


In a paper presented at the Janssen Symposium on Receptors of Dopamine Antagonists—New Biochemical Approaches, held in Beerse, Belgium, July 1978, the effects of chlorpromazine (200-600 mg/day), thiothixene (30 mg/day), melperone (300 mg/day), sulpiride (800 mg/day), and clozapine (600 mg/day) on central dopaminergic mechanisms in psychiatric patients with schizophrenic symptomatology are reported. All drugs except clozapine elevated homovanillic acid (HVA) concentrations in cerebrospinal fluid (CSF) and prolactin concentrations in CSF and plasma, indicative of striatal dopamine receptor blockade. However, the significant reductions of psychotic morbidity in these patients were not correlated with the degree of dopamine receptor blockade in neostriatal and hypothalamic pituitary systems. Only in chlorpromazine treated patients was there a significant correlation between the HVA concentration in CSF and morbidity during treatment. In chlorpromazine and melperone treated patients, the reduction in psychotic morbidity was correlated with significant reductions in 4-hydroxy-3-methoxyphenylethylene glycol concentration. Results indicate that dopaminergic mechanisms interact with noradrenergic mechanisms to produce the neuroleptic antipsychotic effect. (11 references)


Averaged cortical evoked potentials from single clicks were analyzed by computer with schizophrenic patients, patients with other diagnoses, and controls. The patient group consisted of 40 subjects with a diagnosis of nuclear schizophrenia, and 11 subjects with diagnoses including...
The relationship between platelet and lymphocyte MAO activity and leucocyte MAO activity were determined for both a control group of 20 subjects and two gated. Platelet and lymphocyte MAO activity were the same as control values in both platelets and lymphocytes. Results suggest that reduced MAO activity in at least some chronic schizophrenics is not restricted to one cell line, and does not result from the effects of antipsychotic medication, diet, activity, hospitalization, sex, or non-specific effects of stress or psychosis. (10 references)


The relationship between rheumatoid arthritis, schizophrenia, and the tryptophan metabolites is discussed. Rheumatoid arthritis and schizophrenia have been described in early surveys as mutually exclusive disorders. These claims are viewed as especially interesting in view of the indications that both illnesses often follow prodromes of severe psychological stress. Theories regarding hypermethylation of indoleamines producing endogenous psychotogens in schizophrenia are discussed. In studies of rheumatoid arthritis reporting excessive binding of L-tryptophan to plasma protein, abnormalities of urinary tryptophan metabolites, decreased serotonin binding capacity of thrombocytes, and decreased monoamine oxidase activity in joint fluid also are described. Further comparative studies of tryptophan metabolism in schizophrenia and rheumatoid arthritis are urged to enhance knowledge of pathogenesis in either or both diseases. (28 references)—Author abstract, modified.


Serum prolactin response to intravenous d-amphetamine in man was studied by measuring the effect of the compound upon prolactin release, which is inhibited by dopamine (DA) and stimulated by serotonin. Doses of 20 mg i.v. significantly raised the serum levels of 16 drug-free schizophrenic patients over placebo levels and also following a paired placebo lactose infusion. Amphetamine infusions were repeated after both chronic DA blockade with pimozide, and after chronic lithium treatment which has been reported to attenuate amphetamine effects. These chronic pretreatments did not prevent significant increases in prolactin following d-amphetamine infusions. Pimozide raised preinfusion prolactin levels, but lithium had no effect. Further studies are needed to clarify the d-amphetamine induced rise in prolactin. (27 references)—Author abstract, modified.

3974. Van Kammen, D.P.; Marder, S.R.; Murphy, D.L.; and Bunney, W.E., Jr. (Biological Psychiatry Branch, NIMH, Clinical Center, NIH, 9000 Rockville Pike, Bethesda, MD 20014) MAO activity, CSF amine metabolites, and drug-

Platelet monoamine oxidase (MAO) activity and amine metabolites in cerebrospinal fluid (CSF) were compared in 22 schizophrenic patients, eight of whom improved during a 30-day drug-free period. CSF 5-hydroxyindoleacetic acid and homovanillic acid did not distinguish between drug-free improvers and nonimprovers. However, drug-free improvers had lower platelet MAO activities than did normal controls. It is suggested that looking at clinical variables in patients with low MAO activity might provide a means of biologically subtyping schizophrenic patients. (24 references)—Author abstract.


Results of a study to test the hypothesis that (Des-TyrI)-gamma-endorphin (DT-gamma-E) bioavailability might be a factor in schizophrenia are reported in a letter to the editor. DT-gamma-E was administered to six schizophrenic inpatients who were partly or completely resistant to conventional neuroleptic drug therapy. Brief case reports for each of these patients are presented. All six patients showed distinct improvement in schizophrenia—described as a special form of childhood psychosis. (24 references)—Author abstract.


Different diagnostic criteria for nosological distinction between infantile autism and early childhood schizophrenia were investigated. Researchers have reported differences in genetic predisposition, psychopathological symptoms, linguistic and intellectual development, onset, social background, sex preference, process, presence of epileptic seizures, and early childhood brain damage. Classification will remain problematic until the etiology of childhood autism and schizophrenia has been clarified. An association of autism with the group of schizophrenias is still speculative. A tentative classification of infantile autism as a special form of childhood psychosis with phase-dependent peculiarities is recommended.


A general theory on the etiology and pathogenesis of infantile autism, schizophrenia, and related disorders is presented. A double-bind relationship beginning soon after birth with the person who mothers the child is suggested. Many infants who experience this relationship escape by blurring the focus of their attention. A small minority turn to the nonhuman world for solace and develop infantile autism. Evidence of this early double bind is apparent in later symptoms that manifest the return of the double bind. The child is seen not as a passive victim, but rather as a definite player engaging in an active give and take relationship. The child engages in this relationship whether it escapes into a trance or tries to achieve isolation. The theory proposes that the mechanism of symptom formation in schizophrenia is produced not from some organic malfunction or malformation, but rather from self-hypnosis by inner fragments of the personality with origins in the first few months of the child’s life. (32 references)


In an examination of the late type of childhood schizophrenia—described in the GAP classification as schizophreniform psychosis—five cases seen over a period of time are discussed to sharpen the definition of this syndrome, contrast it with earlier forms of childhood psychosis, and describe the treatment and outcome. All children showed uneven development, regressive shifts, overdependency on the adult, and
delayed individuation. Over a period of 14 to 28 months, the children responded well to weekly individual psychotherapy sessions, showing remission with lessening of anxiety, lack of interest in fantasy, and improved peer relations. It is hypothesized that an ongoing therapeutic relationship that perpetuates a strong involvement and dependence on an adult seriously compromises the child's ego growth; therefore, a spontaneous move on the part of the child to break away from therapy after progressing in skill development should be respected. (30 references)


The structural development and organization of schizophrenic children were studied at the age at which they should have reached a concrete operational thought stage. The analysis was conducted from a Piagetian and psychoanalytic perspective with 14 8- to 12-year old institutionalized subjects who were diagnosed as childhood schizophrenic or ego deviant with underlying schizophrenic process. Subjects were tested individually on two sets of protocols—the first consisting of five of Voyat's Piagetian tasks to measure task-specific stage of intellectual development. The second was a Rorschach test scored according to Holt's method of analysis for primary-process thinking. Findings reflect the underlying problems of structural differentiation which are reflected in the delay in cognitive development and associated with poorly controlled expression in primary-process thinking in these children. The importance of a developmental and structural approach to diagnosing children is discussed, since three diagnostic groupings emerged in this population of supposedly schizophrenic subjects.—Journal abstract, modified.

Cross-Cultural Studies


An attempt was made to replicate data from American patients tested on the Nurses' Observation Scale for Inpatient Evaluation (NOSIE), a rating scale for use with long-stay schizophrenic inpatients, with a British sample. The six scales of the instrument were derived from a series of factor analyses of data from American patients. After factor analysis, five NOSIE scales showed identical item content across the two cultures. In the British analysis, the items of the Retardation Scale were factorially complex so that the scale was not replicated. It was concluded that most of the NOSIE was cross-culturally robust and relevant to its declared purpose. (3 references)—Author abstract.

Description


Changes in expectancy following success and failure in skill and chance tasks were assessed for depressed nonschizophrenics (unipolar depressives), depressed schizophrenics, nondepressed schizophrenics, and normal controls. The unipolar depressives showed smaller changes in expectancy of future success after failure in the skill task than did the normal controls and both schizophrenic groups. Depressed schizophrenics did not show smaller expectancy changes than nondepressed schizophrenics. The learned helplessness model has been tested primarily in populations with subclinical depression. The present results provide partial support for learned helplessness as a model of one type of severe clinical depression, and suggest that learned helplessness is not a general feature of psychopathology. (26 references)—Author abstract.


Theory and research in schizophrenia, depression, neurosis and their psychotherapeutic management are surveyed in a series of 31 articles selected from over 100 papers by Arieti. The first 11 articles examine etiology, cognition, perception, and symptomatology in schizophrenia. Psychosomatic involvement of the central nervous system, familial factors, and treatment are also
discussed. Phobic symptoms and symbolism and psychodynamics of phobias are explored. Psychopathology and dynamics of the psychopathic personality are analyzed, and psychoanalytic and psychotherapeutic approaches to depression are discussed. Cognition is viewed in its psychodynamic and structural aspects. Finally, creativity, and a number of psychiatrically relevant social and philosophical issues, are reviewed.


The Delusions Symptoms States Inventory was administered to 33 chronic nonparanoid schizophrenic patient residents on long-stay wards. It was found that the vast majority of cases (81 percent) produced symptom patterns conforming to the hierarchy of classes of personal illness model, but with radically different distribution among the classes from that in acutely ill patients. Within the model, half of the patients were allotted to the two lowest classes, Class 0 (Symptom Free) and Class 1 (Dysthymic States). When each set of items was considered separately and independently of the model, it was found that half the group professed to have recently experienced delusions. Affective states depressive symptoms were reported by over a third of the patients. (10 references)—Author abstract.


Twenty married couples, in which one spouse was schizophrenic, were investigated in regard to disorders of sexual life. In some cases, both spouses revealed sexual disorders in temporal context to the manifestation of the psychosis, which disappeared in the course of clinical improvement of the schizophrenic symptoms. Sexual disorders—premature ejaculation, excessive masturbation, impotence, and frigidity—are often connected with other disorders of interaction and communication between the schizophrenic and the nonschizophrenic spouse. The psychodynamics of the sexual disorders are discussed through two case studies. A discussion of psychoanalytic theory concerning the function of external and internal objects is included. (26 references)—Journal abstract, modified.


Mental health aspects of highly-regimented religious sects are discussed. Such organizations as Hare Krishna, the Moon Unification Church, Scientology, Divine Light Mission, and the Children of God use destructive techniques to gain the total adherence of new members. During marathon sessions, the neophyte is subjected to coercive persuasion by the group. The subject’s will to resist is weakened by lack of sleep, dietary changes, mystifying rites, chanting, and total isolation from the accustomed environment. The result is depersonalization and complete dependence on the sect. It is estimated that about 58 percent of sectarians can be classified as schizophrenics, who join for reasons of personal restoration. The mental confusion of these members eventually yields to total lack of independent thought. The remaining 42 percent probably joined during their college years, that is, during the traumatic first separation from their families. The second group is potentially restorable to an independent existence. From the psychiatric viewpoint, the methods used by the sects are sufficiently dangerous to the personality development of the converts to warrant governmental intervention.


Academic achievement was investigated in 21 schizophrenic and borderline college students who achieved BP or higher grade averages and underwent psychotherapy while in college. High academic achievement was found to provide relief from feelings of worthlessness and ineffectuality resulting from poor relationships with parents, siblings, and peers. Psychotherapy and...
the permissive yet supportive college atmosphere reinforced the students' self-esteem. (5 references)—Journal abstract.


Ethnographic characteristics of 43 clients participating in a community-based psychiatric treatment program intended as an alternative to hospitalization were studied. Data were obtained from the subjects over a 2-year period by observing subjects working in a sheltered workshop, taking antipsychotic medications, and attending group recreational and assertiveness training sessions. Most of the subjects were chronic or long-term schizophrenics. It was found that subsistence strategies enmeshed patients in a psychiatric disability-oriented system wherein most were unemployed and receiving public assistance. Participation in positively and culturally valued subsistence endeavors was restricted by their situation. Antipsychotic medications created dilemmas due to undesirable side effects. It is contended that clients and significant others in their environment participate in the social construction of a perpetually crazy identity and reality. Medication, income maintenance programs, and interactional patterns with mental health professionals all contribute to a different and dependent lifestyle even in the community setting. Social and personal adaptation syndromes similar to those associated with psychiatric hospitalization are still present. The multiple paradoxes of being mentally ill in an American community are related to culturally conditioned beliefs and behaviors about illness and psychiatric disorder held by clients and others.—Journal abstract, modified.


The relationships of locus of control and reported reduction in experienced control to depression were investigated. An attempt was made to generalize the learned helplessness model of depression to other diagnostic groups. Self-report measures of depressive symptomatology, locus of control, and change in control were administered to 104 psychiatric inpatients. Consistent with the learned helplessness model, psychiatric inpatients who reported reduced control over life events prior to hospitalization were significantly more depressed than individuals who reported no such reductions. Locus of control was not related to depression scores, and it was suggested that future research on the antecedents of depression employ more specific measures of control rather than measures of generalized expectancies. Depressives as a diagnostic group reported greater reduced control than chronic schizophrenics, paranoid schizophrenics, and patients with personality-disorder diagnoses. These results are interpreted as supporting the specificity of learned helplessness to depression. (12 references)—Author abstract, modified.


The case of a Jamaican woman previously diagnosed as schizophrenic on the basis of certain religious visual and auditory hallucinations, as well as her claim to be a prophetess, is described. The patient had been diagnosed as schizophrenic, because she claimed to be a prophetess; however, in Jamaica such a belief is quite ordinary. Her beliefs mixed Christian and Jewish theology, but this is true of many fundamentalist Christian sects. Her hallucinations and claims are thus shown to have quite normal functions and explanations within Jamaican religious culture.


The quarterly distribution of births of psychotic patients in England and Wales from 1921 to 1960, and first hospitalized between 1970 and 1975, was examined by decade of birth and by age at year of admission to determine if there was a seasonal variation of births for the following four diagnostic groups: schizophrenia, affective psychosis, neurosis, and personality disorder. For patients with schizophrenia and affective psychosis, the distribution varied. In the early decade (1921-30) and for older patients (45-54 years), the proportion of births in the fourth quarter of the year was high, compared with expectation from live births in the general population; but
it became lower in succeeding decades and for younger age groups. No comparable change occurred for births of patients with neurosis or personality disorder. These results suggest that the patient’s year of birth and/or his age at first admission may need to be taken into account in considering season of birth in the psychoses. (6 references)—Author abstract, modified.


Psychiatric symptoms of 28 lobotomized and 28 nonlobotomized hospitalized chronic schizophrenics were compared. Each subject was given a brief unstructured interview by six raters without knowledge of the patient’s lobotomy status. The subjects were then rated on the Brief Psychiatric Rating Scale. Statistically significant differences between means were obtained on 3 of 16 rated symptom constructs, indicating that the lobotomized subjects were less despondent, emotionally flat, worried, fearful, and anxious. It is suggested that after long-term hospitalization, lobotomized chronic schizophrenics show reduced affect as compared with their counterparts. (3 references)


In a paper presented at the meetings of the Warsaw and Krakow sections of the Polish Psychiatric Society, held on September 28, 1977 and April 18, 1978, respectively, the selectivity of disorders of affective life in schizophrenia is discussed, and the differences between such concepts as dissociation of effect, transference of affect into the subconscious, and selectivity of affective disorders are explained. The selectivity of disorders of thought and other mental activities are briefly characterized. Selectivity of pathology is considered an essential attribute of schizophrenia, manifesting itself in various areas of interpersonal relations with unequal intensity. It is impossible to detect in some patients until it is known how they behave, particularly in situations typical of the social environment in which they usually find themselves following their discharge from a hospital. (19 references)—Journal abstract, modified.


A view of autism in schizophrenia is presented which defines it as a syntonoautistic proportion. In borderline cases, when autism is generalized and profound, syntony either does not occur or is expressed only as an empty syntony. Autism is seen more often as a selective disorder; and in these cases, the patient retains the ability for syntonic reactions, although these are sometimes barely perceptible, particularly on a hospital ward. It is suggested that autism should be treated as an attitude whose intensity depends partly on external factors. The terms “autismus sociogenicus” and “autismus iatrogenicus” are applied to the external component processual autism, and it is concluded that autism should be treated as a processual reactive proportion. (8 references)—Journal abstract, modified.


In a paper presented at the meetings of the Warsaw and Krakow sections of the Polish Psychiatric Society, held on September 28, 1977 and April 18, 1978, respectively, prime or deep schizophrenia and superficial schizophrenia are contrasted. Both forms are regarded as an endogenous process. However, the prognosis is potentially favorable in superficial schizophrenia, depending on exogenous factors. Sociogenic errors, especially those for which the family is responsible, as well as iatrogenic errors, often prepare the transition of superficial schizophrenia to the deep form of the disease. It is suggested that the approach to the clinical pathology of schizophrenia, which facilitates a multidimensional description of this pathology, forces the physician to adopt an exploratory attitude, which helps him recognize each syndrome and thus helps future prognosis. (14 references)—Journal abstract, modified.

3995. Modly, D.M. (Case Western Reserve University, School of Nursing, Cleveland, OH 44106) Paranoid states. Journal of Psychiatric Nurs-
ing and Mental Health Services, 16(5):35–37, 1978.

The symptomatology and dynamics of paranoid states are described. A case study is discussed from the perspectives of the structural theory of personality and the psychoanalytic theory of personality development. Paranoid states are characterized by suspiciousness and highly organized delusions occurring in the presence of a clear sensorium and appropriate affective responses. Paranoia is grouped into the categories of paranoia, involitional paranoia, and other paranoid states. Freud’s psychodynamic approach to the development of paranoia is reviewed. (5 references)


The relationship between schizophrenia and suicide was studied via examination of followup studies of 3,521 patients diagnosed as schizophrenic. Findings show that 62 of these patients committed suicide during a followup period that averaged less than 8 years—a rate that is about 20 times the normal rate for the countries involved. It is further noted that while the death rate for these patients has dropped sharply during the last 20 years, the suicide rate has not changed. Although suicide appears to be as frequent in schizophrenia as in the affective psychoses, no textbook and only two papers support this information. It is concluded that suicide from schizophrenia is a major cause of death in adolescence and early adult life and that better means for early diagnosis, effective treatment, and sustained followup should be developed. (40 references)


To clarify the relationship of the depressive syndrome to the structure and psychopathology of schizophrenia and to examine its longitudinal development, a sample of 115 severely ill chronic schizophrenic male patients was studied to assess presence of depressive features, clinical type of illness, psychopathological setting, point in development of psychosis at which depression appeared, and its recurrence during hospitalization. An endogenous type of depressive syndrome, closely resembling melancholia, was found in a large proportion of the chronic schizophrenics studied. Depression was most prominent during acute psychotic phases, and it was characterized by a delusional core of worthlessness and guilt. Although the depressive syndrome may persist throughout the patient’s psychotic life and appears to be an integral component of schizophrenic development, more than one type of depression may occur, making evaluation of depression in schizophrenia difficult on both the phenomenological and psychopathological levels. (27 references)—Author abstract, modified.


The relative frequency of various mental disorders in men and women over age 60 was studied in a group of 1,514 patients undergoing treatment at a Soviet psychoneurological clinic. Schizophrenia and neuroses, as well as circular psychoses, atherosclerosis, and senile dementia, predominated among the women. Depressive syndromes also were seen more often in the women, while subaffective and paranoid syndromes were found more often among the men. In aging schizophrenic patients, there was a significant increase in hallucinatory delusional syndromes among both men and women, while an increase in depression with age was seen only among women. In general, the link between sex and mental syndromes decreased with age. (16 references)—Journal abstract, modified.


Behavioral rhythms in schizophrenia, manifested as repetitive talking, pacing, or rocking behaviors, are discussed. Daily behavioral observations were made for several years on 10 male schizophrenic patients and on three male patients with organic brain disorders. Analysis of these data showed strong
cyclic components in the five schizophrenic patients with predominantly hebephrenic symptomatology. Period lengths noted were about 2 days, 5 to 6 days, 30 days, and a longer cycle of 40- to 100-days' duration. Antipsychotic medications appear to have a suppressant effect, but tricyclic antidepressants may enhance preexisting rhythms. It is concluded that data from this experiment may permit the development of quantitative methods for exploring particular hypotheses about the underlying bases of some forms of schizophrenia. (11 references)—Author abstract, modified.


Verbal conditioning of male and female schizophrenics and nonschizophrenics was observed as subjects sat at different distances and orientations from an experimenter who delivered a positive word/positive tone reinforcer (good). Results indicated that the presence versus absence of diagnostic differences in learning depended on the sex of the subjects, and the distance that subjects sat from the experimenter. The absence of overall diagnostic group differences in learning, and the finding that in some proxemic conditions, schizophrenics learned more than nonschizophrenics are consistent with the view that under appropriate conditions, schizophrenics emit behaviors that are incompatible with an assumption of schizophrenic deficit. (9 references)—Author abstract.


Two groups of mental patients were studied to determine the typical evolution of catatonic delirium. Group 1 consisted of 12 acute catatonic in their first psychotic episode; group 2 consisted of 40 chronic schizophrenics with a history of catatonic episodes and many years of institutional confinement. The average age in group 1 was 22, and in group 2, 52. Thirteen percent of the schizophrenics were found to be catatonic, and numerous types of incomplete catatonia were also observed among them. These chronic cases had evolved along two distinct paths: intermittent attacks of agitation and stupor, or an intense deterioration into noncatatonic mental disorders such as paranoia, in which the catatonic symptoms with which the disorder had begun periodically recurred. A partial explanation for the two forms of evolution is the patient's choice of rebellion or adaptation, and his submission to the hospital regime imposed upon him. Either choice involves a strategy for maintaining an independent personal identity within the limits of the catatonia.


Obsessive-compulsive phenomena and their relationship to psychoses are explored following a 4-year study of a patient exhibiting this clinical problem. Mrs. B. is a 63-year old Italian-American Catholic with a compulsion to invite people, even strangers, to her apartment to eat. Her symptoms have recurred periodically for the past 7 to 8 years, lasting several months at a time. They are usually not responsive to medication (up to 75 mg. Haldol, 120 mg. Stelazine, 200 mg. Thorazine, and 150 mg. Elavil), but are sometimes responsive to family sessions with her husband. Mrs. B.'s case presents interesting diagnostic and theoretical issues. It is suggested that diagnostic possibilities might range from catatonia to schizophrenia, to probable early organic brain changes, to obsessive-compulsive states. Mrs. B.'s feeding behavior seems to represent the reversal of the wish to have her own oral dependency needs gratified. It also indicates an identification with her mother, as one who feeds others, and an opportunity to express her autonomy from her overbearing husband. It is concluded that the compulsive symptom in Mrs. B.'s case serves to strengthen the ego against poignant feelings of its own weakness, bolstering it against the danger of disintegration. (17 references)


An examination of the severity of tardive dyskinesia in 293 hospitalized schizophrenics using the Abnormal Involuntary Movement Scale revealed differing trends with age for each sex. Females showed a signifi-
significant linear increase in severity with age, while males had a significant curvilinear relationship. Reliable differences between sexes were found only for patients aged 70 and older. The differences in sexes could not be accounted for by differences in length of current hospitalization or current level of neuroleptic medication. Possible reasons for the results are discussed. (20 references)—Author abstract.


The learned helplessness model of depression predicts that compared with nondepressed patients, depressed patients will demonstrate psychomotor deficits, provide lower subjective evaluations of their performance, and perceive reinforcement in skill tasks as more response independent. Those predictions were tested in a sample of 32 depressed and 32 nondepressed psychiatric inpatients. Subjects performed card- and peg-sorting tasks in which measures of performance, ratings of mood and expectancy of success, and subjective evaluations of performance were obtained under chance and skill reinforcement conditions. Although some support was obtained for the prediction that depressives provide lower evaluations of their performance than nondepressives, the other predictions were not supported. Comparisons between depressed and nondepressed schizophrenics indicate that the mood of depressed schizophrenics was especially sensitive to task outcome for both skill and chance conditions. (12 references)—Author abstract.


Birth patterns of 13,132 nonaboriginal, first admission, Western Australian psychiatric patients born between 1920 and 1950 were compared statistically with those of the general population. Three diagnostic categories—schizophrenia, anxiety neurosis, and depressive neurosis—were examined. For both categories of neurosis, no deviations from normal birth patterns were observed. For males, marked excesses in schizophrenic births were observed in June, and for females a similar excess occurred in September. Possible explanations for this sex difference are examined. (5 references)—Author abstract, modified.

4006. Tsuang, M.T. (Department of Psychiatry, University of Iowa College of Medicine, 500 Newton Road, Iowa City, IA 52242) Suicide in schizophrenics, manics, depressives, and surgical controls: A comparison with general population suicide mortality. Archives of General Psychiatry, 35(2):153-155, 1978.

Suicide risk among 200 schizophrenic, 100 manic, and 225 depressive patients, and 160 surgical controls is reported. The suicide experience of the study subjects was compared to that of the population of the state of Iowa, the geographical area, and the population from which the subjects were selected. The suicide experience of the surgical controls was not significantly different from that of the general population. Increased risk of suicide was found in all psychiatric groups except female schizophrenics. Suicide appeared pronounced, particularly in male patients with affective disorders during the first decade of the followup period. (20 references)—Author abstract.


New trends in both the theory and practice of psychoanalysis are reviewed. Individual contributions discuss: a method of helping a person actualize himself through careful respect for the patient's perceptions; the development of psychiatric studies on schizophrenia; a new model of ego psychology; the role of linguistics in making therapy more experiential and more meaningful; a new clinical syndrome found during studies of sleep and dreams; the close relationship between the individuality of the individual developmentally and therapeutically; and the use of fantasy in analysis.


Social attitudes toward schizophrenics and approaches to the treatment of schizophrenia are dis-
cussed from a historical perspective, and with a view toward the future. Once diagnosed as lunatics, schizophrenics have benefited from greater understanding of the causes and treatment of their condition. The introduction of chlorpromazine and fluphenazine in the past 20 years has made it possible for schizophrenics to hold jobs and function as outpatients. An overall fusion of the scientific and the philosophical concepts of schizophrenia and mental illness is foreseen, and the need for a greater understanding of the social rehabilitative needs of the schizophrenic in the community is noted. (5 references)


The relationship between welfare dependence and a family history of mental illness was investigated in order to explore a possible connection between economic class and psychopathology. During 1975, 221 clinical interviews were obtained on patients referred to a community mental health clinic. The hypothesis tested was that patients with a family history of mental illness would be more likely to be welfare dependent. Correlations between patients with a positive family history of either schizophrenia or depression and welfare dependence were highly significant among unskilled laborers. However, these same correlations were negative within working-class patients. The positive correlations suggest the possibility that the major mental illnesses are important factors in the need for welfare. (34 references)—Author abstract, modified.


Hypomagnesemia in a chronic schizophrenic patient is reported. A possible correlation between the hypomagnesemia, chronic schizophrenia, polypharmacy, vomiting, and functional pyloric stenosis is suggested. (13 references)—Author abstract.

Diagnosis


A brief rating scale for emotional blunting—a core symptom of schizophrenia that is usually excluded from diagnostic criteria—is presented. Assessment of the scale in schizophrenic patients indicates that it is reliable, predicts short-term treatment response, and discriminates between patients with affective disorder and schizophrenia. It is suggested that this scale will permit restoration of the important criterion of emotional blunting to modern diagnostic systems, including that proposed for DSM-III. (25 references)—Journal abstract, modified.


At the annual meeting of the Canadian Psychiatric Association, held in Saskatoon, Saskatchewan, Canada, September 1977, a paper was presented which examines case records of 90 consecutive first-lifetime admissions with a hospital diagnosis of schizophrenia for Schneiderian first-rank symptoms, the Feighner diagnostic criteria, and the New Haven Schizophrenia Index. Diagnostic exclusion criteria were developed and applied. Results indicate that the hospital diagnosis of schizophrenia is likely to be too broad. Each diagnostic system can increase accuracy of diagnosis, but their exclusion criteria are too vague and the system would be improved by using those given. It is concluded that each diagnostic system selects similar groups of patients, and can be applied retrospectively to adequate case records. (14 references)—Author abstract.


Important indicators of schizophrenic affect and a conceptual framework for its assessment are presented. Bleuler’s concept of affectivity in schizophrenia is discussed with specific reference to the factors of associative disorder and autism as clinically reliable diagnostic criteria. The importance of the face as an indicator of schizophrenic affect is explained. It is suggested that there is a relative lack of plasticity in the facial mimetic musculature of schizophrenics, a lack of spontaneity of ex-
pression that results in impaired expressiveness and a lack of integration with other modalities of communication. The concept of affect disorder is considered in terms of four parameters—range, mobility, appropriateness, and communicability—and each category is explained. The importance of an objective framework for diagnosing the affective disorder is emphasized and the four parameters presented are viewed as a beginning attempt at establishing such a diagnostic tool. (13 references)—Author abstract, modified.


Diagnostic criteria and problems of schizophrenia are discussed as they relate to patient management and expectations. Diagnostic signs include muteness, blocking, neologisms, verbigeration, private logic, and overly personalized thinking; hallucinations may also be present. The types of schizophrenia are classified as simple (blunted isolationist), hebephrenic (regression), catatonic (withdrawal), paranoid (importance), acute (acute onset), latent (tending to thought disorder), residual (previous episode), schizoaffective (thought disorder with bipolar moods), and chronic (undifferentiated). It is concluded that schizophrenia is a severe disabling illness requiring aggressive pharmacological and social interventions.


In a paper presented at the 8th Scientific Symposium of the Academy of Orthomolecular Psychiatry, at Royal York Hotel, Toronto, Canada, on April 30 and May 1, 1977, the diagnostic potential of the Perceptual Organization Test (POT), which can discriminate children with central nervous system dysfunction from schizophrenic children within the mixed group of minimal brain-damaged children, was assessed. The results of the test for a normal control group and five clinical groups—neurotics, drug users, acute schizophrenics, regressed schizophrenics, and brain-dysfunction patients—are given. Normals and neurotics obtained the highest scores and were about equal in their performances. Chronic schizophrenics obtained consistently the lowest scores, indicating severe impairment in perceptual organization. Furthermore, their performance became consistently worse as they proceeded from the first series to the third series. Patients with brain dysfunction showed milder impairment than the chronic schizophrenics, but they were consistently worse than normals, neurotics, and drug users. (12 references)—Author abstract.


Halstead-Reitan Battery scores of hospitalized male schizophrenics were compared with scores of normals and brain-damaged subjects to determine performance patterns that differentiate the groups. Schizophrenics performed less well than normals on the Categories, TPT-Memory, and TPT-Location subtests, but better than brain-damaged subjects on all subtests except Categories. In general, the effects of medication produced nonsignificant results. Results are discussed in re-

In a partial replication of a visual-searching task test, which discriminated among brain-damaged, normal, and psychiatric patient subjects, comparisons were made between brain-damaged and schizophrenic, and brain-damaged and normal subjects. Results show 92.5 percent correct classifications for the brain-damaged versus normal comparison, and 82.5 percent correct classifications for the brain-damaged versus schizophrenic comparison. Results validate the original findings of Goldstein, Rennick, Welch, and Shelly (1973). (1 reference)—Author abstract, modified.


A panel discussion devoted to the roles of family history in defining homogeneous categories in psychiatry, as well as its potential use as a diagnostic criterion, is presented. Among the themes discussed are the definition of so-called borderline conditions, and the relationship between reactive psychoses, schizophreniform disorders, and nuclear schizophrenia. (9 references)


The previous 10 years of research comparing neuropsychological test performances of adults diagnosed as schizophrenic with adults diagnosed as brain-damaged is reviewed. Current concepts and criteria for classifying and subclassifying patients in terms of brain damage and schizophrenia are presented. Few studies were found that reported using consistently the most valid criteria in forming schizophrenic and brain-damaged samples. Furthermore, only a small proportion of studies included appropriate controls for age, IQ or education, length of hospitalization, and drug effects. Canter’s Background Interference Procedure and DeWolfe’s Wechsler Adult Intelligence Scale sign approach have been found to discriminate well between schizophrenic and brain-damaged groups after replicated investigation of these procedures. The Halstead-Reitan Battery provided discriminatory power equivalent to, but not superior to, many single measures. Recommendations for future research include: (1) the use of more valid criteria for brain damage, and more valid and standardized assessment of schizophrenia in classifying subjects; (2) evaluating all subjects using both neurological and psychopathological criteria; (3) reporting percentages of hits, false negatives, and false positives; and (4) increased comparisons among schizophrenic and brain-damaged subclassifications. (79 references)


The variety of psychiatric and medical conditions in which paranoid features occur is catalogued. The conditions in which paranoid features may be found include psychiatric, neurological, sex chromosome, metabolic, and endocrine disorders, as well as drug abuse and pharmacological toxicity. A cautious diagnostic approach is urged, as many and potentially serious illnesses aside schizophrenia may present paranoid features. (72 references)—Author abstract modified.


An attempt to develop a self-report process-reactive scale applicable for male and female schizophrenics is described. The Ullmann-Giovannoni and Johnson-Ries scales were re-
worded to make them appropriate for both sexes and administered to 80 psychiatric patients. Of the 30 items which discriminated between process and reactive patients as defined by the Phillips, 21 showed no sex differences; however, nine did show sex differences. This 30-item scale was readministered to a new sample of 118 males and 86 females. Only nine items were replicated, showing a process-reactive distinction and no sex differences. It is concluded that while both the 9-item and 30-item scales are useful for classifying males, neither achieves satisfactory rates for females. The concept of process versus reactive in females is questioned for its applicability in this decade. (13 references)—Author abstract.


A combination of MMPI scale relationships which could be highly discriminating of schizophrenia was assessed. A standardized structured interview and a diagnostic system for schizophrenia, based on the use of discriminant function analysis with nonpathognomonic symptom combinations, was used to establish the criterion diagnosis. Approximately 72 percent of 469 patients reliably diagnosed as schizophrenics were detected on the MMPI via a set of standard criteria. Only 5.5 percent of nonschizophrenics obtained all these standard criteria on the MMPI. The assets and liabilities of these MMPI criteria for the diagnosis of schizophrenia are discussed. (44 references)—Author abstract.


Studies of the phenomenology of psychotic illness, outcome, family history, response to treatment with lithium carbonate, and cross-national and historical diagnostic comparisons are reviewed. It is concluded that most symptoms commonly called schizophrenic, taken alone and in cross-section, have remarkably little, if any, demonstrated validity in determining diagnosis, prognosis, or treatment response in psychosis. In the United States, particularly, overreliance on such symptoms alone results in overdiagnosis of schizophrenia and under-diagnosis of affective illnesses, particularly mania. This compromises both clinical treatment and research. (166 references)—Author abstract.


In a discussion of the complexity involved in making accurate psychiatric diagnoses, it is reported that diagnostic criteria based on validating literature are now available in four major areas: depression, mania, schizophrenia, and medical versus psychiatric illness. According to these criteria, the patient is diagnosed as depressive if he presents with depressive symptoms. When primary depression is considered differentially with alcoholism, drug abuse, hysteria, antisocial personality, and organic brain syndrome, psychiatrists lean toward a working diagnosis of primary affective disorder. In line with the current tendencies to restrict the diagnosis of schizophrenia, a working diagnosis of mania is made when there is a choice between schizophrenia and mania, because mania, in contrast to chronic schizophrenia, is treatable, and it would be a serious error to miss it. The working diagnosis is also mania in cases of young drug abusers whose symptoms persist after a period of observation without treatment. In differentiating between medical and psychiatric illnesses, the psychiatrist will underdiagnose to allow for a treatable medical illness, while the tendency of the medical doctor is the opposite. It is concluded that when the differential diagnosis is entirely psychiatric, the working diagnosis will lean toward the primary affective disorders of depression and mania.

Epidemiology


Reasons for attrition of schizophrenic patients receiving long-term neuroleptic therapy at the Free University of Berlin were investigated. Analysis of numerous epidemiological factors showed that the attrition
rate averaged 10 percent annually, and to an extent, was attributable to physician turnover and to inadequate treatment due to an admissions rate in excess of capacity. No relationship was observed between the attrition rate and recidivism. (11 references)


The coincidental occurrence of schizophrenia and rheumatoid arthritis (RA) was examined in data from patient statistics prepared by the Swedish Social Welfare Board. Through these statistics and questionnaires, 58 cases of possible occurrence of schizophrenia were identified. Very few of these cases revealed a coexistence of schizophrenia and RA. There were, however, some cases of genuine schizophrenia and definite seropositive RA in the same patient. Results suggest that RA may also be uncommon in combination with other psychiatric disorders requiring hospitalization. Ankylosing spondylitis cases were overrepresented in relation to RA cases included in the statistics from psychiatric care. Most of the 13 spondylitis patients whose case records were studied had schizoaffective or atypical psychoses. Additional data on age distributions and occurrence of other inflammatory joint diseases with other psychiatric diagnoses are presented. Further epidemiological studies are recommended. Such studies may contribute to the understanding of the etiology of RA and schizophrenia. (22 references)—Author abstract, modified.

The Family


In a modified replication of an earlier study by Solvberg and Blakar (1975), two cooperative communication tasks were administered to 10 rural parental couples with schizophrenic offspring and 10 carefully matched parental couples without schizophrenic offspring. Results indicate that while there is considerable variation in how couples manage the two types of communication situations, this variation was not systematically correlated with whether or not the couple had a schizophrenic child. Further, this variation was not systematically correlated with the ecological setting—urban or rural. Results of this study and the earlier study with an urban sample are used as a basis for consideration of more general methodological problems involved in communication-oriented studies of psychopathology. In particular, the underlying, often implicit, model of normal communication from which pathological communication deviates is seriously questioned. (40 references)—Author abstract, modified.


Four theories of the role of the family in the psychopathology of schizophrenia are presented, and their implications for social work practice with the discharged schizophrenic and his family are discussed. According to the first theory, the diagnosed member has a disease with mental rather than physical symptoms for which the family is not responsible. Given this theory the social worker’s role involves finding accommodations, aiding in obtaining benefits, and advising the family on the practical difficulties of living with a schizophrenic. A second view suggests an organic etiology in which the course of the disease may be influenced by family/environmental factors. The emphasis on organic illness makes the problem a medical one and absolves the social worker of responsibility. The third theory, which suggests an uncertain origin of the disease and views the family as a pathogenic variable, and the fourth theory, which claims schizophrenic behavior is explicable in the light of contradictory and confusing familial demands, present practical problems for the social worker. Both theories suggest that medical intervention is inappropriate; however, when a psychiatric crisis arises, the common social work response will be removal from the home or medication, thus reasserting the medical model of schizophrenia and deemphasizing family responsibility. (7 references)


Schizophrenics’ mutual glance patterns were investigated in a study
hypothesizing that mutual glances between patients and parents would be fewer than between patients and peers or authority figures, and fewer than those between normals and parents. Subjects were 20 adult male schizophrenic patients and 20 adult male normals. Results show that patients had significantly more mutual glances with mothers than with others. They interacted more with authority figures than with fathers and least with peers. Although normals interacted more in all situations than did schizophrenics, they interacted much more with authority figures and peers than they did with their parents. Since most schizophrenic patients approached had refused to participate in the study, it is suggested that conclusions be drawn cautiously. (16 references)


Eighty-nine questionnaires from members of the Schizophrenic Association of Greater Washington (SAGW), 85 percent of whom were parents of schizophrenics and 15 percent were siblings, spouse, or other close relatives, were examined to determine the psychological cost of schizophrenia to the family. At the minimum, such families need advice concerning appropriate expectations for patients, specific techniques for managing disturbing behavior, and the availability of community resources. The level of their morale is contingent on a reduction of their sense of futility and helplessness, a feeling of competence derived from working actively in behalf of their patient's well-being, and their being given full recognition for the heroic efforts they are making. Consequently, an array of services should be established for them that includes home-visitor teams available to help in crises, temporary shelters for patients to provide rest for overtaxed family caregivers, housing programs to meet diverse patient needs, and a central source of information on resources. (12 references)


The family dynamics of 10 Swiss families having a schizophrenic member were each observed for 3 or 4 days. It was found that these families tend to isolate themselves from the outside world, and that inner-family dynamics are characterized by tension, ambivalence, and lack of true cohesion. It is felt that the complex fusions between patient and family have little hope for solution unless family members also receive some form of counseling therapy. (9 references)


The child-rearing methods of parents of healthy and schizophrenic adolescents were compared. A three-factor model was employed to assess child-rearing behavior in everyday situations of conflict, praiseworthiness, and adolescent initiatives. Dissimilar parental behavior is assumed to originate in different fundamental attitudes and motives. The parents of schizophrenics showed significantly more and a greater variety of abnormal reactions. Important defects in communication were found among parents of schizophrenics. Contradictory findings published by other researchers probably reflect dissimilar forms of reaction in different conflict situations. It is concluded that parents of schizophrenic offspring need counseling in methods assuring free, relaxed, and effective interaction with children. (33 references)—Journal abstract, modified.


The family pathology in the novel, Crime and Punishment, is examined according to four basic theories which attempt to explain schizophrenogenic families. Dostoevsky was able to describe a classic schizophrenic family nearly 100 years before psychiatry had begun to consider such a phenomenon. His description of the principal character and his family demonstrates all of the concepts used to describe schizophrenic families. The concept of family pathology explains the protagonist's odd symptoms (diagnosis), his motivation for the mur-
onders he commits (dynamics), and the resolution of the conflict. After examination of four theories of family pathology in relation to Crime and Punishment, it is concluded that the protagonist’s family is positive for all of the major themes found in the four theoretical frameworks. (10 references)


The ability of a Family Interpersonal Perception Test score (FIPT) to predict which schizophrenic patients would live mainly at home during the 2.5 years after leaving the hospital (home centered), and which patients would spend the major portion of this period away from home (not home centered) was assessed. The tenability score, the central component of the FIPT, compares the patients’ view of his parents, and the parents’ view of how they expect the patient to see them, as a measure of the tenability of that relationship. It was found that all good outcomes in terms of work and social functioning occurred in home-centered patients with tenable scores; home-centered patients with poor outcomes could be distinguished by means of their poor premorbid ratings. Patients with unremitting untenability often had good premorbid ratings and could only be picked out by their FIPT scores. Previous findings are replicated and extended in that the tenability of a patient’s home situation was found to be associated with the patient’s view of his or her parents, and that nearly all good outcomes came from home-centered patients with tenable situations, regardless of degree of illness or method of treatment. (19 references)


Thirty husbands and wives of schizophrenic patients were interviewed to seek information about subjective and objective difficulties caused by mental illness of a husband or wife, and the way to cope with a prolonged stress situation. Ways to reduce to a minimum the adverse consequences of mental illness were studied, and attempts were made to identify factors characterizing married couples best adapted to the circumstances. These results were useful in constructing a detailed questionnaire for use in further study to assess the nature and extent of changes brought about in a family by mental illness. (3 references)—Journal abstract, modified.

Genetics


The use of electroconvulsive therapy and genetic counseling for schizophrenia is discussed. Electroconvulsive therapy is no longer generally used as a primary therapy for schizophrenia, but it is considered a second-line approach for use when chemical therapy fails. The need for genetic counseling increases as morbidity and hospitalization of schizophrenics decreases, and as the birth rate for offspring of schizophrenics increases. One can neither predict which specific children who have schizophrenic relatives will become schizophrenic, nor prevent the development of the illness. (8 references)


The likelihoods of observing 25 four-generational families of schizophrenics comprising 1,333 individuals were calculated on the basis of 12 different genetic models and one control sporadic model. The control model gave a log 10 likelihood (L) of −240.92. Five of the genetic models were definitely excluded as incompatible with certain pedigrees. The three models with the highest likelihoods were: one locus, the heterozygote having a 10 percent probability of being classified schizophrenic (L: −220.05); two interacting loci (L: −219.46); and four polygenes (L: −216.87). (9 references)—Author abstract.

4039. Elston, R.C.; Namboodiri, K.K.; Spence, M.A.; and Rainer, J.D. (Department of Biostatistics, School of Public Health, University of North Carolina, Chapel Hill, NC

Schizophrenia was analyzed genetically. One-locus models were fitted to two sets of two-generational families, studied by Kallmann, because each contained a schizophrenic twin proband. In one set each twin proband was in the nuclear group, and in the other set in the peripheral group. Allowing for a log-normal age of onset distribution and a dependence of ascertainment probability on age of onset, the following hypotheses were tested and rejected: (1) ascertainment probability is a noncurvilinear function of age of onset on a log-log scale; (2) the transmission of schizophrenia is via one Mendelian locus; and (3) the transmission of schizophrenia is independent of parental type. The last hypothesis is more likely than one-locus Mendelian inheritance, but it too must be rejected. (17 references)—Author abstract.

High Risk Studies


A 5-year followup investigation of a study of depressed and schizophrenic mothers and their children, who were 5 years old or younger when first contacted, is presented. The original study found that, regardless of sex, 5-year-old and 6-year-old children of depressed mothers showed greater disturbance in the ability to deploy attention than was found in either the children of schizophrenic or well mothers. The sample for the followup study consisted of 18 schizophrenic, 12 depressed and psychotic, and 22 well mothers and their 6- to 12-year-old children. The mothers were equated for education and age, and the children were matched for sex and age. Cognitive style tests and interviews measuring social adjustment and functioning were given to both the parents and the children. Children of depressed mothers showed greater difficulty in disembedding and attending sustainedly than children of either schizophrenic or well mothers. While the previous study did not show differences in concentration, the findings of the present research show that, among a somewhat older group of children, maternal depressive psychosis has a negative effect on the ability to concentrate. It is concluded that the children of depressed mothers represent a neglected group in the research on children at risk. (28 references)—Author abstract, modified.


The hypothesis that there is a link between some delinquency and the schizophrenic spectrum of disorders is examined. Data from retrospective studies, followup studies, family studies, and clinical and epidemiologic studies are presented to support the view that genetic factors influence the development of schizophrenia and the schizophrenic spectrum of disorders, which include some forms of delinquency. It is concluded that social, physical, and psychodynamic factors all influence the ways in which a psychiatrically vulnerable child’s disorder will be expressed. (38 references)


A pilot evaluation of the theory that children’s electrodial responses to stimuli may be a premorbid clue to later psychiatric problems is discussed. In 1972 a mixed sample of 1,800 3-year-old youngsters were administered intelligence tests, as well as psychophysiological polygraph testing designed to measure skin conductance, skin potential, and
cardiac electrical activity. Two-hundred children were selected for further study, and classified according to their response to stimuli as nonresponders, hyporesponders whose skin conductance increased greatly for a short period of time, hyporesponders whose skin conductance rose moderately but descended slowly, and controls whose conductance rose moderately and descended moderately. Hyperresponders are thought to be more responsive to stimuli bombarding them and unable to sort out and control incoming impulses. Therefore, it is hypothesized that the hyperresponders have a high risk of developing schizophrenia. A 20-year observation program of the subjects of the study is planned.


In an anecdotal case study, the emotional problems of a 14-year-old girl with a family history of schizophrenia are resolved through an exploration of her past memories. The client's mother and two of her aunts had histories of diagnosed schizophrenia. Both the client and her foster mother expressed a growing fear of the onset of schizophrenia, which was compounded by the increasing frequency of mood swings from silent withdrawal to outbursts of temper. Rather than risk labeling the child, it was decided to increase the frequency and regularity of social work visits. It became apparent that the client was deeply troubled by early childhood memories of familial relations and her mother's illness. Through visits with an aunt and uncle, the grandparents, and previous foster parents, much of the client's past was reconstructed and put into perspective, and a reasonable explanation of the natural mother's condition was developed. Resolution of anxieties was followed by a disappearance of the uncontrollable outbursts of anger and the client's greater acceptance of her status.


Children vulnerable to schizophrenic disorders were studied in an effort to refine methodology for psychological deficit research with adult schizophrenics. An object-sorting task was administered to 156 children of schizophrenic patients, 102 children of depressed patients, and 139 children of normal parents. The children (6 to 15 years old) of schizophrenic parents made fewer superordinate sorting responses than those of normal parents, and more complex sorts—a category of inadequate responses—than children of either normal or depressed parents. Deficits in conceptual performance may reflect the genotypic predisposition to schizophrenia and/or represent an early precursor of later maladjustment. (21 references)—Author abstract, modified.

Prognosis


The prognostic significance of signs and symptoms taken individually rather than in diagnostic clusters was studied in 61 schizophrenic patients seen at 5-year followup in the Washington Center of the International Pilot Study of Schizophrenia. Best and worst outcome patients were selected on the basis of a total outcome score from a reliable nine-item schedule; 21 middle outcome patients were excluded. Data from the best and worst groups were analyzed to determine which signs and symptoms assessed 5 years previously were associated with outcome. Only restricted affect predicted poor outcome; depression, anxiety, and nuclear symptoms of schizophrenia were not significant predictors. The findings are discussed within the conceptual framework of productive and defect symptoms. (31 references)—Author abstract.


Followup examinations of patients treated for schizophrenia in 1972 at the psychiatric department of the Medical Academy of Silesia were
conducted. Sixty-five of 106 patients had relapses during the 18-month followup period. Of the 26 patients observed during 6 to 18 months after discharge, five were markedly improved after renewed treatment, 10 only slightly improved, one was unimproved, and one was aggravated. In 41 patients, the degree of adaptation to former professional work was found insufficient or poor. The degree of adaptation to family life was assessed as complete or sufficient in 46 patients, as was the degree of adaptation to social life in 39 patients. The majority of relapses during the followup period had coincided with failure to take psychotropic drugs or with the occurrence of psychoactive factors. The course or remission of morbid processes during the followup period was found not to depend on whether the patients had undergone sociotherapy during their stay at the department or had been in a control group. (11 references)—Journal abstract, modified.


Social attitudes among a group of schizophrenics were examined as the group progressed through a goal-directed psychological rehabilitation program into the community. Those who left the program for community placement (25 subjects) were compared with those who remained hospitalized (12 subjects) in terms of their other directedness, willingness to cooperate, and empathy for others. The instrument applied was the Kuder Personal Preference Inventory, Form A, administered before and after the program. It was found that an interest in sharing with others was a significant variable related to discharge. The findings suggest that individual characteristics which may predict success in the program can be distinguished prior to participation. Research on social interest as related to successful return to the community is recommended for hospitalized schizophrenics. (26 references)—Author abstract modified.


The mental health of 187 patients who had each had a rhinoplasty 15 years earlier was studied with reference to the long-term progression of dysmorphophobia. Of 101 who had the operation following disease or injury, nine are now severely neurotic and one, schizophrenic; of 86 who had the operation for aesthetic reasons, 32 are now severely neurotic and six are schizophrenic. The differences between the two groups are significant, and show that dysmorphophobia is an ominous symptom. (10 references)—Author abstract, modified.


Patients hospitalized for the first time during the first and second World Wars were classified on the basis of histories from hospital records into the following three groups: (1) those admitted earlier, not receiving active biological treatment; (2) those admitted later, not receiving treatment; and (3) those admitted later, receiving treatment. Time of duration of hospital stays and the quality of improvement obtained in groups 1 and 2 (depending on the period) and in groups 2 and 3 (depending on treatment) were compared. The increase in the number of discharges with marked or very marked improvement was found to depend on treatment, while time of duration of hospitalization was found to depend on sociopsychological factors not immediately related to treatment (i.e., contacts with the patients' families, the physicians' expectations, or changes in the hospital milieu). These factors are thought to be responsible for the increased number of spontaneous remissions of medium degree. The hypothesis that better effects of hospitalization may have been due to changes in the natural course of the illness is not rejected. It is assumed that these changes had not been deepseated, as important spontaneous improvements in the mental state were as infrequent then as in other times. (18 references)—Journal abstract, modified.

4051. Goldbart, S.I. (No address given) Making evaluation matter: The integration of clinical and evaluative methods in the psychoso-
A nonresidential, psychosocial (NRPS) treatment program serving an ambulatory schizophrenic outpatient clientele was evaluated. It was hypothesized that client postdischarge community functioning varies as a function of two termination variables: (1) the clinical manner in which clients leave the program; and (2) the stage of treatment in which they terminate. A model for high expectation NRPS programs is presented, which emphasizes a developmental approach to treatment, with clinical termination being a key event. The importance of synthesizing seemingly disparate theories into an integrated psychodynamic model for psychosocial treatment is discussed. Data were obtained from 41 discharged clients whose change was assessed by two instruments: (1) a modified version of Goal Attainment Scaling (MOD-GOAL); and (2) the Global Assessment Scale (GAS), which measures psychological outcomes. It was found that: (1) scores on the two instruments are correlated; (2) termination variables significantly relate to GAS scores, but not to MOD-GOAL scores; (3) premorbid history scores relate to MOD-GOAL scores, but not to GAS scores; and (4) socioeconomic status is not a significant predictor of outcome. The discrepancy between the social and psychological outcome suggests that other treatment process variables need to be concurrently studied. It is concluded that the termination variables can be considered as part of a gestalt of process variables that constitute the necessary elements for successful social and psychological therapeutic outcome.

The relationship between the posthospital adjustment of discharged mental patients and their length of stay in the community subsequent to their discharge was studied in a sample of 34 schizophrenics and 26 nonschizophrenics. Katz adjustment forms, which measure adjustment and social behavior, were completed by both the patients and their close relatives. The results indicate that both schizophrenics and nonschizophrenics showed greater problems of posthospital adjustment during the critical 1-month's stay in the community after their discharge from the hospital. Their posthospital adjustment, however, improved as their length of stay in the community increased. Schizophrenics and nonschizophrenics differed significantly from each other in certain aspects of their posthospital adjustment both after their 1-month's stay, as well as after their 7-month's stay in the community after their hospital discharge. (23 references)


The validation scale developed to determine a community-adjustment measure applicable to discharged schizophrenic patients is described. A cross-validation sample of 83 former schizophrenic patients was administered scales developed from items in existing community-adjustment instruments derived from the fifth version of the Ellsworth Personal Adjustment and Role Skills Community Adjustment Scale. Items pertaining to demographic and symptom-related characteristics were identified. Although these items yielded significant relationships with factor scales of community adjustment, cross-validation procedures provided indices reflecting only slight to modest predictive capabilities of the composite. (8 references)—Author abstract, modified.


The relationship between the posthospital adjustment of discharged mental patients and their length of stay in the community subsequent to their discharge was studied in a sample of 34 schizophrenics and 26 nonschizophrenics. Katz adjustment forms, which measure adjustment and social behavior, were completed by both the patients and their close relatives. The results indicate that both schizophrenics and nonschizophrenics showed greater problems of posthospital adjustment during the critical 1-month's stay in the community after their discharge from the hospital. Their posthospital adjustment, however, improved as their length of stay in the community increased. Schizophrenics and nonschizophrenics differed significantly from each other in certain aspects of their posthospital adjustment both after their 1-month's stay, as well as after their 7-month's stay in the community after their hospital discharge. (23 references)


A detailed account of the symptomatology of nonregressive schizophrenia is presented, with special emphasis on the phenomenon of paroxysmal or enduring, increased perceptual intensity, or dishabitation of various modalities of subjective experience, including audition, smell, experience of cutaneous pressure, motor feedback, vision, and stream of thought. No signs of objective motor disturbance or of regressive cognitive functioning—dominance of primary process, predicative and autistic thinking, and condensation—and
other schizophrenic signs among those given by Kraepelin, Bleuler, and Schneider were present during the first stay in these states. Two series of first admissions—mental hospital patients from the years 1964 to 1967—were followed up after 5 to 8 years with regard to social prognosis, and, in male index cases, heredity. One group was, according to case records of the first stay, diagnosed as suffering from classical, regressive schizophrenia (n = 56), with all seemingly atypical cases excluded. A second group (n = 54) exhibited nonregressive (pseudoneurotic) schizophrenia. Comparisons between the two groups gave similar distribution as to age at first admission, sex, and social functioning at followup. Marriage rate for each sex and fertility were similarly low. The similarity of age and sex distributions, and of social prognosis in classical schizophrenic cases as compared with nonregressive ones from a parallel series, as well as the hereditary pattern of the nonregressive males, are taken as indicants of a nosological identity between the two diagnostic groups, in spite of their differing clinical pictures during their initial hospital stay. (38 references)—Author abstract.


A young adult sample of acute schizophrenics was followed through record sources into middle age. Three aspects of schizophrenia—psychotic thinking, affectivity, and social competence—were assessed in terms of long-term stability and prediction-of-outcome criteria. Antecedent childhood information was also obtained. Measures of psychotic thinking were found to lack both stability and predictive validity. In contrast, a combined measure of affectivity and social competence was stable over time and was significantly related to eventual outcome. Childhood factors were also related to adult outcome variables. Implications for research definitions of schizophrenia are discussed. (11 references)—Author abstract.


The personal networks of former mental patients residing in a New York City single room occupancy (SRO) hotel were investigated. An attempt was made to relate social networks to degrees of personality disturbance and the chances of remaining unhospitalized. Forty-four hotel residents were interviewed and observed. The findings indicate that: (1) schizophrenics have significantly fewer interpersonal contacts than do nonpsychotics but are not totally isolated; (2) variations in number and degree of interpersonal relationships occur within the schizophrenic spectrum; and (3) small networks and a low degree of connectedness correlate with more frequentrehospitalization. It is suggested that persons with small, poorly connected networks represent an at-risk group, requiring added professional support if they are to remain out of the hospital. Results also indicate that social networks can have a preventive and curative role within a community setting. (22 references)—Journal abstract, modified.

Psychiatry and the Law


A case history of a 15-year-old schizophrenic is presented to support the contention that, under the guise of protecting the rights of mental patients from forced treatment and involuntary commitment, state laws are preventing treatment for people in desperate need. The present case was characterized by continued refusal by the doctors to label the patient's illness and administer medication. It is noted that recent evidence pointing to genetic and biochemical origins may prompt a reorientation of current treatment modalities. However, the current acceptability of psychological and sociological explanations for schizophrenia, coupled with state laws which emphasize the mental patient's right to refuse medication except when in a life-threatening situation, is inhibiting medical treatment for schizophrenia. (7 references)

The Court of Appeals of Oregon in Matter of the Estate of Gentry upheld the ruling that a deceased person, although he had suffered from schizophrenia, was mentally competent at the time he executed his will, and that he was not unduly influenced in leaving all his property to his mother. Thus, a will made by an insane person may be valid if made during a lucid interval.

Treatment


A supported lodging scheme, as an alternative to group homes, is presented, which focuses on suitable patients from the rehabilitation and long-stay psychiatric wards who have been discharged from Old Manor Hospital, England. The County Council Social Services Department has supplemented the rent under the National Health Service and Public Health Act of 1968. The patients in this program have either been elderly or those under 60 years old who would always need some support and never be able to obtain a job in open employment. It is noted that schizophrenics are ideally suited to such a program. Aftercare facilities are important, as nearly half the patients attended the day-care center and over one third were regularly visited in their lodgings by the community psychiatric nurses and social workers. (14 references)—Author abstract, modified.


The effects of vestibular stimulation on verbalization in chronic schizophrenics were investigated. An experimental group of seven non-paranoid schizophrenic adults was given 8 weeks of sensory stimulating treatment, while a control group of seven similar subjects was given 8 weeks of sedentary activities. Three components of language, in response to 16 questions, were measured pre-treatment and post-treatment: number of words used, speed of response, and relevance of response. Results suggest that sensory-stimulating activities can improve the quality of nonparanoid schizophrenic language, but do not have effects on the quantity or rate of that language. (19 references)—Author abstract, modified.


Experience with rehabilitation of schizophrenia is reviewed with reference to techniques and service models which have been developed. Improvements in techniques have been efficacious and competency levels of schizophrenics can be raised to levels adequate for daily living, but manpower usage and program structure have not been developed to achieve this. Gains have been made in the understanding of processes of socialization, residential care, vocational rehabilitation, and education, but community-based resources to utilize this experience have not yet been realized. It is suggested that even if the ultimate breakthrough comes in the treatment of schizophrenia, there will still be a need for educational and vocational methods and facilities for social learning. (20 references)—Author abstract, modified.


The efficacy and side effects of a low-potency neuroleptic, thioridazine hydrochloride, and those of a high-potency neuroleptic, fluphenazine hydrochloride, were compared in 30 elderly, chronic schizophrenic patients. Through a crossover design, each patient received both drugs with an intervening washout period. Although both drugs produced a similar degree of improvement, their side effects differed. Fluphenazine caused slightly more extrapyramidal effects than thioridazine, though few occurred with use of either drug. Thioridazine caused weight gain, blood pressure decreases, and ECG changes. High potency neuroleptic agents appear to be the drugs of choice for elderly schizophrenic patients. (10 references)—Author abstract.

4063. Castillon Zazurca, J.; Clusa Matinero, J.; Linares Fernandez, J. L.; Romos Gutierrez, R.; and Tejedor Azpeitia, C. (Instituto Mental de Santa Cruz, Barcelona, Spain) Efectos de tres anos de tranformacion asistencial sobre pacientes
The steps taken by a large mental hospital to transform its methods of treatment along community lines are described, and their effects on patients are discussed. The basic principles of the transformation were stimulation of sociability and presentation to the patients of extrastitutional treatment alternatives. The hospital housed 234 patients, most of whom were schizophrenics. The experimental changes in therapy included releases from the hospital, with provision of outpatient services, increased mobility both within and outside the institution, and work opportunities. Results were positive: improvement was noted in 67 percent of cases, and 19 percent were able to leave the hospital permanently. (25 references)—Journal abstract, modified.

A sample of 190 patients, diagnosed as schizophrenic by the same psychiatrist, were surveyed in an urban community, and their clinical and social status assessed. Compared to the local population as a whole, a significantly greater proportion of the men had never married, and although the women had married at approximately the same rate as those in the general population, 25 percent of them had been divorced by the time of the interview. Assessments of the subjects' clinical condition by the Present State Examination were analyzed into four groups of syndromes. Only 27 patients showed schizophrenic or paranoid symptoms, whereas neurotic symptoms were not only prevalent, but seemed to cause most of the reported personal problems. Twenty-eight patients were free of symptoms at the time of interview. The great majority of the sample (72 percent) were being maintained on long-acting neuroleptics. These data form the baseline of a monitoring system, designed to keep the local psychiatric services in touch with schizophrenic patients who might otherwise drop out of treatment. (10 references)—Author abstract.

The effects of tryptophan-benserazide and chlorpromazine on schizophrenic patients were compared in a double-blind controlled study of 32 patients from the Louis H. Lafontaine Hospital. The patients were evaluated by the Brief Psychiatric Rating Scale, Nurses' Observation Scale for Inpatient Evaluation, Extrapyramidal Symptom Rating Scale, and Treatment Emergent Symptoms along with laboratory tests and electrocardiograms. The results indicate that tryptophan-benserazide was less efficacious than chlorpromazine in regard to relapse rate, use of supplementary chlorpromazine, and symptom-rating scales. It had a beneficial effect on the symptoms of depressive mood and guilt feelings, but had little or no effect on the extrapyramidal system. Although these results indicate that the antipsychotic action of tryptophan-benserazide is less than the clinical effect obtained with phenothiazines, the fact that it did not affect the extrapyramidal systems also indicates a potential therapeutic value. (22 references)

Changes in psychopathology and side effects of a group of 67 chronic schizophrenics treated with two depot neuroleptics—fluphenazine decanoate and pipotiazine palmitate—given monthly over a 3-year period are reported. After 3 years, 36 out of 67 patients were still on the same depot neuroleptic. Improvement in social functioning and work level and significant symptom reductions were found after 1 year of comprehensive therapy and 2 years of only drug therapy. Side effects were low in frequency and quality. Results confirm the clinical value of long-term maintenance treatment with neuroleptics. Possibilities of improving aftercare and outpatient treatment beyond medication alone are discussed. (24 references)—Author abstract, modified.

A controlled study of 12 schizophrenics on refractory to ordinary doses of neuroleptics was made which indicates that treatment with fluphenazine enanthate in higher doses than normal (10–20 times higher) might give reduction in psychopathology beyond what can be obtained with normal doses. In four patients, the symptom reduction on high doses was pronounced. It was found that the high fluphenazine plasma levels demonstrated did not increase extrapyramidal and general side effects. The results indicate that a nonresponding patient may need a higher plasma level of a neuroleptic than the average patient. (13 references)—Author abstract.


The clinical effect of clopenthixol decanoate was assessed in a 5-month controlled study including 21 hospitalized chronic schizophrenic patients. The ratings were done with the Brief Psychiatric Rating Scale (BPRS), Nurses Observation Scale for Inpatient Evaluation (NOSIE-30), the two psychological tests of WAIS and Grunbaum, and the rating scale of Simpson and Angus to assess extrapyramidal side effects. Clopenthixol decanoate was found to be an effective and long-acting antipsychotic compound with few autonomic and neurological side effects. Compared with previous maintenance treatment, it also shows a positive influence on depression and facilitation of the social adaptation of the patients. (10 references)—Author abstract.


Cultural factors in the symptomatology of schizophrenia and in its treatment are discussed. What is normal and abnormal behavior differs in cultures around the world; in different societies, different forms of reactions may confuse or obliterate the clinical picture. Explanations like supernatural agencies for explaining abnormal behavior, available conventional therapeutic procedures, religious beliefs and practices, family structure, political organization, and economic and industrial growth and changes are pointed out as some of the factors to be considered when adopting a method of treatment. Expectations of patient and family are also a consideration, as is the patient's role in sickness. It is recommended that the therapist have good accord with the innermost thoughts, beliefs, and feelings of the patient, for only then can he establish some sort of rapport for the continuance of therapy. (13 references)


Two social skills training packages for hospitalized patients diagnosed as either schizophrenic or non-psychotic were compared. Patients who scored low on a global measure of social skills were randomly assigned to one of three training conditions: social skills training with modeling, social skills training without modeling, and a behavior-rehearsal control. Effects of training were assessed on brief role playing and extended interaction tasks. The results indicate that both social skills training programs had positive effects. However, modeling was essential in improving the performance of schizophrenics, but was unnecessary for nonpsychotics. The effects of training transferred to semistructured interpersonal conversations. The importance of designing social skills training programs for relatively homogeneous populations is discussed. (17 references)—Author abstract.


A comparative trial of pimozide and fluphenazine decanoate in the treatment of schizophrenia was carried out to assess the relative efficacy of the two compounds in respect of: (1)
Relapse and rate of relapse of florid schizophrenic symptomatology, (2) depressive symptomatology, (3) admission to hospital, (4) adverse effects, frequency, and severity, (5) regularity of medication, and (6) social functioning. The subjects were schizophrenic patients returning to the community following hospital treatment of an acute schizophrenic episode. Results indicated that oral pimozide was clinically as effective as depot injections of fluphenazine decanoate in the continuation therapy of schizophrenic outpatients, and was associated with fewer side effects. A third of the schizophrenic patients who entered the trial relapsed during the 12 months, which is a substantially higher proportion than those reported in studies of long-acting phenothiazines. The most striking feature of the readmitted schizophrenic patients, however, was that more than half of them were completely free of schizophrenic symptoms. Relapse was most frequently equated with an exacerbation of psychiatric symptoms already present, particularly depression. (29 references)


The short-term and long-term social outcomes of 41 schizophrenic patients on continuation therapy treated in a double-blind trial of pimozide (oral) and fluphenazine decanoate (injection) following discharge after a clearly defined schizophrenic breakdown are evaluated. Social adjustment of the patients at home was assessed by interviews with patients and their relatives by means of the Medical Research Council Social Performance Schedule at 1 month and at 12 months later, or at the time of relapse. Patients on pimozide were significantly more favorably rated on aspects of sociability, use of leisure activity, warmth of personal relationships, household tasks, and child-rearing. In conclusion, results support the claim that pimozide enables community-based schizophrenics to function more effectively in their social environment than do the long-acting phenothiazines. (21 references)—Author abstract, modified.


A comparison study of the antipsychotic action as well as the side effects of the long-acting neuroleptics—fluspirilene and fluphenazine decanoate—was made under double-blind conditions. Fifty chronic schizophrenics were randomly assigned to a 61-week treatment either with fluspirilene or with fluphenazine decanoate.

Fluphenazine decanoate caused more side effects, and the difference between the two groups was statistically significant in tremor, severe extrapyramidal effects, and parkinsonism. Nine patients in the fluspirilene group compared with only three in the fluphenazine decanoate group remained free of side effects during the whole trial. Fluspirilene proved an equally potent neuroleptic with fluphenazine decanoate, although statistically significant improvement has been obtained in more items of the scale in the fluspirilene group. Although clinical global impressions of the investigators and the nursing personnel favored fluspirilene, the differences between the two groups were not statistically significant. (25 references)—Author abstract, modified.


Twenty-five schizophrenic patients with tardive dyskinesia, given 600 mg of sodium valproate daily with their neuroleptic medication, were studied. The results show that after 1 month there was no change in their signs, as judged by a panel of nine viewing films of them taken before and at the end of this treatment. It is concluded that the treatment was unsuccessful. (2 references)—Author abstract, modified.


An account of the first year of treatment for a young woman hospitalized for a schizophrenic character disorder is presented to illustrate how the analyst's modification of his treatment.
theory, techniques, and personal responses facilitated treatment. Jacques Lacan’s theory, which proposes the adoption of a linguistic frame of reference to expedite a more authentic inquiry by both patient and analyst, is described. According to Lacan’s theory, the primary tasks of treatment are: (1) the establishment of resonance, and (2) the evocation and elucidation of subjective speech. Both tasks require that the therapist first find access to the subjective language of his own unconscious discourse to accurately evoke and translate the words of his patient. The techniques in adopting these concepts are illustrated in a clinical study. (31 references)


The hypothesis that schizophrenia may be both a prostaglandin deficiency disease as well as a disease of prostaglandin excess is examined. New evidence is reviewed which suggests that classic schizophrenia is due to a specific deficiency of prostaglandin E1, while certain toxic and vitamin-deficiency psychoses may be due to a broader spectrum of prostaglandin deficiency. There is also evidence that a particular schizophrenic subgroup, which may include catatonic schizophrenia, is associated with an excess of prostaglandins. Part of the explanation may be that prostaglandin E1 has a bell-shaped dose response curve, with high concentrations producing effects similar to those of prostaglandin deficiency. (47 references)—Author abstract, modified.


A prospective followup of schizophrenic patients treated with depot neuroleptic injections demonstrated the variability of the prevalence rate of morbidity from drug-induced extrapyramidal symptoms. Factors influencing this morbidity are discussed. It is noted that the need for the treatment of drug-induced symptoms by the use of antiparkinsonian drugs is less than commonly accepted. It is suggested that our psychological set to the problem of drug-induced side effects requires revision, and, in particular, that the prescription of anticholinergic drugs needs justification. (28 references)—Author abstract.


A comparison of the alpha isomer of flupenthixol to beta-flupenthixol and placebo in the treatment of acute schizophrenia is presented. The alpha isomer was found to be considerably more effective in blocking delusions, hallucinations, and thought disorders, and was most effective in the third and fourth weeks of the study. Subjects were 45 volunteers, all schizophrenic and over 16 years of age. Findings are consistent with the hypothesis that dopamine receptor blockade is the only requirement for the antipsychotic activity, and suggests that the antipsychotic effect occurs only in those patients with typically schizophrenic illnesses, but may be limited to positive symptoms. (22 references)


Effects of gradual reductions of neuroleptic drugs among hospitalized chronic schizophrenics while maintaining daily administration schedules were evaluated in a double-blind study. Neuroleptic drugs were gradually reduced from 25 hospitalized chronic schizophrenics, while 23 such patients were maintained on matched dosages of neuroleptics. After 15 weeks, 74 percent of the drug-reduced subjects and 80 percent of the drug-maintained subjects were rated to have decompensated. Drug-reduced patients decompensated while receiving a mean of 75 mg equivalent of chlorpromazine. Clinical stability was obtained at 150 mg equivalent of chlorpromazine. Of the drug-reduced patients 26 percent showed no signs of clinical relapse at the end of the 15-week trial and were receiving a mean of 8 mg equivalent of chlorpromazine. Results suggest that gradual and successive reductions in maintenance antipsychotic drugs can
To examine current trends in an Australian outpatient clinic for chronic schizophrenic outpatients, fluphenazine decanoate and fluphenazine enanthate were compared in terms of therapeutic efficacy, duration of action, and incidence of side effects. Thirty-nine chronic schizophrenic outpatients were given either FD or FE for a 1-year double-blind trial. Doses of 25 mg were given for the first 6 months, and doses of 37.5 mg were given for the last 6 months. FD showed a non-significant trend for longer duration of action coupled with a significantly lower incidence of extrapyramidal side effects. Results indicate comparable therapeutic effectiveness for the two fluphenazines in terms of Brief Psychiatric Rating Scale scores and rehospitalization rates. (7 references)—Author abstract, modified.

In addition, a number of patients were found to be unable to absorb these compounds when given by mouth, because they have a mechanism in the wall of their gastrointestinal tract which actively destroys these drugs before they can reach the blood stream or brain. With the advent of injectible phenothiazone, patients such as the one described in the case history, may be able to function more normally and lead highly constructive lives.

A complex method of treatment of schizophrenic patients which takes into account the role of neuroleptics and their action in the nervous system is presented. Three aspects of the drug treatment of schizophrenia are discussed: (1) evaluation of drug treatment by comparison with non-biological methods, (2) individualization of the treatment, and (3) mechanism of action of neuroleptics and pathogenesis of schizophrenia. The dopamine hypothesis of schizophrenia is examined. An experiment involving a group of simple schizophrenic patients characterized by social and motor inactivity indicated a positive reaction to haloperidol treatment but not to chlorpromazine. The results are interpreted in relation to the dopaminergic system. (12 references)

To examine current trends in an Australian outpatient clinic for schizophrenia, haloperidol treatment but not to chlorpromazine. The results are interpreted in relation to the dopaminergic system. (12 references)

The efficacy of baclofen, a GABA derivative that crosses the blood-brain barrier, in the treatment of tardive dyskinesia was assessed in a 3-week, placebo-controlled, crossover clinical trial. Neuroleptic medications were withdrawn from 10 chronic schizophrenic patients ranging in age from 40 to 64 years, who had been hospitalized for at least 20 years and had moderate to severe neuroleptic-induced tardive dyskinesia before receiving baclofen or placebo. Data from the Abnormal Involuntary Movement Scale, the Clinical Global Impression Scale, and the Brief Psychiatric Rating Scale indicate that baclofen, when administered alone, is ineffective in the treatment of neuroleptic-induced tardive dyskinesia in chronic schizophrenics. (9 references)

Parenteral loxapine was evaluated in 10 acute schizophrenic patients in an open study, involving an intramuscular phase for 2 to 5 days, followed by a 2- to 4-week oral phase. Loxapine was rapidly effective in controlling acute psychotic symptoms. Significant improvement was noted on the Brief Psychiatric Rating Scale and Clinical Global Impression. Most common side effects were sedation and extrapyramidal symptoms. It was concluded that parenteral loxapine appears to be safe and effective for the treatment of acute schizophrenic patients. (11 references)—Author abstract, modified.


A 6-month assessment is presented of 99 chronic schizophrenic patients in Nigeria, who were stabilized and maintained on a long-acting neuroleptic, Modecate. Using the clinical global rating and the Brief Psychiatric Rating Scale, 92 percent of the patients were found to be well maintained outside the hospital throughout the study period. A wider use of the drug is suggested. Community management of chronic schizophrenics using Modecate is recommended as a solution to reducing the rate of defaulting. (12 references)—Author abstract.


The possible implications for the development of breast cancer due to increased prolactin levels that resulted from treatment with major neuroleptic drugs were investigated. A search of the computerized records of a large university hospital was made to identify all women from 1967 to 1976 whose conditions had been diagnosed as breast cancer or primary cancer of another site. The records for those women with diagnoses of cancer were then examined to identify any prior psychiatric diagnoses. The rationale was that most patients treated in this hospital setting for psychiatric disorders received neuroleptic drugs, and patients with a diagnosis of schizophrenia are almost certain to be treated with major neuroleptic drugs over a prolonged period of time. No substantial difference in the relative frequency of prior psychiatric treatment was observed between breast cancer and other cancer groups. Data support the conclusion that increased risk of breast cancer, due to psychiatric drug treatment, is not a clinically substantial problem where schizophrenia is the alternative. (12 references)


The effect of hemodialysis on the symptoms of schizophrenia was examined. Fifty patients who had schizophrenia before they developed end stage renal disease were surveyed. The symptoms of schizophrenia remained unchanged in 40 patients, improved in 8, and were exacerbated in 2 under hemodialysis. It is concluded that hemodialysis does not have a significant positive effect on schizophrenic symptoms. Controlled studies which take into account the placebo effect are suggested. (10 references)

A total of 60 patients meeting the criteria established for schizophrenia, who attained a clinical plateau following hospital discharge, were examined to compare the efficacy of antipsychotic drugs administered orally and hypodermically. The subjects were randomized to receive for 1 year either penfluridol, 20 to 160 mg orally once every week, or fluphenazine decanoate, .5 to 3.75 ml every 2 weeks. The relapse rate for both treatments was low and equal. The rate of recurrence of psychosis for patients receiving penfluridol was 7 percent, and for those receiving fluphenazine decanoate 10 percent. A retrospective comparison of the penfluridol group was made to a similar group of patients assigned to placebo in an earlier study. Placebo-treated patients had a relapse rate of 68 percent. Penfluridol patients had statistically fewer psychotic relapses. The study demonstrates the feasibility of using an oral, long-acting antipsychotic agent. If the question of its carcinogenicity were resolved, it would be a useful psychopharmacologic addition in the treatment of outpatient schizophrenics. (10 references)—Author abstract, modified.


The hypotheses that chronic schizophrenics would experience an exacerbation of their illness after an increase in wheat gluten intake and that chronic schizophrenics who were receiving optimum treatment with neuroleptics would improve further with a diet lower in gluten were investigated. Twenty-one patients diagnosed as schizophrenic (5 schizoaffective, 11 paranoid, and 5 chronic, undifferentiated type) were rated on the Brief Psychiatric Rating Scale by blind raters during baseline, excess gluten, and gluten and milk-free conditions. Of 16 patients who completed the study, one showed sensitivity to wheat gluten. (5 references)


A pilot study involving sensorimotor treatment of chronic schizophrenics is described. The five subjects ranged in age from 23 to 49 years, and length of hospitalization ranged from 3 to 30 years. Patients were evaluated before treatment, after 6 weeks of treatment, and 6 weeks after termination of treatment. Evaluation procedures used were the Draw a Person Test, Nurses Observation Scale for Inpatient Evaluation, posture evaluation, and the Step Test. Results include a decrease in overt psychotic behavior that did not last after sensorimotor treatment was discontinued. (9 references)—Author abstract, modified.


A study designed to assess the relative efficacy of chlorpromazine and Serenace in the control of chronic schizophrenics is described. A total of 25 cases were selected for the study and were randomly allocated to treatment. The condition of the patients was assessed at fortnightly intervals over the 8-week duration of the trial period. No significant differences in side effects emerged in patients on chlorpromazine and Serenace in the dosages administered. Results indicate that the statistically significant trends all show a superiority of Serenace above chlorpromazine which is in accord with the clinical picture.—Author abstract.


To evaluate the influence of antipsychotic drugs used in the treatment of schizophrenia on therapy based on sensory-integrative theory, the theoretical basis for these two modes of treatment are explored. Studies of chlorpromazine, a prototypical antipsychotic drug, show that its local action on the neurotransmitters of the brain may explain in theory its therapeutic efficacy. Reported sensory-processing deficits in schizophrenic patients provide a
Theoretical basis for the use of a sensory-integrative approach to therapy. (35 references)—Author abstract, modified.


To examine the relative effectiveness of specialty clinic and private psychiatric treatment, 30 patients with a hospital diagnosis of schizophrenia were randomly assigned upon discharge to either a specialized aftercare clinic or to private psychiatrists. At the end of 6 months, the clinic patients had spent significantly less time as hospital readmissions and were significantly more occupied (i.e., employed or in school) than the private patients. It seems possible that attendance at clinic provides group pressure to maintain drug compliance and may thus work to reduce rehospitalization. It is also likely that the network of clinic paramedical and volunteer staff, by its flexibility and availability, aids the patient’s transition into employment. (3 references)—Author abstract, modified.


The treatment for schizophrenia of Anne Sippi, currently 26 years old, is presented as an example of the multimodal treatment administered at the clinic bearing her name. Treatment by direct confrontation, as well as the results of tests used to monitor her treatment, is described. Anne did not respond to orthomolecular treatments, and intensive psychotherapy was recommended. Application of the confrontation approach to Anne Sippi’s problems was based on the assumption that a patient who can respond can become responsible. Progress during the intervening 7 years of intensive psychotherapy is chronicled. (2 references)


A case history of a drug-resistant schizophrenic patient is presented and discussed in terms of the advisability of electroconvulsive therapy (ECT) and alternative treatment possibilities offered by the community-psychiatry approach. After several weeks of unsuccessful treatment with a variety of drugs, the patient, who had been admitted on three previous occasions, was given ECT, which was discontinued at the insistence of the patient after 19 treatments. There is a lack of good research on the efficacy of ECT in drug-resistant cases, but it is concluded that ECT is a valid second choice if drugs fail. Alternative treatment centers, the effect of third-party payment, and the use of state hospitals are also discussed in relation to the case described. (5 references)


Two case histories of self-mutilation in hospitalized schizophrenics are presented, and a screening procedure for prediction of self-mutilation tendencies among hospitalized schizophrenics is described. The patient should be questioned and examined for history or evidence of previous self-injury. He should also be carefully examined for concrete religious preoccupation, for presence of auditory-command hallucinations, and for delusions of reference or of control by outside forces. Careful questioning is then necessary to determine whether the patient trusts his concrete preoccupations, command hallucinations, or delusions. Those who profess this trust and who remain outwardly calm present the greatest risk of self-mutilation, and they should be tranquilized. (9 references)


An 18-month open study to compare standard neuroleptics and long-acting depot neuroleptics to determine the best therapy available.
through current psychiatric practices is reported. Thirty French psychiatrists from 15 different wards participated in the experiment. One hundred and eighty-one chronic schizophrenic patients were randomly assigned to receive one of the following three treatments: (1) standard neuroleptics, (2) pipotiazine palmitate, or (3) fluphenazine decanoate. Criteria used for evaluation were an overall clinical evaluation by a psychiatrist, a Brief Psychiatric Rating Scale, and a Nurse's Observation Scale for Inpatient Evaluation. No significant difference was observed between the three groups in drug effectiveness or tolerance. (13 references)—Author abstract.


To evaluate the clinical efficacy and possible side effects of clozapine in the treatment of tardive dyskinesia, 12 male and female chronic schizophrenic inpatients with tardive dyskinesia were administered clozapine for an 18-week period. Its anti-psychotic activity was again demonstrated, and it suppressed the symptoms of tardive dyskinesia with a marked rebound occurring in these symptoms when it was withdrawn. There was no rigidity or other parkinsonian symptoms. However, out of a total of 12 patients, neutropenia occurred in two patients, convulsions in one patient, marked withdrawal effects in three patients, and a hypotensive collapse with atrial fibrillation in one patient. If these adverse effects are confirmed in a larger sample size, it would seem unlikely that it will gain widespread or routine use, despite the novel desirable effects. (7 references)—Author abstract, modified.


At the Harry Stack Sullivan Colloquium sponsored by the Washington School of Psychiatry in June 1977, a paper was presented in which conceptual implications of Harry Stack Sullivan's approach to psychotherapy were discussed. The concept of insight as an achievement of self-observation was discussed in relation to the development of psychoanalytic thought. A hierarchy of levels of insight for schizophrenic patients was defined. Several examples of ego-interpretive states—esthetic illusion, humor, sexual experience, the schizophrenic set, and the psychotherapeutic experience—were discussed. The content of these various states of mind, their interpersonal requirements, and their construction and destruction were described. It was suggested that the insight-directed psychotherapeutic situation is generally compatible with the schizophrenic set. It is believed that the ego-interpretive states are essential for proper communication and are underrecognized, underanalyzed, and capable of a much fuller understanding by both patient and therapist. (8 references)—Author abstract, modified.


The effects of muscimol, an analogue of gamma-aminobutyric acid (GABA), on psychotic symptoms in chronically hospitalized schizophrenics were investigated. Muscimol was administered to six patients in a controlled, double-blind study. At maximum dose levels, deteriorations in scores for confusion, affect, and thought disorder were observed. All subjects showed diffuse myoclonic twitching or somnolence. The results do not support the hypothesis that pharmacologic augmentation of GABA transmission will improve symptoms of schizophrenia. (10 references)


Causes of drug refusal in schizophrenic patients are reviewed, and prescribing hints to remedy the situation are presented. Research is cited which indicates that many discharged patients diagnosed as schizophrenic do not continue to take their prescribed antipsychotic medication. Reasons for reluctance to take drugs include the development of extrapyramidal symptoms, most notably akathisia and akinesia; poor doctor-patient relationship; or the patient's preference to continue his schizophrenic existence. To improve drug compliance, it is suggested the physician should ask the patient about his impressions of
side effects and should let the patient help determine the optimal dosage.
(11 references)—Author abstract, modified.


To determine the effectiveness of dialysis as a treatment for chronic schizophrenia, six chronic schizophrenics with a course of illness of over 4 to 16 years were treated once weekly with dialysis, and concurrently evaluated using the Psychiatric Rating Scale and the Clinical Global Impression Scale. Results over the course of dialysis showed marked improvement on both scales, and remission of psychiatric symptoms in all but one of the patients. Five of the patients are now working or attending school. The sixth patient, while still exhibiting schizophrenic symptoms, has shown a decrease in paranoia and hostility. Preliminary results suggest that dialysis may be effective in the treatment of some schizophrenics. Further research is suggested. (2 references)


A psychiatrist chronicles his conversion from psychoanalytically oriented treatment of schizophrenia to orthomolecular treatment. Among factors cited as contributing to this transition were lack of satisfaction with major tranquilizers combined with psychotherapy as an effective cure for schizophrenia, the convincing evidence from the diagnostic benefits of the Hoffer-Osmond Detector Test, and the positive results achieved by the administration of massive doses of niacinamide and ascorbic acid. It is noted that while many members of the psychiatric community are still wary of orthomolecular treatment, scientific evidence on the role of nutrition in mental health, and research on trace elements, fasting, and vitamins are gradually providing credibility to the claims of orthomolecular techniques.


Eleven carefully screened schizophrenic subjects were given high doses of naloxone (10 mg), and the reduction or blockade of their auditory hallucinations was observed. The subjects were selected on the basis of the following criteria: (1) they exhibited a stable symptom pattern, (2) had very frequent auditory hallucinations (at least twice per hour), and (3) had an active ratable pathology on the rating scales. Approximately 1,000 general psychiatric patients were screened to locate the 11 patients studied. A double-blind, crossover design was used, and the data show that naloxone produced decreases in auditory hallucinations in some schizophrenic patients. This finding supports the hypothesis that the endorphins may play a role in modulating hallucinations in a highly selected subgroup of chronically hallucinating schizophrenic patients. (22 references)—Author abstract, modified.


The efficacy and safety of loxapine hydrochloride in a concentrated solution was studied in patients with acute schizophrenia. In an open study of 4 weeks’ duration, both an oral liquid concentrate formulation of loxapine hydrochloride and capsules of loxapine succinate were administered to 11 acutely disturbed schizophrenic patients. Optimal dosage levels achieved with the concentrate proved satisfactory with the capsules. Efficacy evaluation with the Brief Psychiatric Rating Scale, Systematic Nurses’ Observation of Psychopathology, and the Clinical Global Impressions indicated rapid improvement with concentrate administration, and continued improvement with capsule administration. All but two side effects were extrapyramidal or sedative, all but one were mild or moderate in severity, and the frequency was similar with the two formulations. Cardiovascular and clinical laboratory findings remained essentially unchanged with both formulations. (8 references)—Author abstract, modified.