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.

Attention, Perception, and Cognition


Ten chronic schizophrenic inpatients and 10 matched normal controls were tested on a cross hemispheric stereognostic task under four different retention intervals, using both meaningful objects and nonmeaningful shapes of wood. The main finding was that the schizophrenic group displayed deficits in intermanual transfer of tactual material, as compared to the same task performed within hands. Implications of these results are discussed in relation to the possibility that some basic neurological disorder may accompany schizophrenia. (25 references)—Author abstract, modified.


The relationship between thought pathology and intelligence was investigated in paranoid schizophrenics, nonparanoid schizophrenics, and normal subjects. Subjects were administered the Whitaker Index of Schizophrenic Thinking (WIST) and the WAIS-Clarke vocabulary test. Chlorpromazine equivalencies were also calculated. An inverse correlation was found between WIST scores and intelligence for all groups regardless of drug dosage. No significant differences were found between paranoid and nonparanoid schizophrenics on degree of thought pathology. (11 references)—Author abstract, modified.


A therapeutic trial of α-methyl-p-tyrosine (AMPT) was conducted in a group of chronic schizophrenic patients to test the hypothesis that AMPT might increase Wechsler Adult Intelligence Scale (WAIS) comprehension subtest scores. Although comprehension scores improved significantly with AMPT, other clinical rating instruments showed no changes. Implications of using a psychometric instrument to assess drug effects on intellectual functioning are discussed. (19 references)—Author abstract, modified.

4259. Finkelstein, R.J. (McGill University, Montreal, Canada) The relationship between
The relationship between the deficits displayed on a distraction test and the occurrence of certain disturbances in the language behavior of paranoid and nonparanoid schizophrenic subjects was investigated. Distractibility was assessed using an auditory digit span test performed with and without distraction. Paranoid and nonparanoid subjects were significantly more distractible than normal and nonschizophrenic psychiatric patients. Nonparanoid schizophrenic subjects displayed the most pervasive language disturbance. While nonparanoid subjects experienced interference with their speech plans, distractible paranoid subjects appeared capable of controlling the occurrence of certain interference effects while speaking.—Journal abstract, modified.

The present study assessed the validity of a brief form of the Wechsler Adult Intelligence Scale (WAIS) that comprised three subtests: similarities, picture arrangement, and block design. The sample consisted of 27 paranoid schizophrenics, 30 schizo/affective schizophrenics, 29 chronic undifferentiated schizophrenics, and 28 organic brain syndrome patients. Correlations were computed between the weighted IQ scores of each population and the full scale IQ. Correlations of .94 for chronic undifferentiated schizophrenics, and .81 for organics were noteworthy. The fact that this triad of subtests underestimated the IQ score for organics by 7.11 points suggests that the constant used with this population should be corrected. (11 references)—Author abstract, modified.

The effect of propranolol on active and passive avoidance learning was investigated with 17 schizophrenics and 13 normal controls. Controls and schizophrenics on propranolol as sole drug or combined with neuroleptics showed superior active and passive avoidance learning, as compared to schizophrenics medicated with conventional neuroleptics only. Active avoidance involved responding quickly; passive avoidance involved withholding a response to avoid an unpleasant noise and reacting to the appropriate stimulus. These results may reflect an improvement brought about by propranolol in the limbic regulation of stimulus and response processes. (25 references)—Author abstract, modified.


Confounding variables casting doubt upon a previous thesis, that thought-disordered schizophrenics lost significantly more reliability and social agreement when shifted from object to people construing than normals, were examined. Further previous conclusions, that the expected effective discriminator between thought-disordered schizophrenics and other groups on repertory grid tests is not intensity of relationship between constructs, but pure (element or internal) consistency, were also examined. Six grids involving all feasible combinations of rating familiar and unfamiliar people and objects on psychological and physical constructs were administered to 10 thought-disordered schizophrenics, 10 non-thought-disordered schizophrenics, and 10 normals. There was no significant grids x diagnosis interaction on pure consistency, but there was one on intensity, even with pure consistency partialled out. This effect is weak and inconsistent from experiment to experiment. The findings of the previous experiments were confirmed. The theoretical and practical implications of these and previous findings are indicated. (19 references)—Author abstract, modified.

In a study of schizophrenic thought disorders, bizarre verbalizations elicited from 37 schizophrenic and 16 nonschizophrenic patients were assessed. Interviews with subjects indicated that much bizarre schizophrenic language results from patients intermingling material from past and current experiences into their verbalizations. This intermingled material comes from many different problem areas rather than one central emotional complex. It does not arise from emotional overresponsiveness, overinvolved thinking, or delusional ideation. Two factors hypothesized as responsible for bizarre schizophrenic language are the schizophrenic's monitoring problems and difficulty maintaining a perspective about his own behavior. (19 references)—Author abstract, modified.


A scoring system for literalness of proverb interpretation is offered as an alternative to scoring concreteness. For a group of 115 schizophrenic and normal subjects, literalness and Gorham's concreteness were equivalent on coefficient alpha. Interrater reliability was .90 for both scoring systems. The correlation of abstraction with literalness was lower than that with concreteness. For 77 schizophrenics, verbal IQ correlated significantly with concreteness but not with literalness. Thus, literalness is less affected by intelligence and by ability to respond abstractly than is Gorham's concreteness. (2 references)—Author abstract, modified.


A picture integration task was administered to 50 hospitalized male patients diagnosed as either schizophrenic or nonpsychotic. The results support the hypothesis that the icon is intact in schizophrenics. Other explanations for schizophrenics' inadequate partial report and backward masking performance are suggested. (26 references)—Author abstract, modified.


The hypothesis that more complex forms of semantic organization would reveal a deficit in schizophrenics, but not for all subtypes was tested. The paradigm used, developed by Bransford and Franks, involves an incidental sentence recognition task in which 56 subjects were presented interrelated parts of a complex idea in acquisition and subsequently tested for their memory of new and old (previously seen) instances of the idea. Normals' and nonpsychotics' patterns of recognition responses reflected the organization of this complex idea, even when they had actually never seen the specific test sentences. All schizophrenics were found to be capable of distinguishing sentences that violated the relations within the complex ideas from those that did not, but only the good premorbid acute patients showed an intermediate level of integrating semantic information and chronic patients were unable to use the interrelations within ideas to organize their memories. (45 references.)—Author abstract.


Thirty-six schizophrenic inpatients with low (n = 18) and medium to high (n = 18) susceptibility to hypnosis were assigned to an active or passive learning condition and tested under hypnosis or waking suggestion conditions. In the hypnosis condition, no differences between low- and high-susceptible subjects were found for recall amnesia or reversibility; but recall amnesia and reversibility were significantly
higher in passive than active learning conditions. In all conditions, recall was consistently ordered. Results were similar for the nonhypnosis condition except that reversibility was not significantly higher in passive than active learning conditions. A secondary analysis, which partitioned medium from high susceptibles, indicates that reversibility was significantly higher in high susceptibles than in low susceptibles. Data suggest that schizophrenics’ failure to recall hypnotic events may involve different mechanisms from those in normals. (23 references)—Author abstract, modified.


The difficulty of psychological versus nonpsychological tasks for thought-disordered was tested in thought-disorder schizophrenics and psychotic and normal controls. Two versions of the Grid Test of Thought Disorder used similar elements and were of equal difficulty. However, one version used psychological, and the other used nonpsychological constructs. On the consistency, but not on the intensity measure, the results strongly support the hypothesis that thought-disordered patients are most disordered in the area of psychological construing. The results support the study of McPherson (1975) and are compatible with theories that postulate a role for social factors in the etiology of thought disorder. (18 references)—Author abstract, modified.


It was hypothesized that schizophrenics would evidence greater gains, after treatment, in response popularity for ambiguous, but not unambiguous, stimulus words in a word-association task. A word list balanced for idiodynamic semantic sets (Moran 1966) was administered to 24 matched pairs of schizophrenics and neurotics. After 5 weeks of treatment, schizophrenics gained significantly in popular responses for ambiguous but not for unambiguous stimulus words, whereas neurotics did not gain significantly for either condition. Positive correlation for schizophrenics between ambiguous word response popularity gains and gains in home and community adjustment as rated by a significant other coincided with expectations from response interference theory (Broen 1968). (9 references)—Author abstract, modified.


Schizophrenic and control subjects were presented with sentences containing lexical, surface structure, or underlying structure ambiguity or no ambiguity and were asked to choose pictures representing the meanings of the sentences. Schizophrenics were significantly impaired in detecting all three types of ambiguity and, in addition, displayed a bias toward the primary meanings of sentences. They were also significantly impaired relative to controls in dealing with unambiguous sentences. However, this was found to be due to excessive response to distractor pictures rather than to lack of understanding of the unambiguous sentences. (15 references)—Author abstract, modified.


Two experiments based on Cloze Procedure tested the hypothesis that schizophrenic speech is less predictable than normal speech. In the first, raters were asked to predict 10 passages of schizophrenic speech and 10 passages of normal speech under fourth word deletion. No differences between the two types of passages were found. In the second, a modified form of presentation prevented raters from making use of the text which follows a blank. Once again, no differences were revealed between the schizophrenic and normal passages, and this was true for both the new and traditional forms
of presentation, and for both fourth word and fifth word deletion patterns. The investigation is discussed in light of previous findings, and a number of suggestions concerning methodology and forms of analysis are made for future research. (11 references)—Author abstract.


In a collection of articles on language and cognition in schizophrenia, the following topics are addressed: referent communication disturbances in schizophrenia, communicability deficit in schizophrenics resulting from a more general deficit, remembering of verbal materials by schizophrenic young adults, schizophrenic thought disorders, distractibility in relation to other aspects of schizophrenic disorder, personal constructs among schizophrenic patients, and hemispheric asymmetry and schizophrenic thought disorder. The importance of attention as a variable in schizophrenic language and cognition is emphasized, and linguistic and cognitive deficits of schizophrenics are evaluated in terms of information processing theory.


Thirty schizophrenics, 15 depressives, and 27 nonpsychiatric patients were given three immediate recall tasks—unimodal recall, dichotomization, and integration. Schizophrenics were found inferior to the depressives and nonpsychiatric controls in every task, while the depressives and controls did not differ significantly from one another. The degree of deficit displayed by the schizophrenics was found to vary with the task, being greatest in dichotomization and least in unimodal recall. It is concluded that schizophrenics have difficulty integrating information from different sensory fields, and if stimuli from multiple fields are incorporated, schizophrenics have particular difficulty drawing upon information from one field independently of information from other fields. Based on interference theory, the schizophrenic’s distractibility appears to lead to an ongoing state of excessive input and a consequent vulnerability to cognitive overload.—Journal abstract.

Biology


Twenty-one schizophrenic subjects, who had been neuroleptic free, were tested for responsiveness to dopaminergic agonists. Apomorphine emesis threshold was determined, and change in psychopathology after .05 mg/kg d-amphetamine orally was rated. Apomorphine emesis threshold was not significantly different in the schizophrenic and control groups. Correlations between baseline psychopathology, apomorphine sensitivity, and changes in psychopathology after amphetamine and after neuroleptic treatment are reported. On the Brief Psychiatric Rating Scale, baseline psychopathology correlated with improvement after neuroleptics and, on the clinical global impressions, increase of psychopathology after amphetamine also correlated with improvement after neuroleptic treatment. An inverse correlation was found between several indices of sensitivity to amphetamine—psychopathology change—and emetic sensitivity to apomorphine. Examination of individual subjects’ responses to amphetamine and, subsequently, neuroleptics, suggests that in the absence of significant clinical change after amphetamine, a brisk therapeutic response to neuroleptics is rare. (29 references)


Dopamine (DA) and norepinephrine (NE) were measured in the striatum and three limbic regions in 50 patients who died with a hospital diagnosis of schizophrenia. A significant increase in DA...
concentration in the nucleus accumbens was found. DA concentrations in the anterior perifornical substance was significantly increased. In comparing results with other similar studies, it is suggested that differences are due to definitions of anatomical regions. It is concluded that there is a need for standardized dissection of the human brain to prevent such research discrepancies. (2 references)


Startle modulation in weak lead stimuli was studied in 10 chronic schizophrenics, 10 alcoholics, and 5 schizophrenics who had received transorbital lobotomies. Each patient was randomly presented 10 trials in each of 5 conditions. A 50 msec, 106 dB, 1000 Hz square wave tone elicited the startle response, which was measured by integrating the electromyographic response recorded below the left eye. Control responses were produced by the startle stimulus alone. The alcoholic patients showed only significant startle amplitude and latency inhibition. The schizophrenics showed amplitude reduction in the inhibitory trials. The lobotomized patients showed reduced, though still significant, startle amplitude and latency facilitation. Results indicate that the frontal lobe exerts tonic inhibitory effects on the centers mediating lead stimulus modulation of the startle reflex. The lobotomy appeared to restore continuous lead stimulus facilitation not found in the schizophrenic or alcoholic groups. Discrete facilitatory manipulations failed to produce facilitation, suggesting cognitive deficits in all groups.—Author abstract, modified.


A total of 10 long-term schizophrenic patients with tardive dyskinesia were studied over 14 weeks and maintained on their usual neuroleptic medications while anticholinergic antiparkinson drugs were employed and then discontinued. Discontinuation of anticholinergic medications resulted in improvement in dyskinetic movements. Estimation of haloperidol equivalents in serum at four intervals suggested that changes in severity of tardive dyskinesia were not caused by changes in blood levels of neuroleptics. Levels of pituitary hormones were also estimated at four intervals. Prolactin levels tended to diminish in men over the course of the experiment. Growth hormone and thyrotropin values were mainly stable. However, the growth hormone levels peaked during the final “off anticholinergic” condition and thyrotropin levels were consistently elevated. It is concluded that standard anticholinergic antiparkinsonian medication aggravates tardive dyskinesia, which is confirmed by previous research. (52 references)—Author abstract, modified.


In a letter to the editor, the dopamine hypothesis which postulates that schizophrenia is caused by the overactivity of cerebral dopamine function is questioned. When rats who have been given trifluoperazine (2.5–3.5 mg/kg/day) or thioridazine (30–40 mg/kg/day) for a year are studied up to 3 months after drug discontinuation, the same biochemical changes recorded in postmortem brains of schizophrenia patients are seen—namely increases in dopamine and DOPAC, changes in 3H-spirose receptor affinity, and increases in dopamine receptor density. Caution should be exercised in interpreting postmortem biochemical data in schizophrenia since changes in cerebral dopamine may be due to therapeutic drugs rather than to the disease. (6 references)

4279. Cross, A.J.; Crow, T.J.; Killpack, W.S.; Longden, A.; Owen, F.; and Riley, G.J. (Division of Psychiatry, Clinical Research Centre, Watford Road, Harrow HA1 3UJ, England) The activities of brain dopamine-β-hydroxylase and catechol-O-methyl transferase in schizo-
Dopamine-β-hydroxylase (DBH) activity was measured in the hypothalamus, hippocampus, and four cortical areas of postmortem brains from 12 schizophrenics and 12 controls. The relationship between DBH and norepinephrine levels in the cortex of male hooded rats lesioned in the locus ceruleus was also studied. Results indicate that lowered DBH activity is a sensitive index of noradrenergic degeneration in rats. However, no significant difference in DBH activity was found in brains from controls and schizophrenics. DBH activity was relatively unstable postmortem and was adversely affected by neuroleptic drugs—factors which may have contributed to previous findings of lowered DBH activity in the brains of schizophrenics. (34 references)—Author abstract, modified.


The interrelationship among the following measures was investigated in 18 unmedicated chronic schizophrenics: skin conductance level and orienting responses to tones; heart rate; excretion of vanillylmandelic acid (VMA), sulphate, and total 5-methoxy-hydroxyphenylglycol (MHPG); and clinical ratings of symptom severity. More severely ill subjects showed evidence of overarousal and had higher skin conductance levels and heart rates, and less habituation of skin conductance orienting responses to tones than the less severely ill. Skin conductance level and heart rate were unexpectedly inversely related to VMA excretion and to MHPG excretion. The central processes of habituation and symptom severity were more closely related to arousal levels in schizophrenia. (29 references)—Author abstract, modified.

Electron spin resonance techniques were used to investigate the properties of monoamine oxidase (MAO) present in rat brain mitochondria, and in the platelets of human control subjects and schizophrenic patients. The rat brain mitochondrial MAO studies suggested the presence of three different forms of MAO. Studies using control human platelets suggested the presence of two different MAO conformations. Data obtained from the platelets of two schizophrenic patients revealed differences from each other and from the control patients as determined by binding of spin labeled hydroxymethamphetamine to platelet MAO as a function of temperature. It is suggested that this method may distinguish between schizophrenics and nonschizophrenics and perhaps even among schizophrenics. (7 references)
The original authors of a report concerning norepinephrine patterns in four brains from patients diagnosed as schizophrenic respond to comments and results of parallel studies. The statement that the use of Bleuler's criteria invalidates the biochemical findings is challenged. Bird's (1979) comment that there should be a standardized dissection of human brain as the basis for meaningful comparisons of biochemical data is supported. It is emphasized that the original work found large and statistically significant differences in the bed nucleus of the stria terminalis and the ventral septum that were large and statistically significant. (6 references)


A classical click-flash paradigm was used to record the contingent negative variation (CNV) in three groups of subjects at Broadmoor Hospital in Crowthorne, England in a study of CNV in antisocial behaviour. Fourteen psychopathic patients, selected on the basis of their Minnesota Multiphasic Personality Inventory (MMPI) profiles, and 15 nonpsychopathic psychotic patients (mainly schizophrenics) were age- and sex-matched to 14 healthy staff control subjects. The two patient groups were also matched for length of stay. Two series of 32 paired stimuli were used, separated by an interval of 30 minutes. The mean CNV voltage was significantly lower in the nonpsychopathic patients. The amplitude of the psychopaths' CNV response did not differ significantly from that of the staff controls, but the response variability between the first and second series of trials was much greater in the psychopathic patients than in the other two subject groups. The psychopathic subjects tended to show more rapid initial development of the CNV. (13 references)—Author abstract, modified.


The activity of dopamine-β-hydroxylase (DBH) in serum was found to be significantly less in 149 chronic schizophrenic patients than in normal controls and neurotic patients. Duration of disease was not associated with any significant changes in serum DBH activity except a tendency to be increased in patients ill longer than 18 years. The possibility that the serum DBH deficiency in the schizophrenic group was an artifact of treatment with antipsychotic drugs was examined. No significant difference was observed between drug-treated and drug-free patients. (9 references)—Author abstract.


The effect of nonsignal and signal stimuli conditions upon skin conductance and finger pulse amplitude was investigated in eight schizophrenic patients and six normal controls. In a reaction time (RT) task that consisted of visual, auditory, and tactile stimuli, schizophrenics were significantly slower than normal volunteers. The autonomic reactivity of schizophrenics and normals was nonsignificant during the relaxation and nonsignal stimuli conditions. When schizophrenics were asked to respond to signal stimuli, or when an interfering stimulus was introduced, however, an autonomic imbalance was observed. The autonomic results are discussed within the framework of the directional fractionation concept. (11 references)—Author abstract, modified.


Clinical and pharmacological studies of cerebrospinal fluid (CSF) amine metabolites in patients with...
affective illness and schizophrenia are reviewed. Methodological issues discussed include (1) the origins of the amine metabolites in CSF; (2) evidence that 5-hydroxyindoleacetic acid, homovanillic acid, and 3-methoxy-4-hydroxyphenylglycol are the major CSF metabolites of brain serotonin (5-hydroxytryptamine), dopamine, and norepinephrine, respectively; (3) techniques, including the use of probenecid, that have been used to measure these metabolites in CSF and the methodological difficulties encountered; and (4) whether the metabolites provide a reflection of the functional state of the amine systems. Metabolite findings in patients with affective illness are discussed in terms of (1) the relationship between metabolite data and the amine hypothesis of affective illness; (2) the use of amine data to identify biochemical subgroups of patients; and (3) amine subgroups as predictors of response to antidepressant therapy in depressed patients. Metabolite findings in schizophrenia are discussed in terms of the amine hypothesis of schizophrenia. It is suggested that identifying patients clinically (unipolar/bipolar), pharmacologically (responder/nonresponder), and biochemically may be the best approach to understanding the pathophysiology of the major psychoses. (99 references)


Disturbances of the temporal limbic structures were investigated in schizophrenics. Schizophrenic patients, whether newly admitted to the hospital or institutionalized, exhibited ear differences in absolute threshold. Right ear thresholds were superior to left ear thresholds, especially at frequencies above two kilohertz, but deteriorated in the course of the day or as a result of repeated testing. These effects, which may be endocrine related, were attributed to the dynamics of left hemisphere processes which in schizophrenia appear susceptible to inhibition and fatigue. Relative to control subjects, institutionalized schizophrenic patients showed superior hearing below 1 kilohertz, and inferior hearing above 2 kilohertz. (47 references)—Author abstract.


One hypothesis that incorporates various theories concerning the etiology of schizophrenia is presented. The theories of schizophrenia that are discussed include: the dopamine concept, the opioid concept, the prostaglandin concept, the pineal concept, the zinc deficiency concept, the wheat sensitivity concept, and the hyperallergic concept. It is suggested that all the concepts are related to a failure of normal prostaglandins of one series. Failure of normal prostaglandin synthesis or action, exhibiting different effects, may lead to variations in clinical spectra and biological features in schizophrenia. Four main types of schizophrenia are suggested: opioid excess, melatonin deficiency, dopamine excess, and cofactor deficiency or precursor deficiency. Possible treatments and therapeutic consequences are discussed. It is concluded that the integration of conflicting concepts of schizophrenia into one hypothesis related to a deficiency of prostaglandin may lead to radically new therapeutic approaches to the disease. (44 references)—Author abstract, modified.


A group of 18 long-stay patients with a diagnosis of schizophrenia was compared with a group of age-matched subjects on tests of intellectual function, using the technique of computerized axial tomography (EMI scan) of the brain. By comparison with the normal controls, the schizophrenic patients had increased cerebral ventricular size (assessed as cross-sectional area), and by comparison with both control groups, the schizophrenics showed substantial impairments on intellectual testing. Intellectual impairment, as assessed by the Withers and Hinton Test battery, the Inglis Paired Associate Learning Test,
and the Digits-Backward Test, was greater in patients with negative features—affectional flattening, retardation, and poverty of speech—than in those without such features. The findings suggest that within the group of schizophrenic patients, there is a subgroup of patients who have severe intellectual impairment associated with evidence of structural brain disease. (36 references)—Author abstract, modified.


Early auditory information processing in schizophrenia was investigated through analysis of brainstem evoked potentials (BAEP) following acoustic stimulation in nine chronic schizophrenic hospital patients, nine affective disorder hospital patients, and nine hospital employees and graduate students. Psychiatric diagnoses were based on the Spitzer Schedule of Affective Disorders and Schizophrenia. Both BAEP latency and amplitude measures were analyzed. No significant latency differences among study groups were observed, but BAEP amplitudes of chronic schizophrenic patients were significantly attenuated at high rate of acoustic stimulation.—Journal abstract, modified.


Neuromelanin was measured microspectrophotometrically in the substantia nigra and the locus ceruleus of 12 brains of neuroleptic-treated schizophrenia patients, to evaluate the assumption that neuromelanin content indicates neuronal activity in the catecholaminergic system. Neuromelanin increased with age in both regions of 40 control brains. Although no significant difference in melanin content between medicated and control brains was seen, a high negative correlation was noted in melanin content between the substantia nigra and the locus ceruleus only in medicated brains. The possibility of noradrenergic and dopaminergic interaction is discussed. (29 references)—Author abstract, modified.


The effect of fasting on plasma tryptophane and dopamine-β-hydroxylase (DBH) activity is described. Total, free, and bound tryptophane and DBH activity was determined for 2 days before and during 120 hours of fasting, and 2 and 3 days afterward in nine healthy volunteers. DBH activity during fasting displayed a downward trend, with evening DBH levels invariably higher than morning levels. In terms of the dopaminergic theory of schizophrenia, this decrease might be responsible for the exacerbation of schizophrenia during catabolic states, but it is in disagreement with findings of elevated excretion of noradrenalin during starvation. Both bound and free tryptophane decreased significantly as early as the first day of fasting. (17 references)


The effect of naloxone and another opioid antagonist, levallorphan, on prolactin secretion and apomorphine-induced growth hormone was investigated in normal subjects. Naloxone HCl (0.8 mg intravenously; n = 9) or levallorphan tartrate (0.25 mg subcutaneously; n = 5) had no effect on basal prolactin or growth hormone secretion in normal men. Neither narcotic antagonist inhibited the growth hormone secretory response to apomorphine HCl (0.75 mg subcutaneously). These findings suggest that narcotic antagonists do not block dopamine receptors in hypothalamic pituitary axis in man. If these agents have antischizophrenic properties, then these are not mediated by dopamine receptor blockade. (40 references)—Author abstract, modified.

A dose-related increase in prolactin levels was observed in both schizophrenic men and women following i.m. injections of 50–150 mg of perphenazine enanthate. The effect was significant for 2 days in men and for 9 days in women. Treatment with biperiden did not influence the effect of perphenazine enanthate on prolactin levels. Since the secretion of prolactin from the pituitary gland is regulated by hypothalamic dopamine neurons, it is concluded that perphenazine enanthate, in therapeutic doses, induces a small but significant blockade of central dopamine receptors. (16 references)—Author abstract, modified.


The incidence of thyro-endocrine disease found in the nonschizophrenic mothers of 104 schizophrenic offspring was compared with the incidence in a carefully matched nonschizophrenic control group of mothers. There was a significantly higher incidence of thyroid disease in the experimental group of nonschizophrenic mothers than in the controls. The experimental group was also characterized by significantly more abortions, stillbirths, and infant mortality. No conclusions on the possible association between thyroid disease in mothers and schizophrenia in children are offered, but three prospective studies on thyro-endocrine disease in families with a schizophrenic proband are discussed. (20 references)—Author abstract, modified.


Lumbar cerebrospinal fluid homovanillic acid (HVA), 3-methoxy-4-hydroxyphenylglycol (MHPG), 5-hydroxyindoleacetic acid (5HIAA), cyclic 3',5'-adenosine monophosphate (cAMP), and cyclic 3',5'-guanosine monophosphate (cGMP) were measured in 12 chronic schizophrenic patients with tardive dyskinesia or drug induced tremor. Biological Psychiatry, 14(3):509-523, 1979.

Lumbar cerebrospinal fluid homovanillic acid (HVA), 3-methoxy-4-hydroxyphenylglycol (MHPG), 5-hydroxyindoleacetic acid (5HIAA), cyclic 3',5'-adenosine monophosphate (cAMP), and cyclic 3',5'-guanosine monophosphate (cGMP) were measured in 12 chronic schizophrenics with tardive dyskinesia before and 3 weeks after sodium valproate (VPA) or cyproheptadine treatment. HVA levels significantly decreased and cAMP and cGMP levels significantly increased during the administration of VPA or cyproheptadine. It is suggested that decrease of HVA and increase of cGMP during the treatment might indicate the normalization of dopaminergic cholinergic imbalance in the brain. Furthermore, significantly low levels of 5HIAA were observed in the patients with drug-induced tremor. It is suggested that neuroleptic-induced tremor may be attributed to serotonergic dysfunction in the brain. (43 references)—Author abstract, modified.


Two experiments are presented which investigate the hypothesis that the adult rat, following neonatal depletion of brain catecholamines with 6-hydroxydopamine (6-OHDA), would show a more pronounced disruption of a learned response when confronted with irrelevant visual stimuli. The 6-OHDA treated group showed equivalent and at times superior performance on a T-maze for simple black and white discrimination until competitive irrelevant stimuli were introduced. At that point, the performance of the 6-OHDA group became significantly worse than that of controls. In a replication of the first experiment using a water maze, two of three patterns of irrelevant stimuli consecutively presented produced significant decrements in performance. When discrete areas of each brain were analyzed for catecholamine content, depletion of norepinephrine in the hippocampus was found to be most predictive of performance disruption during presentations of...
irrelevant stimuli. Results are taken to enhance the viability of this animal model as a prototype of the human schizophrenic condition, which reflects an inability to exclude irrelevant material.—Journal abstract, modified.


Auditory vigilance ability of normal subjects was compared to that of the following three electrodermally distinct subgroups of chronic schizophrenics: (1) skin conductance orienting response (SCOR) nonresponders; (2) fast habituators, who responded to only the first tone or at most the first two tones in SCOR testing; and (3) responders, who produced orienting responses to the tones and habituated the SCOR testing in 3 to 15 trials. Results reveal that within the schizophrenic populations, the subgroup identified as fast habituators in the SCOR did not differ from normal in a task involving sustained attention; both the SCOR responders and nonresponders showed a significant decrement. This finding is not due to age differences or to differences in medication. Implications for further electrophysiological and biochemical research in schizophrenia are discussed. (13 references)


Concentration of hydrogen chloride of fluphenazine in the blood serum of schizophrenic patients was studied. Twenty-five patients (23 males and 2 females 17 to 54 years old) received no medication for at least 8 days before they were given an i.m. injection of 25 mg of fluphenazine caprate (Mirenil prolongatum). Fourteen of the patients had never been treated by psychotropic drugs before. Concentration of hydrogen chloride of fluphenazine in the blood plasma was determined by the fluorimetric method. Mirenil prolongatum was found to be a long-acting drug. No linear correlation was found between the mental state of the patient, evaluated by using the Overall scale, and the concentration of fluphenazine in blood plasma. Data from the literature, indicating that the level of the equivalent of the foreign Mirenil prolongatum is three times higher in the corresponding time intervals, call for verification to determine whether this is due to the research method used. (15 references)—Journal abstract.


Phenomena observed during treatment of schizophrenic patients with neuroleptics were measured clinically in an attempt to determine the difference in vulnerability of the two hemispheres and the relation between this difference and schizophrenic diseases. In the group of systematic schizophrenics, the increase in tonus was significantly higher in the dominant hemisphere. (11 references)—Journal abstract.


Electrophoretic analysis of protein fractions of 238 schizophrenic patients and 100 normal control subjects is described. Serum albumin levels were significantly lower in schizophrenics than normals, while α2 fractions and γ-globulin levels were significantly elevated. No significant variation in α1 and β fractions of globulin was observed. Similarly, analysis of variance did not reveal any significant differences in protein fractions between different diagnostic subgroups. (25 references)

4303. Rivera-Calimlim, L.; Gift, T.E.; Nasrallah, H.A.; Wyatt,

To explore the relationships among chronicity of illness, intensity and duration of prior neuroleptic treatment, and plasma levels of chlorpromazine (CPZ), data were collected from 133 schizophrenic patients. A multiple regression analysis with covariance was performed with plasma concentrations as the dependent variable and with hospital, years of illness, years of prior neuroleptic treatment, CPZ dose, and presence or absence of anticholinergic medications as the independent variables. The analysis indicates that the best predictor for plasma concentrations is the dose of CPZ, and that plasma concentrations decrease with an increase in the duration of treatment. The model predicts that with prolonged CPZ treatment, the plasma concentration will diminish by 5–10 percent per year. (14 references)—Author abstract, modified.
found with right hemisphericity, 41 percent with bilaterality, and 14 percent with left hemisphericity. Right hemisphericity was found associated with nonparanoid schizophrenia, depression, and alcoholism. Bilaterality was found to be related to manic depression, schizoaffective disorder, and antisocial personality. (27 references)—Author abstract.


The effects of social and environmental factors on the electrodermal activity and heart rate of partially remitted schizophrenic patients living in the community, chronic schizophrenic inpatients, and normal controls were examined in a laboratory. Although all patients had faster heart rates, no consistent electrodermal differences between patient groups and normals were evident, nor was there a bimodal distribution of responding within the patient group. Laboratory recordings did not reflect differences in community patients tested in their homes and associated with environmental and social factors. This study emphasizes the limitations of laboratory testing in investigating a disorder such as schizophrenia, whose course may be markedly influenced by environmental and social factors. (34 references)—Author abstract.


In a study related to the dopamine theory of schizophrenia, the behavioral effects of the interactions among phenylethylamine (PEA) and alpha-methyl-p-tyrosine (AMPT) and L-dopa were investigated. Rhesus monkeys, pretreated with AMPT and subsequently injected with PEA, did not demonstrate the characteristic amphetamine-like PEA effects. However, when AMPT pretreatment was followed with L-dopa and then PEA injection, PEA effects were restored. Results indicate that PEA effects are associated with dopaminergic activity. (15 references)—Author abstract, modified.


The serum and cerebrospinal fluid (CSF) of 66 patients with functional psychoses were tested for immunoglobulins and antibodies to measles, herpes simplex virus I, cytomegalovirus, and rubella viruses. Ten surgical and 80 neurological patients were controls. There were no significant findings in the serum, which is consistent with most previous studies. In the CSF, 6 of 17 multiple admission schizophrenic patients had definite elevations of immunoglobulins or measles antibody and differed significantly from the surgical controls. Immunologically, this group resembled the seriously ill neurological patients. It is concluded that further work is warranted in a search for biological subgroups of schizophrenia. (43 references)—Author abstract, modified.


Evoked potentials and reaction times to light and sound stimuli were obtained from chronic schizophrenics and normal controls to determine the effects of certainty, modality shift, and guess outcome. In the certain condition, subjects were told what the next stimulus would be; in the uncertain condition, they were asked to guess. Amplitudes were usually larger for normals than for schizophrenics in the uncertain than in the certain conditions, and in cross-stimulus than in ipsimodal stimulus sequences. While these findings replicate earlier results in acute schizophrenics, no condition-group interactions could be found in the reaction-time measures. Two additional results were interpreted as showing basi-
cally different attitudes with respect to the predictability of events: (1) the slow positivity between the verbal information and the following stimuli, which was largest for schizophrenics in the conditions of certainty; and (2) while normals showed long-term habituation only in N1 but not in P3 amplitudes, the reverse was true for schizophrenics. (17 references)—Author abstract, modified.


Topics presented and discussed include (1) differentiation between paranoid schizophrenia and hebephrenic schizophrenia based on clinical and genetic findings; (2) the use of electrophysiological indices as possible ways of understanding the structure and function of the organization of the brain and as tools in understanding mental health and mental illness; (3) studies using lithium in rats to investigate the indoleamine hypothesis of affective disorders; (4) a review of the studies of the catecholamine hypothesis of affective disorders; (5) studies of the effects of LSD and other hallucinogenic indoleamines on serotonergic neurons; (6) neurochemical and neuropathological studies of sleep disorders; (7) the effects of lithium carbonate on subjective state changes induced by sodium pentobarbital; (8) clinical and pharmacological studies of cerebrospinal fluid amine metabolites in patients with affective illness and schizophrenia; (9) the involvement of serotonin systems in psychotic states; (10) an integrative hypothesis based on research using lithium which may account for the various clinical types of affective disorders; (11) electron spin resonance studies of monoamine oxidase in brain and human platelets; and (12) heterogeneous functions of discrete serotonergic pathways in brain.


The blood platelets of 14 schizophrenics were compared with normal controls in order to determine if there is an observable difference between \(\gamma\)-aminobutyrate-\(\alpha\)-ketoglutarate transaminase (GABA-T) between the two groups. The results revealed a mean value for patient platelets that was 19 percent lower than that of controls. No differences between outpatients and inpatients or between men and women were found. Also, no significant correlations between platelet GABA-T activity and duration of illness, psychosis state, duration of drug treatment, premorbid function, or work history were apparent. (8 references)


The catecholamine forming and metabolizing enzyme tyrosine hydroxylase, dopa decarboxylase, dopamine-\(\beta\)-hydroxylase, phenylethanolamine N-methyltransferase, and catecholamine-\(\beta\)-methyltransferase, as well as the endogenous inhibitor of dopamine-\(\beta\)-hydroxylase, were compared in the brains of schizophrenics and controls. While there were no statistically significant differences in the enzyme or inhibitor activity between groups, there was a trend toward a decreased enzyme activity in the brains of schizophrenics. From another set of control brains, it was found that changes in human enzyme activity following death are variable and may depend upon how the brains were handled. Thus, it is unclear whether the apparent differences between schizophrenics and controls were present when they were alive or occurred after death. (23 references)—Author abstract, modified.

Preliminary data on platelet monoamine oxidase (MAO) activity are presented from adult patients with the diagnosis of schizophrenia and from other groups. Platelet MAO activity was studied in 62 male and 15 female chronic schizophrenic patients. Both males and females had significantly lowered platelet MAO activity as compared with normal controls (p was less than 0.001 in both cases). Platelet MAO activity was examined also in 9 monozygotic and 10 dizygotic normal twins, in monozygotic twins discordant for schizophrenia, and in first-degree non-schizophrenic relatives of index schizophrenics. It is concluded that MAO activity is low in some schizophrenics, especially chronic paranoid schizophrenics. The deficit appears to be at least partly under genetic control, and it does not seem to be present in acute schizophrenics. There is a tendency for platelet MAO activity to be lower when paranoid symptoms are present. (28 references)

Childhood Psychosis

4315. Yaryura-Tobias, J.A.; Chang, A.; and Neziroglu, F. (North Nassau Mental Health Center, Manhasset, NY 11030) A study of the relationships of serum glucose, insulin, free fatty acids, and free and total tryptophan values. Intergroup differences are noted in insulin values at the first hour; in free fatty acids at fasting, with neurotics exhibiting the highest values; and in free tryptophan at fasting, with schizophrenics having the lowest values. Schizophrenics with perceptual disturbances—e.g., hallucinations—exhibited lower free tryptophan values when compared with other schizophrenics. The findings suggest a glucose tryptophan interaction in schizophrenia. (61 references)—Author abstract.


Language organization in severely disturbed children was studied by a sentence completion method using the imperative of everyday speech. Subjects were 10 boys—12 to 17 years old (mean age 14.5 years)—with diagnoses of childhood schizophrenia. Two of the children were classed as moderately mentally retarded. The children were able to respond in accordance with conditional statements about half of the time. The immediate cue played a significant role; with those cues calling for action embedded response facilitating correct response. Incorrect responses were, for the most part, determined by specific associations to the immediate cues, while ignoring the conditional context. Results support current views which emphasize the role of language deficit in the larger picture and etiology of severe childhood disturbance. (9 references)—Journal abstract, modified.


The need for a reliable way of differentiating pseudopsychotic and intellectually subnormal behavior from genuine schizophrenia is discussed, and about half the Australian population of intellectually subnormal children who also presented autistic or schizophrenic behaviors are studied. Only 21 of the 300 children were confirmed as schizophrenic, with the average age of 7 years.

Data were collected on antenatal and perinatal factors, childhood health, developmental progress, family history, physical characteristics, neurological signs, biochemical anomalies, and behavioral and psychiatric characteristics. These data sustained the hypotheses that (1) childhood schizophrenia is rare; (2) it results from a multicausal transactional process; (3) there is a continuum from organic to functional conditions; and (4) the intellectual potential of these children is overrated. (104 references)—Author abstract, modified.

4318. White, J.H., and Rust, J.B. (University of California at Irvine, Irvine, CA 92664) Davidoff-Dyke-

A case history of a child presenting symptoms of schizophrenia, seizures, and retardation without neurological abnormalities is presented. Until the child's gross anatomical brain pathology was discovered by neurologic evaluation, he was subjected to the inappropriate treatment of psychotherapy. It is concluded that psychotic behavior occurs in conjunction with organic brain pathology in enough conditions to warrant thorough neurological evaluation. (6 references)

Cross-Cultural Studies


Variables studied in a comparison of the adjustment of schizophrenic patients in Turkey and Missouri include professional care in and out of hospital; physical environment of home and hospital; family attitudes and beliefs about causation and treatment of schizophrenia; industrialized occupational structure; communal family patterns; and community and family tolerance of symptoms of illness. Turks had fewer readmissions to hospitals when they had not been wage earners before their hospitalization, while Missouri patients had fewer rehospitalizations when they had formerly been wage earners. It is concluded that optimum benefit from psychiatric treatment can be realized only insofar as the social environment can be controlled to meet the patient's needs. (12 references)

4320. Stevenson, I. (Division of Parapsychology, Box 152, Medical Center, University of Virginia, Charlottesville, VA 22908) Comments on "Is outcome for schizophrenia better in nonindustrial societies? The case of Sri Lanka." Journal of Nervous and Mental Disease, 167(3):159-160, 1979.

The phenomenon of belief in reincarnation is discussed in relation to a research study which indicates that the prognosis for schizophrenia is better in nonindustrial than in industrialized societies. It is noted that the patients in the Sri Lanka sample of schizophrenics were all Sinhalese Buddhists, and that a major tenet of that religion is the belief in rebirth. It is contended that this religious belief strongly influences perceptions of personal responsibility for one's life situation, and that these perceptions, in turn, influence outcome of schizophrenia. Cultural differences in attribution of causality, family relationships, and the effects of labeling are discussed. (1 reference)


The hypothesis that the prognosis for schizophrenia is much better in nonindustrial than in industrial societies is discussed in relation to a 5-year followup study of schizophrenic patients living in the peasant society of Sri Lanka. Followup data indicate that the social adjustment and clinical state of the Sri Lanka sample of first admission schizophrenic patients are remarkably good, and that these results are comparable with World Health Organization (WHO) samples followed in Nigeria and India. Furthermore, these outcome data are consistently better than comparable data from schizophrenic samples in industrialized nations such as the United States, the United Kingdom, and Russia. Social labeling theory, which attributes good prognosis to cultural factors such as the traditional system of beliefs, structure of the treatment system, and family norms, is employed to explain cultural differences in prognosis. It is contended that in modern industrial societies, expectations and beliefs about mental illness and the operation of the treatment system serve largely to alienate schizophrenic patients from their normal roles and thus to prolong illness. In contrast, beliefs and practices in nonindustrial societies encourage short-term illness and quick return to normality. (17 references)—Author abstract, modified.

Description

4322. Akhtar, S., and Thomson, J.A., Jr. (Department of Psychiatry, Jefferson Medical College, 1025 Walnut St., Philadelphia, PA 19107) Schizophrenia and sexuali-
ty: A review and a report of
twelve unusual cases—Part I.
Journal of Clinical Psychiatry,

The clinical and experimental liter-
ature on sexuality in schizophrenia
is reviewed and nine unusual case
reports are presented. Topics re-
viewed include: the overt sexual
behavior of schizophrenics, their
subjective experience including
various delusions and hallucina-
tions related to sexuality, sexual
side effects of antipsychotic medi-
cation, and sexual crimes and per-
versions among schizophrenics.
The effectiveness of various treat-
ment modalities, including sex
therapy, in controlling the bizarre
sexual behavior that often
accompanies schizophrenia is also
considered. A greater awareness
of these sexual symptoms of schiz-
ophrenia may be utilized to sharp-
en diagnostic sensitivity to the in-
cipient forms of the disorder, to
estimate prognosis in a given case,
and to better understand some
sexual crimes. In certain cases,
such knowledge may alter the
choice of antipsychotic medica-
tion. (139 references)—Author ab-
stract, modified.

4324. Checkley, S.A., and Slade,
A.P. (Institute of Psychiatry,
London SE5, England) Blindness
and schizophrenia. Lancet, No.

The question of whether blindness
protects against schizophrenia is
examined in a letter to the editor.
The case of a younger patient in
whom the onset of blindness pre-
ceded the development of schizo-
phrenic illness is reported. The pa-
tient developed sight and hearing
problems at 42 and later experi-
enced visual hallucinations with
paranoid ideas. It is concluded
that with this patient, as common-
ly with the elderly, blindness did
not protect against the develop-
ment of schizophrenia. (4
references)

4325. Doust, J.W.L., and Christie,
H. (Research Section of Psycho-
physiology, University of
Toronto, Toronto, Canada) The
pathology of love: Some clinical
variants of De Clerambault’s syn-
drome. Social Science and Medi-
cine (Oxford), 12(2A):99–106,
1978.

Eight additional cases of De
Clerambault’s syndrome (eroto-
amia) were examined and various
paranoid syndromes diagnosed.
The De Clerambault’s syndrome
consists of a delusory belief that
one is madly loved by someone,
usually older and of higher social
standing. Cases described includ-
ed drugs, brain disease, and psy-
chological factors as precipitating
elements. The love may be homo-
sexual or heterosexual. Despite
treatment, the delusion persisted
continuously or episodically in
most cases, as long as contact was
maintained or until the patient
died. Three cases were diagnosed
as schizophrenic. (14 references)—
Author abstract, modified.

4326. Endler, P.B., and Binon,
M.C. (Brockton Veterans Admin-
istration Hospital, Brockton, MA
02401) Postural and reflex integra-
tion in schizophrenic patients.
American Journal of Occupational

The relationships among primitive
postural reflexes, postural and bi-
lateral integration, and premorbid
adjustment were examined in nor-
mal, chronic process nonparanoid
schizophrenic, and chronic para-
noid schizophrenic subjects. The
normal and schizophrenic groups
differed significantly on the tonic
labyrinthine reflex and on five of
the six measures of postural and
bilateral integration. No significant
differences were found between
the two schizophrenic groups on
any of the test variables. There
were significant positive correla-
tions between the tonic labyrin-
thine reflex, postural and bilateral
integration, and premorbid status
in the subjects studied. (8
references)—Author abstract,
modified.

4327. Hardin, S.B. (University of
Illinois at Urbana-Champaign,
Champaign, IL 61820) A function-
al analysis of the nonverbal
interpersonal communication of
selected schizophrenics and nor-
ma ls. Dissertation Abstracts Inter-
national, Ann Arbor, MI: Univer-
sity Microfilms No. 78–11247,
1978.
The nonverbal interpersonal communication of selected schizophrenics and normals was analyzed, and an explicit description of the spontaneous, nonverbal communication patterns of schizophrenics was obtained. Nonverbal communication is defined as a system by which an authentic dyad reciprocally creates and shares a symbol system for sustaining, mediating, and integrating its relationship. Five units of meaning—engagement, inclusiveness, climax, rhythmicity, and congruence—with corresponding sets of nonverbal behavior were selected for examination. Behaviors of individuals in normal/normal, normal/schizophrenic, and schizophrenic/schizophrenic dyads were compared.—Journal abstract, modified.


The case of a 23-year-old schizophrenic patient treated with haloperidol, imipramine, and benztropine mesylate is used to illustrate an unusually severe reaction to the abrupt cessation of neuroleptic medication. In addition to the description of the withdrawal reaction, a possible explanation of the chemical phenomenon is offered. (9 references)—Author abstract, modified.


Delusions of grandeur and their association with sex, birth rank, and length of illness were explored in a chart review of 350 schizophrenic and 125 manic patients. Delusions of grandeur were demonstrated in 76 percent of the manics and 40 percent of the schizophrenics studied. Male patients with schizophrenia and delusions of grandeur were ill an average of .86 years longer than patients without such delusions, suggesting that delusions may be indicative of more advanced disease in male schizophrenics. Birth rank appeared to have no influence. While the low number of female schizophrenics and the lack of significant differences in delusional subtype profiles between the sexes make it difficult to draw conclusions, the rarity of delusions of grandeur in women may be related to culturally determined role definitions. A subtyping of delusions into ability, role, and identity indicated that grandiose ability was the most common—found in all manics and 74 percent of the schizophrenics. (19 references)—Author abstract, modified.


The action of the law of activation in 20 schizophrenics observed during one of three time periods (exploratory interview lasting 15 to 20 minutes, during a single hospitalization lasting 2 to 6 months, and during the course of a periodic psychosis lasting 10 to 30 years) is described. Relapses were found to occur at various time intervals which could be predicted from the law of activation in 70 percent of the individuals. Preliminary results suggest that a new approach to the proof of therapeutic effects, one that emphasizes individual and mathematical case analysis before the statistical analysis, is needed. (2 references)
The provision of income support for the mentally ill under the Federal Supplemental Security Income (SSI) program is described, and the social, psychiatric, and policy-making implications of providing income assistance through SSI to those labeled schizophrenic are discussed. With the implementation of SSI, it became financially advantageous for the individual to be totally and permanently disabled rather than merely poor or unable to find work, because in this way the individual would be eligible to participate in the SSI program. Those who are medically certified as schizophrenic become eligible for SSI benefits. Problems in diagnosis of schizophrenia and determination of eligibility, and the relationship between severe psychiatric impairment and the capacity to work, are examined. It is concluded that there is no convincing evidence that indicates that psychiatrists can discern within acceptable limits differences between the schizophrenic and the person feigning schizophrenia. In addition, it may be difficult for the SSI to determine eligibility on the basis of evidence presented by a psychiatrist. (41 references)


A personality inventory was administered to 67 deaf psychiatric patients, and case histories were collected. They were compared with 1,549 nondeaf psychiatric patients. Results reveal a significantly higher incidence of paranoid schizophrenia in deaf psychiatric patients than in the nondeaf. Schizophrenia occurred significantly more frequently in patients who had been deaf for more than 6 years. A large number of schizophrenics suffered from severe deafness. Conductive deafness was found to be significantly more frequent in schizophrenic patients than in other types of psychiatric illnesses. (13 references)—Author abstract, modified.


A case of an acute schizophreniform psychosis is reported in a farmer who apparently contracted serovar tarassovi infection from immersion in pig effluent. The pig farmer was admitted to a psychiatric unit with auditory hallucinations and time and place disorientation. The total immersion occurred 8–10 days before the acute episode, and serology taken in the hospital gave a microscopic agglutination titer of 1:1500 leptospira tarassovi. It is suggested by the time interval of 8–10 days and the high leptospira titer that the mental state may be caused by an antigen antibody reaction. (3 references)


The effects of verbal reinforcement paradigms on hospitalized schizophrenics and staff were investigated. Positive reinforcement was found to be relatively ineffective for all groups. Verbal punishment was more effective than verbal positive reinforcement for staff, but for schizophrenics only when explicit problem-solving instructions were given. Results suggest that deficit is not reduced by verbal punishment. Rather, deficit is increased because of increased staff performance under verbal punishment. (27 references)—Author abstract, modified.


A self-report questionnaire was administered to 70 schizophrenics, 50 neurotics, and 80 healthy subjects, and responses were factor analyzed. Results confirmed the view of a single and homogeneous psychosomatic experience, contradicting findings of comparable studies where a tendency occurred toward a factorial separation of subjective experience into a psychological and somatic cluster of symptoms. The three groups were then compared on a scale based on the above main factor. Both schizophrenics and neurotics were sig-
nificantly inferior to normals. Differences between the two mentally ill groups did not reach significance, except when depressed neurotics were compared separately. It is noted that neurotics tended to describe themselves as more ill than schizophrenics. (12 references)—Journal abstract, modified.


Two cases in which markedly increased consumption of caffeine led to an exacerbation of a schizophrenic process are described. The original description of this phenomenon and the clinical and basic scientific literature regarding the psychotropic effects of caffeine are reviewed. The cases are discussed in light of the clinical research implications. Caffeine contents of beverages and over the counter drugs are listed. Caffeine should be considered an easily accessible environmental agent that may adversely affect the clinical state of a schizophrenic. (57 references)—Author abstract, modified.


Schizophrenic patients were rated on the Comprehensive Psychopathological Rating Scale (CPRS) and on the Brief Psychiatric Rating Scale (BPRS) before and after 4 weeks of treatment with neuroleptics. The 12 items from the CPRS that best discriminated between responders and nonresponders were used to construct a schizophrenia scale: feeling controlled, lack of appropriate emotion, disrupted thoughts, commenting voices, depersonalization, perplexity, inability to feel, sadness, pessimistic thoughts, other delusions, ideas of persecution, and delusional mood. Ratings on a 1-7 scale on the first eight of these items significantly discriminated between responders and nonresponders. This new scale was more sensitive than the BPRS to treatment change. (9 references)


A synopsis is presented of the findings of the Chief Medical Officer of the Supreme Bench of Maryland on the mental competency of Arthur H. Bremer, the 1972 assailant of Governor George Wallace. The overall conclusion was that Bremer was sane at the time he committed the offense and afterward. He was judged capable of understanding the proceedings against him and of properly assisting in his own defense. However, Bremer was found to be suffering from a schizoid personality disorder with paranoid and psychopathic features. The psychopathology, which appears related to the offense for which he was tried, was seen as self-centeredness, hedonism, lack of loyalty to any group, scheming, and antisocial behavior. But the capacity to conform his behavior to the law was not substantially impaired. The following aspects of Bremer's personal history and personal traits are summarized: family history, personal history, educational history, physical health, work history, social life, criminal record, results of the psychiatric examination, stream of talk, mood, insight and judgment, and the results of psychological tests, EEGs, and physical examination.


The relationship between insight and adjustment in schizophrenics was examined. Twenty-four male patients, 20 of whom were diagnosed as schizophrenic, with a mean age of 36.2 years, were administered the Tolor-Renznikoff Test. Subjects who scored higher on this insight test were rated by hospital staff as better adjusted behaviorally but described themselves as more psychologically distressed than presumably less insightful subjects. Results are discussed in relation to the notion that insight in schizophrenics may intensify subjective distress while conducing to behavioral adaptation. (12 references)—Author abstract, modified.

4341. Roy, A. (Clarke Institute of Psychiatry, 250 College Street, Toronto, M5T 1R8, Canada) De-

The relationship between early parental loss and depression in chronic paranoid schizophrenia was investigated. The case reports of 100 consecutive patients with chronic paranoid schizophrenia were examined. Thirty of these patients had depressive disorder at some time during their paranoid schizophrenia, and of these 30, 16 had had parental loss before 17 years of age, as compared to 16 out of the 70 nondepressed schizophrenics. It is suggested that parental loss before the age of 17 may be a factor predisposing chronic schizophrenics to depression. (6 references)—Author abstract, modified.


A case history is presented of a 15-year-old girl suffering from acute psychotic disturbance and regression. Despite electroconvulsive therapy and medication, it has only been possible to relieve the patient’s depressed and psychotic state temporarily. Her prognosis is considered to be poor, with increasing periods of admission to the hospital. A diagnosis of schizophrenia with a depressive component is recorded.


It was predicted that (1) hospitalized schizophrenics would regard passive conformity as more appropriate for themselves than for persons living successfully outside the hospital; (2) dogmatic subjects would endorse more passive conformity than nondogmatic patients; and (3) dogmatism in schizophrenics would be associated with social and sexual pathology. Data were obtained from 80 male schizophrenics, who were divided into low- and high-dogmatic groups. They were administered the Adjective Checklist, and described selected appropriate behaviors. Findings supported the first hypothesis but rejected the second and third. Implications for role theory are discussed. Observations of meetings and informal exchanges on the wards suggest that staff members openly encouraged patients to be independent, while covertly pressuring them to submit to staff authority. Such double messages may have obscured the relationship between dogmatism and passive conformity.—Journal abstract, modified.


A description of how patients who fit the broader definition of schizophrenic spectrum disorder use or misuse eyeglasses, especially in a clinical setting, is presented. It is reported that these patients may lose or break their glasses and not replace them; they may refuse to wear them; or they may simply forget that they wear glasses altogether. This phenomenon is explored through the study of four case reports, and a hypothesis to explain the meaning of this behavior is proposed. Its application to clinical treatment is discussed. (27 references)—Author abstract, modified.


The case of a 15-year-old girl with fetal alcohol damage and schizophrenia is presented. The history of maternal alcohol abuse during the gestation period, and the absence of other explanations for the microcephaly, craniofacial and limb anomalies, growth deficiency and mental subnormality, led to the diagnosis of fetal alcohol damage. A prospective study of children with fetal alcohol damage is needed to determine whether they are at greater risk for the later development of schizophrenia. (7 references)—Author abstract, modified.


A study comparing criminal records of 84 epileptics with those of
84 schizophrenics found a prevalence of criminal offenses in epileptics and of civil law involvements in schizophrenics. Epileptics repeat offenses far more often than schizophrenics. In epileptics, intoxication is a significant factor in criminal behavior. Epileptics are prone to criminal assaults, other acts of physical and verbal aggression, and rape. Conditions for acquittal on grounds of insanity are far more often met by schizophrenics than by epileptics. Measures for prevention of criminal activity in these groups of patients are discussed. (7 references)—Author abstract, modified.


Chronic schizophrenics hospitalized in state hospitals and suffering from serious and life-threatening medical and surgical illnesses were studied. The following four primary findings are described and discussed: lack of verbalization of pain and discomfort; bodily self-mutilation; toleration and exhibition of loathsome lesions; and inability or unwillingness to tolerate medical care. Possible explanations for the findings are discussed in terms of their biological, social, and psychological components. It is concluded that treatment staffs in the hospital or community must be alert to changes in the patient's state, must utilize compromise methods of care, and must anticipate or deduce a patient's needs while the patient is physically ill. (21 references)—Author abstract, modified.


Drawings made by a defendant suspected of homicide were used in a psychiatric evaluation to determine that the defendant had a paranoid schizophrenic personality. The drawings illustrated the defendant's threatened sexual identity through a disturbed body image and crystalline and fragmentary form productions, thus indicating his inability to cope with reality.

Diagnosis


The susceptibility of the Rorschach to faking of psychosis by normal individuals was investigated. Protocols were obtained from normal students under a set to fake paranoid schizophrenia and were compared to protocols from hospitalized paranoid schizophrenics. One group of fakers was relatively uninformed about the disorder, while another was informed. Results, based on blind evaluations by experienced Rorschach examiners, demonstrated that psychosis is successfully faked on the Rorschach, and that information about the psychotic role significantly increases the ability of fakers to appear psychotic.—Journal abstract, modified.

4350. Coryell, W., and Tsuang, M.T. (Department of Psychiatry, University of Iowa College of Medicine, 500 Newton Road, Iowa City, IA 52242) Should "non-Feighner schizophrenia" be classified with affective disorder? Journal of Affective Disorders, 1(1):3-8, 1979.

Family history data were used to address the issue of homogeneity in a large group defined by failure to meet Feighner criteria despite a chart diagnosis of schizophrenia in order to consider how such excluded cases should be classified. Morbid risks for affective disorder and schizophrenia in first-degree relatives of patients with chart but not research diagnoses of schizophrenia were determined. Affective disorder was found to be significantly more frequent in the relatives of non-Feighner schizophrenics than in those of Feighner schizophrenics; schizophrenia was significantly more frequent among relatives of non-Feighner schizophrenics than among those of the depressives. It is concluded that the non-Feighner schizophrenic group is probably too heterogeneous to be classified entirely as affective disorder or as schizophrenia. (16 references)—Author abstract, modified.

Three important elements in Bleuler’s work on schizophrenia are described and criticized: the fundamental/accessory dichotomy, the primary/secondary dichotomy, and the question of diagnosis. The major influences on Schneider’s thinking are outlined, and his general approach to psychopathology, criteria for the diagnosis of schizophrenia, and approach to clinical evaluation are described. The work of Mayer-Gross and Langfeldt, whose diagnostic formulations integrate the thinking of Bleuler and Schneider, is briefly described. The contributions of these four authors are compared and contrasted, and their impact on the current study of schizophrenia is assessed. (18 references)—Author abstract, modified.


The existence of puerperal psychosis, defined as schizophrenic illness following childbirth, as a separate disease entity from other schizophrenias was examined. Data collected on 147 schizophrenic patients were subjected to a clustering analysis. The following three data clusters were obtained: (1) hallucinatory illness of paranoic symptomatology, (2) variant of manic depression, and (3) puerperal schizophrenia. It is suggested that cluster analysis would be useful in systematically classifying psychiatric illnesses. (11 references)—Author abstract, modified.


The need for explicit consideration of standard copy performance on the Bender-Gestalt Test in distinguishing between chronically brain-damaged and schizophrenic patients was assessed. The Bender-Gestalt Test was administered under standard, recall, background interference procedures (BIP), and BIP recall conditions to 20 brain-damaged and 20 schizophrenic male inpatients. Individual recall, BIP, and BIP' recall scores differentiated between the groups before IQ was controlled for, but only recall and BIP recall continued to discriminate once IQ was held constant. The use of difference scores corrected for standard copy performance (base level) resulted in improved diagnostic discrimination compared to difference scores alone. However, this procedure also produced a substantial multiple correlation with IQ and a consequent loss of group differentiation for the BIP difference score, while failing to yield an appreciable increase in predictive accuracy over individual scores for recall and BIP recall. Nonetheless, a significant effect emerged independently of both recall and IQ for the BIP recall score, suggesting that the BIP hypothesis may have merit within the context of memory functioning. (12 references)—Author abstract, modified.


The performance of 65 brain-damaged subjects and 65 schizophrenics on a battery of psychological tests was compared. The two groups were matched on variables such as age, sex, and education. The minimally brain-damaged subjects performed better than schizophrenics, while the grossly brain-damaged gave a performance similar to that of their psychiatric counterparts. Results indicate that the problem of differentiating psychotics from the brain-damaged seems beset by methodological issues which are difficult to overcome. However, the battery could be useful when the cases present problems of differential diagnosis between functional and organic disorders. (10 references) —Author abstract, modified.


An attempt was made to define and validate the concept of borderline schizophrenia using case records from the Danish adoption study. The index group included 14 individuals with a diagnosis of borderline schizophrenia, while
the control group consisted of 3 normals and 14 individuals with various other psychological problems. These cases were rated on a new instrument—the Symptom Schedule for the Diagnosis of Borderline Schizophrenia. The instrument reliably discriminated cases of borderline schizophrenia from cases of neurosis and personality disorder. Other similar studies are discussed, and the use of the term “borderline schizophrenia” rather than “borderline” alone is suggested. (25 references)—Author abstract, modified.


Eugen Bleuler’s 1911 monograph, Dementia Praecox or the Group of Schizophrenias, is reviewed. The book is seen as an attempt to redefine Kraepelin’s notion of dementia praecox making use of contemporary somatogenic and psychogenic theories of illness. There is still confusion about Bleuler’s concept of schizophrenia in modern psychiatry, arising in part from inherent textual difficulties and compounded by inaccurate representations of his account. This confusion may be reflected in diagnostic uncertainty and in the renewed interest in nosology and diagnostic rigor that now characterize much of the literature on schizophrenia. (20 references)—Author abstract, modified.


The generalizability of empirically derived MMPI criteria for the diagnosis of schizophrenia was assessed with an older sample of hospitalized patients. The criterion diagnosis was established through the use of a standardized structured interview and a diagnostic system for schizophrenia based on the use of discriminant function analysis. It is suggested that results are disappointing because only 22 percent of the sample obtained an MMPI profile that fit the above criteria. (11 references)—Author abstract, modified.


Differences between schizophrenic patients with Schneiderian first rank symptoms (FRSs) and those without FRSs at the time of hospitalization were compared. FRSs were found to be associated with behavior consistent with feelings of passivity and helplessness. The two groups responded equally well to treatment in a therapeutic community. Findings support the contention that FRSs are not pathognomonic or prognostic in schizophrenia. (21 references)—Author abstract, modified.


The New Haven Schizophrenia Index, a checklist designed for research use, was evaluated with a sample of 45 male schizophrenics for whom followup information had been obtained for 22 years. The checklist had high levels of intrarater agreement, and scores were significantly related to other concurrent measures of thought disorder or psychotic thinking. The index did not have stability or predictive validity in terms of eventual outcome. A measure of affectivity did display both stability and a significant relationship with outcome. (10 references)—Author abstract.


The Research Diagnostic Criteria (RDC) for schizoaffective disorder were applied to a clinic population of 71 patients with bipolar I disorder. Twenty-five patients were found to meet RDC criteria for schizoaffective disorder. The RDC positive group were found to be the most psychotic patients and had a younger age at onset and admission to the clinic than the RDC negative group. Their conditions were also diagnosed more frequently as schizophrenic by.
referring physicians. No difference was found, however, between the two groups on many other variables, including clinical, family history, drug response, and laboratory studies. It is concluded that the bipolar I population cannot be further subdivided into meaningful clinical entities using the RDC criteria for schizoaffective disorder.

(34 references)—Author abstract.


The relationships among Schneider's diagnostic system of first rank symptoms of schizophrenia, psychotic symptoms, prognosis, and outcomes at the postacute stage of schizophrenia were investigated. The assessment of first rank symptoms was made from an interview schedule (a modification of the Wing Present State Examination) developed for the systematic assessment of psychotic symptoms. The results suggest that Schneider's system may not be superior to other diagnostic approaches. (27 references)—Author abstract, modified.


Psychiatric literature is reviewed on the major uses of the terms borderline schizophrenia and borderline personality. Two item sets were developed to provide diagnostic criteria for the two concepts. High sensitivity and specificity were demonstrated for both item sets using data describing 808 borderline and 808 control patients. It is concluded that the borderline concept is not unitary and is best conceptualized as consisting of at least two major dimensions that are relatively independent within a borderline group. (18 references)—Author abstract, modified.


The relationship between subtests of the Wechsler Adult Intelligence Scale (WAIS) was examined to determine its ability to discriminate between brain damaged, schizophrenic, and normal subjects by means of a discriminant function analysis. Data were obtained from 48 subjects in each category in study 1, and results indicate that a VIQ-PIQ difference of more than 10 points correctly identifies brain-damaged from nondamaged subjects. Study 2 used 64 subjects and showed that the groups could be separated by means of a discriminant function analysis. Two subtests contributed most to this discrimination: vocabulary minus digit symbol. A value of four or more correctly classified 55 percent of the brain-damaged group, 63 percent of the schizophrenic group, and 85 percent of the normal group. Results indicate that brain-damage affects intelligence in a systematic way, and that many false negatives and some false positives will occur when this sign is applied in a clinical setting.—Journal abstract, modified.


Ninety-two schizophrenic patients of both sexes admitted to the hospital at Taif, Saudi Arabia, were studied to discover the incidence of Schneider's first rank symptoms and their usefulness in diagnosing schizophrenia. Fifty-two patients (56.5 percent) were found to have these symptoms—most frequently, "made" phenomena and "somatic passivity." The role of possible sociocultural factors and the need for serious studies on transcultural psychiatry are discussed. (6 references)—Author abstract.

Epidemiology

4365. Milazzo-Sayre, L. (National Institute of Mental Health, 5600 Fishers Lane, Rockville, MD 20857) Changes in the Age, Sex, and Diagnostic Composition of the Resident Population of State and County Mental Hospitals, United States 1965–1975: Statistic-

Statistical data which reflect changes in the age, sex, and diagnostic composition of the resident population of state and county mental hospitals in the United States from 1965 to 1975 are presented. It is noted that the total resident population in U.S. mental hospitals dropped dramatically between 1965 and 1975. Males under 45 years of age have consistently outnumbered females in that group, while females over 65 years of age have consistently outnumbered their contemporary males. Schizophrenia predominated as the primary diagnosis, accounting for almost 50 percent of the residents of each sex, followed by organic brain syndromes. Distribution ratios are charted for demographic and diagnostic data pertaining to all residents in all state and county mental facilities from 1965 to 1975.


Epidemiological research on the occurrence of schizophrenia is reviewed, suggesting that the findings are helping researchers to pinpoint the causes of the disease. It is noted that schizophrenia is more common in Ireland and Sweden than in Italy, Spain, Japan, or America, and that people born in the spring are more likely to be schizophrenic than those born in the fall. The research suggests the possible implication of toxins, viruses, or nutritional deficiencies being linked to geography and season. The findings support the view that schizophrenia is a series of diseases rather than one syndrome; that insufficient mothering and sociocultural stresses are not the predominant factors; and that the disorder is probably a series of brain disorders best interpreted from a biological perspective and often resulting from brain damage in utero or shortly after birth. (2 references)

The Family


The verbal behavior of parents with schizophrenic sons was analyzed. Verbatim transcripts of family discussions were used. A control group consisted of families with sons suffering from organic diseases. Both parents of schizophrenics showed significant deviations toward schizophrenic language content. The mothers' behavior was significantly more inconsistent than that of control group parents. Analysis of the course of the family discussions did not reveal any identifiable pattern for the families with schizophrenic sons. (21 references)—Journal abstract, modified.


The studies of Pavlov, Gantt, and others on biological and social factors influencing human behavior are discussed in relation to the system represented by the family nucleus. The double bind, the perverse triangle, and the creation of a scapegoat are considered. Twenty-five families of schizophrenics that were followed up for 1 to 5 years have been examined (18 references)—Author abstract, modified.


After a brief inpatient hospitalization, 104 acute, young (mean age 23.36 years) schizophrenics, stratified by premorbid adjustment, were randomly assigned to one of four aftercare conditions for a 6-week controlled trial. Conditions involved one of two dose levels of fluphenazine enanthate (1 ml or 0.25 ml) and presence or absence of crisis-oriented family therapy. The number of relapses during the 6-week period and at 6-month followup was lowest in patients who received both high dose and
family therapy (no relapses) and highest (48 percent) in the low
dose, no therapy group. Brief Psychiatric Rating Scale symptom rat-
ings disclosed a significant family therapy effect at 6 weeks that was
sustained at 6 months only for therapy patients originally
receiving the high drug dose. Numerous interactions were found
between premorbid adjustment status and response to the two
treatment conditions. (18 references)—Author abstract.

4370. Leff, J., and Vaughn, C.
(MRC Social Psychiatry Unit, In-
stitute of Psychiatry, DeCrespigny
Park, London SE5 8AF, England)
The interaction of life events and
relatives’ expressed emotion in
schizophrenia and depressive
neurosis. British Journal of Psy-

A history of life events in the 3
months before onset of illness was
taken in a group of schizophrenic
and a group of depressed neurotic
inpatients. The Expressed Emotion
(EE) of the patients’ key relatives
was measured. There was no dif-
ference between the schizophrenic
and depressed patients in the rate
of events in the 3-month period
before onset or in the proportion
of undesirable events. However, the
two groups exhibited signifi-
cantly different patterns of interac-
tion between life events and rela-
tives’ EE. Schizophrenic patients
living with high EE relatives had a
low rate of life events compared
with those living with low EE rela-
tives, whereas depressives living
with high EE relatives had a high
rate of events compared with those
living with low EE relatives. The
implications of these findings are
discussed in relation to schizo-
phrenic and depressive patients’
differential vulnerability to envi-
ronmental stress. (15 references)—
Author abstract.

4371. Palmer, M.J. (University of
Colorado at Boulder, Boulder, CO
80302) Mystified communication:
A study of schizophrenics and
normals. Dissertation Abstracts
International. Ann Arbor, MI:
University Microfilms, No.

Schizophrenia is viewed as a
meaningful behavior pattern that
can best be understood as a social
role which is often derived from
family interaction. It is theorized
that schizophrenia is related to
family situations in which
unresolved tensions exist and are
scapegoated onto a child through
the use of illogical communication.
The child, in response, begins to
use illogical communication and
the outcome can be schizophrenia.
To test three hypotheses which
were proposed in support of this
theory, schizophrenic patients
and their families were interviewed in
an effort to assess their communica-
tion patterns. A control group
was also interviewed. Two of the
three proposed hypotheses were
supported, and the third was nei-
ther supported nor refuted. Re-

results suggest that schizophrenia
should not be viewed as a disease
existing in a void, but as a behav-
ior which is most meaningful
when viewed in its generative and
sustaining context.—Journal ab-
tract, modified.

4372. Rimmer, J.; Cole, S.;
Jacobson, B.; Kety, S.S.;
Rosenthal, D.; Schulsinger, F.;
and Wender, P.H. (George Warren
Brown School of Social Work,
Washington University, St. Louis,
MO 63130) Personal and social
characteristics differentiating
adoptive relatives of schizophre-
nics and nonschizophrenics: A pre-
liminary report based on inter-
views. Comprehensive Psychiatry,

The personal and social character-
istics of adoptive relatives of schizo-
phrenics were investigated and
compared with adoptive relatives
of nonschizophrenics. Based on a
Danish study of adoptive relatives
of 33 schizophrenic adoptees, im-
plications for various theories of
the etiology of schizophrenia are
discussed. Results indicate: (1)
mothers who reared a schizo-
phrenic are characterized as not
using denial as a defense and as
not reporting themselves as metic-
ulous; (2) fathers are characterized
as disliking responsibility, living
in rented property, and not being
preoccupied with aggression; and
(3) siblings reported a difference
between parents’ attitudes toward
siblings and the subject, they had
guilt after expressing anger, and
they were not fast thinkers. The
failure to find many strong or con-
sistent associations between social
environmental variables does not
indicate that social environmental
variables do not have influence,
but clearly points to the complexi-
ty of untangling them. (14 refer-
ences)

4373. Waring, E.M. (University of
Western Ontario, London,
Ontario, Canada) Family therapy
and schizophrenia. Canadian Psy-
chiatric Association Journal,

Many of the early hypotheses of
family influences in the develop-
ment of schizophrenia have not been confirmed, although valid and reliable differences between families of schizophrenics and those of nonschizophrenic controls have been demonstrated. Empirical findings have had little impact on how family therapy is practiced, and have not led to a reexamination of the theoretical basis of family therapy. It is suggested that the empirical research on those factors which precipitate and perpetuate schizophrenic symptomatology can be applied to the evaluation of schizophrenics and their families in family therapy settings. (47 references)

Genetics


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.


A psychopharmacogenetic analysis was conducted on the effect of neuroleptic drugs on an a priori genetic classification of acute schizophrenia, predicting differential patterns of behavioral response that were potentially relevant to the diagnosis of more discrete forms of this disorder. The classification was based on a primary (type) distinction between patients who had depressed (D) as opposed to schizophrenic (S) first-degree relatives and a secondary (genealogical) distinction in which patients with schizophrenic relatives were further subclassified as dominant (SD) and recessive (SR) subtypes. Neuroleptics were distinguished by adverse side-effect profiles and classified as autonomic nervous system and central nervous system reactive types, controlled where possible by placebo. Expected higher level of postpsychotic depression in D-schizophrenics was confirmed as a psychopharmacogenetic effect. A similar prediction relating hostile paranoid symptoms to genetic factors depended on drug type. Findings attributing severe akinesia and other extrapyramidal side effects of psychopharmacogenetic induction were likewise equivocal. Preliminary analysis of pretreatment symptom profiles between the genetic subtypes revealed higher levels of depression in D-schizophrenics and more hallucinatory phenomena in SR schizophrenics. Results further support the differentiation of acute schizophrenia by a priori genetic classification.—Journal abstract, modified.


Studies that examined the possibility that some psychiatric disorders, although clinically distinct from schizophrenic disorders, might nevertheless be associated genetically with the schizophrenic disorders are discussed. The major research strategy involved naturally occurring adoptions, with the stipulation that the adoptees would not have been adopted by a biological relative. The findings obtained in the three studies described are consistent, and they provide strong evidence that schizophrenic disorders are heritable. Schizophrenic disorders are described, and problems with classifications of the schizophrenia spectrum are highlighted. (10 references)

High Risk Studies

Vestibular responses to caloric stimulation were measured from birth to age 2 years in 10 infants born to schizophrenic mothers. Transiently decreased vestibular responses coincided with several developmental disorders that were related to psychopathology at 10 years. Absent or decreased responses were associated with (1) a pandevelopmental retardation involving physical growth as well as postural motor and visual motor development, (2) an abnormally quiet state in the first month, and (3) failures of bimanual integration between 4 and 6 months. The transitory nature of the decreased nystagmus rules out the possibility of an organic lesion of the vestibular system. Rather, it suggests that some covert decrease in arousal accompanied those periods when central nervous system integration was disrupted. (47 references)—Author abstract, modified.


The psychiatric morbidity in the offspring of patients with affective disorders was investigated. Forty randomly selected patients with bipolar, unipolar, and schizoaffective illness were interviewed about their 85 male and female first-degree offspring using the Conner's Parent Questionnaire and the Greenhill Brief Sociopathy Scale. Although there was a conspicuous absence of homologous illness in the offspring, the highest incidence of psychiatric symptoms was found in male offspring and adopted offspring of all diagnostic categories and the male and female children of bipolar parents. One third of the bipolar probands and one fourth of the unipolar probands were reported by their parents to have motor-behavior problems. The symptom profile may suggest more formal psychiatric difficulties in adulthood. (25 references)—Author abstract, modified.


A sample of child guidance clinic cases with a young adult onset of schizophrenia were followed into middle age, and outcome ratings and marital status were used as predictive criteria for childhood measures of IQ, aggressiveness, and severity of disturbance. The interaction of IQ and levels of aggressive symptomatology revealed a subgroup of preschizophrenics with low IQ and below average aggressiveness, who had disproportionately unfavorable adult outcomes and never married status. The results demonstrate the important moderating effects of a second variable on the predictive statements made about an initial predictor. (16 references)—Author abstract.


Peer evaluations of the behaviors of 75 children of schizophrenic mothers, 57 children of depressed mothers, and 153 controls were collected using the Pupil Evaluation Inventory. The children, both boys and girls, were in grades 2 through 9. Both male and female children of schizophrenics were viewed more deviantly than controls on aggression and unhappiness/withdrawal factors. Only the female children of schizophrenics were viewed as less likable than controls. In general, children of schizophrenics did not differ from children of depressives, with the exception of older daughters of schizophrenics, who were rated as more deviant than members of both the remaining groups. (44 references)—Author abstract, modified.


A total of 339 children between 6 and 20 years old, who were either the children of one schizophrenic parent, one manic-depressive parent, one physically ill parent, or the children of parents who had not been hospitalized for physical or emotional reasons, were evaluated for clinical disturbance in the
St. Louis risk research project between 1967 and 1971. Children of psychiatrically ill parents were found to more disturbed than children of nonpsychotic parents. Children with a schizophrenic parent demonstrated performance on psychometric evaluation that was in some ways continuous with that of adult schizophrenics. Children of schizophrenic and manic-depressive parents differed from one another and from controls on two measures. In the aggressive content of their Thematic Apperception Test stories, children with a schizophrenic parent showed less aggression than normals, and children with a manic-depressive parent showed more aggression than normals. On the Rorschach inkblot, children of schizophrenics gave more primitive responses than children of manic-depressives, and the children of normal parents gave an intermediate number of such responses. (70 references)—Author abstract, modified.

Prognosis


The files of a cohort of schizophrenic patients who were hospitalized for the first time in their lives in 1963, and who were representative of cases in a large unselected population, were examined—first by exclusion criteria, and then by the diagnostic criteria of Schneider's first rank symptoms (FRSs), the criteria of Feighner et al., and the New Haven Schizophrenia Index (NHSI). Forty-three such cases were found who were schizophrenic on at least two sets of criteria, and who were followed up in 1977. Examination of outcome showed no relationship with FRS presence or absence, number of FRSs, or with the NHSI score, but did show a relationship to the Feighner et al. criteria and an even stronger relationship to a simple score derived from these criteria. (20 references)—Author abstract, modified.


Preliminary results of a longitudinal study indicate that a cohort of 253 long-stay, totally disabled schizophrenic inpatients, for whom permanent disability was predicted, has in the past 12 years begun to cross over into the general population and is no longer being identified as significantly different from friends, relatives, and neighbors. Possible reasons for this discrepancy between initial prognosis and outcome to date include maturation of previously delayed neuroenzyme systems, contamination of data by institutionalization effects, and change in social and administrative attitudes. (9 references)


Data are reviewed which suggest that schizophrenic patients with affective symptoms have a more favorable outcome than other schizophrenic patients. This may indicate that such patients are more validly regarded as having either an affective disorder or a schizoaffective psychosis. Studies of this issue have suffered from significant methodological problems, including inappropriate sampling, unsystematic collection of symptom data, unreliable diagnostic procedures, and restricted outcome assessment. A study designed to overcome these difficulties is reported which indicates that while levels of psychotic symptoms in schizophrenic patients correlate with poor outcome, affective symptoms have little prognostic power. (25 references)—Author abstract.


The ability of six different operational definitions of schizophrenia to identify prospectively patients whose eventual prognosis would be poor was studied using data from a 5-year followup of a series of 134 patients with functional psychoses. All six definitions were more successful at predicting a poor symptomatic outcome than a poor social outcome. Spitzer's Research Diagnos-
tic Criteria, Carpenter’s flexible criteria, and Langfeldt’s criteria predicted a poor outcome as well as the original clinical diagnoses and were considerably better than the New Haven criteria, Schneider’s first rank symptoms, or the computer program CATEGO. (14 references)—Author abstract.


A followup study of schizophrenics attending a center in Northwest India was conducted to reexamine the question of prognosis and chronicity in schizophrenics in Western and non-Western countries. A 5-year followup study was conducted of 100 schizophrenic patients fitting the study’s criteria, which were seen originally between January 1, 1966, and December 31, 1967. The clinical outcome of the cases was similar to two well-known studies, one from the United Kingdom and the other from Mauritius. The proportion of patients remaining continuously ill throughout the followup period was nearly the same in all three studies. The striking difference lay in the proportion recovering from the initial episode and remaining well thereafter—35 percent in the U.K. study, 29 percent in the present study, and 59 percent in the Mauritius study. It can be concluded that schizophrenia, as seen in an urban Indian environment, is similar in course and in clinical and social outcome to that seen elsewhere in the world, with the possible exception of the non-European, predominantly Indian population of Mauritius. Therefore, this study does not support the view that chronicity of schizophrenia in a non-European, non-white population is different, at least in an urban setting. (20 references)—Author abstract, modified.


School and hospital records were used to examine childhood social competence, adult premorbid competence, and psychiatric outcome in adult schizoaffective, paranoid, and undifferentiated schizophrenics. There was a significant difference in childhood interpersonal competence and adult social competence among the subtypes. Adult schizoaffectives exhibited the highest level of social competence; undifferentiated, the lowest level; and paranoia were intermediate between the two. There was a significant sex × subtype effect on the length of first hospitalization. Schizoaffectives had the shortest hospitalization among male subtypes, whereas they had the longest hospitalization among female subtypes. Subtypes did not differ in outcome as measured by total days of hospitalization and a global outcome rating. The results are interpreted as reflecting longitudinally consistent subtype differences in social competence, a finding consistent with developmental views of schizophrenic subtypes. (58 references)—Author abstract, modified.


The history of illness and the clinical course and outcome were evaluated in 110 first admission schizophrenic patients, subdivided into nonregressive probands (n = 54) and patients with classical regressive schizophrenia (n = 56). Background data and social and clinical prognosis of the two schizophrenic groups were compared with those of 30 patients with atypical psychoses, group III, and 49 affective illness cases. Family, social, personality, and somatic background data were examined as well as the history of illness, including onset, medical and psychiatric treatment before admission, modes of key admission, and symptomatology. The course of illness as measured in readmissions to hospital, total hospital treatment time, and days on the sick list over a 5-year period after key admission was followed. Clinical outcome after 6 to 9 years was assessed by a personal interview with probands and near relatives. The distributions of main symptoms were similar before and after key admission in both regressive and nonregressive probands. Both nonregressive and regressive schizophrenics shared the main diagnostic traits. Social outcome was better in female than in male probands. Social and clinical outcomes were better in female than in male probands. Results provide additional support for the assump-
Longitudinal pharmacotherapeutic data from 58 schizophrenic patients suggest that the emergence of a dysphoric state, characterized by a combination of anxiety, depression, and accusatoriness, early in the course of neuroleptic treatment augurs poor therapeutic outcome and is associated with an unfavorable prognostic classification and a tendency for autonomic arousal to increase with treatment from a drug-free baseline somewhat higher than normal. These associations particularly characterized the nonparanoid schizophrenics with nuclear prognostic classification and poor short-term as well as long-term therapeutic outcome; they did not apply to paranoids. The dysphoric response is unrelated to baseline dysphoria or to the extrapyramidal reactions to neuroleptic medication, and seems to reflect some basic biological differences between the poor prognosis nonparanoid, the good prognosis nonparanoid, and the paranoid schizophrenics. (37 references)—Author abstract.


The long-term outcome of schizophrenia and affective disorders was examined using marital, residential, occupational, and psychiatric status at the time of followup, 30 to 40 years after admission to a psychiatric hospital. These psychiatric disorders were found to have deleterious social effects. In all categories, psychiatric patients (n = 500) showed poorer outcomes than did nonpsychiatric surgical controls (n = 160). In comparison with affective disorders, schizophrenia showed significantly greater ill effects. (3 references)


A social adjustment scale self-report (SAS-SR) was administered to 774 subjects in a community sample and in three psychiatric outpatient populations (acute depressives, alcoholics, and schizophrenics). Results indicate that the acutely ill depressives were the most impaired group, followed by alcoholics, schizophrenics, and the community sample. Role adjustment was comparable in the four populations. Social adjustment scores were significantly correlated with clinical symptoms but were generally not significantly correlated with sociodemographic characteristics. Potential uses and limitations of the SAS-SR are discussed. (21 references)


The relationship between adaptive regression and prognosis in schizophrenia was investigated within the theoretical framework of psychoanalysis and using data from Rorschach responses, the Katz Adjustment Scales, personal information on rehospitalization, psychotherapy, medication, employment, and other life situation variables. Data were obtained from 18 male and 30 female former patients and supported the hypothesis that a high level of adaptive regression and effective control of primary process intrusions at admission would be related to good posthospital adjustment. The Rorschach measures of reality testing, percentage of primary process intrusions, and percentage of socially acceptable primary process did not predict adjustment, and none of these measures predicted relapse. Several demographic characteristics were significant predictors of adjustment. Results support the notions put forth by psychoanalytic theory that the ability to regress in service of the ego facilitates adjustment in the community after hospital discharge.—Journal abstract, modified.
Psychological Theory


Freud's analysis of the symptom of schizophrenic language changes in the chapter, "Assessment of the Unconscious," is discussed, and the role of the regressive process in schizophrenia is further explored. Freud proposed that the words used by the schizophrenic patient frequently bear a relationship to body organs and body sensations, and these words are subjected to primary-process thinking. The presence of this form of thinking points to the existence of a regressive process through which the functioning of the unconscious becomes directly observable. Freud based his theoretical approach upon Abraham's (1908) article about the differences between hysteria and schizophrenia. It was Freud's conviction that the process of repression was responsible for the formation of the neurotic as well as the schizophrenic symptomatology. Disagreement with some of Freud's concepts is expressed, and reference is made to patient symptoms. (37 references)


The questions of whether schizophrenic pathology can be viewed as a response to the threat of object loss and whether subliminal stimuli can activate unconscious anxieties or concerns in such a fashion as to exacerbate pathology were investigated. In three different sessions, each of 30 schizophrenic patients received one of three experimental stimuli: (1) a neutral control stimulus, (2) a message intended to activate aggressive ideation, and (3) a message intended to activate fantasies of object loss. The major results were: (1) the subliminal aggressive message intensified pathology and aggressive ideation, (2) subliminal stimulation of fantasies of object loss also increased pathology, and (3) the patients' response to subliminal stimuli was a function of the conscious meanings of such stimuli. It is concluded that (1) the threat of object loss may be one of the motivations supporting a development of pathology in schizophrenics, (2) the activation of fantasies of aggressive destruction can exacerbate schizophrenic pathology, and (3) future research with subliminal stimulation should consider carefully the differential responsiveness of subjects to the content of particular messages. (43 references)—Author abstract, modified.

Treatment


A delegation model, which attempts to broaden the sociogenetic aspects of schizophrenic etiology, is described. Within this framework, schizophrenia is understood as the expression and consequence of misdirected and conflict-laden delegations which tend to manifest themselves after a span of generations. The concept to misdirected delegations meshes with other observations in the literature on the role of communication deviations in the schizoid family. The theoretical considerations are illustrated by two case studies. (29 references)—Author abstract, modified.


The lithium carbonate therapy of 13 schizophrenic patients was evaluated in a placebo-controlled, double-blind, 3-week study. Seven of the 13 patients were less psychotic while receiving lithium; four of these seven patients relapsed after lithium withdrawal. Patients who improved during the third week on lithium could be differentiated from nonresponders on the basis of their improvement during the first week. Clinical factors such as diagnosis, prognosis, and
symptoms failed to predict responders from nonresponders. (37 references)—Author abstract, modified.


Undergraduate volunteers (20 males and 20 females) categorized as types A and B conducted 20-minute interviews with 40 neurotic and 40 schizophrenic male state hospital inpatients. As expected from studies of the personality correlates of A/B status, many more B than A volunteered to conduct the interviews. Once in the interview situation, however, type A interviewers elicited better self-disclosure from schizophrenic patients than did B’s, whereas the latter outperformed A’s with neurotic patients. (16 references)—Author abstract, modified.


Some of the practical, scientific, and ethical aspects of the medical treatment of mental illness are discussed. A description of the pre-drug era is followed by a discussion of the impact of recent therapeutic innovations. Evidence for the efficacy of the important current drug treatments for schizophrenia, depression, and mania, practical aspects of treatment, and critical evaluations of their hypothesized biochemical mechanisms of action are described. (46 references)


The possibility of administering a biweekly dose of fluspirilene, without deterioration of the clinical picture, was investigated in a group of 34 stabilized schizophrenics (20 males, 14 females; 16 to 80 years old). After a preparatory 6-week period during which patients received fluspirilene weekly, the patients were divided into two groups. During the 12-week test period, group A received the drug every 2 weeks, and group B received the drug every week. Doses were adjusted individually. In group A, the active drug was replaced by a placebo injection every other week under double-blind conditions. There was no significant clinical difference between the patients receiving fluspirilene every week and those receiving it every 2 weeks. Therefore it is possible to give fluspirilene in individually adjusted doses with a dose interval of 14 days in stabilized patients. (22 references)—Author abstract, modified.


An effective method for treating chronic schizophrenics who have been dysfunctional from 6 months to 30 years is described. A clinical example illustrates how symbolism and imagery in the schizophrenic thought process can be translated and explored by the group therapist for the patient and the rest of the group. It is suggested that instead of repressing symbolic verbalization, the therapist should allow it to continue. The therapist serves as an intermediary between the patient who is talking and the other group members, until interpersonal isolation is lessened and the group members are better able to reestablish communication with others. (9 references)


The clinical effectiveness of eglonyl (sulpiride) in the treatment of 30 paranoid schizophrenics was studied. Nineteen cases (63.3 percent) showed improvement. The drug was found to have activating and antidepressant properties and to diminish the intensity of psychotic symptoms. Apart from mild extrapyramidal symptoms, no side effects were observed. Sulpiride has been found to be a useful
A 52-week double-blind study comparing the efficacy and safety of penfluridol and trifluoperazine in 25 chronic schizophrenic outpatients was conducted. Penfluridol was administered once weekly and trifluoperazine daily. Measurements were made at baseline, at fixed intervals during the study, and at termination. Both agents were similarly effective in controlling symptoms at a level commensurate with or better than that provided by the previous medication. Side effects were similar in severity and occurrence between study drug groups. Both agents had low autonomic liability, and neither agent was depressogenic.

(7 references)—Author abstract, modified.


A study to verify the therapeutic action of depot flupenthixol in the maintenance therapy of chronic schizophrenics is reported. Eleven patients treated with depot flupenthixol were observed for 6 months; the course of the principal psychopathological factors of the group as a whole was studied, as well as the seriousness of psychotic symptoms in the individual subjects. Depot flupenthixol proved efficacious in the maintenance therapy of chronic schizophrenics, and particularly in the prevention of relapses. (13 references)—Journal abstract, modified.

In a double-blind crossover study, the effectiveness of bupropanolol was compared with that of biperiden and placebo in 25 schizophrenic patients with a neuroleptic-induced parkinson-like tremor. Tremor measurements obtained accelerometrically on days 1 and 14 of each regimen were statistically analyzed. Tremor amplitudes were significantly lower with both experimental treatments, and at both days 1 and 14, than for the control treatment. Day 1 tremor decrease was much stronger in the bupropanolol than in the biperiden regimen. Due to a tachyphylactic phenomenon, the antitremor activity of bupropanolol decreased over the course of treatment. Results of the Webster Rating Scale showed a positive and significant effect for biperiden on 7 of 10 items and for bupropanolol on 3 of 10 items. Pharmacokinetics and dynamics, as well as onset and duration of activity for both drugs, suggest their combined use in resistant cases. (6 references)—Author abstract, modified.


A double-blind comparison of clozapine and chlorpromazine, involving 15 schizophrenic patients, is presented. Clozapine appeared to be at least as effective as chlorpromazine in reducing psychotic effects, and did not produce any extrapyramidal reactions. Reports of bone marrow toxicity associated with clozapine have led to the withdrawal of the drug from clinical use, and the premature termination of this experiment. The data presented, however, demonstrate that a drug can be an effective antipsychotic without producing neurologic reactions. (10 references)—Author abstract, modified.


The role of pictorial expression in facilitating concept formation association of ideas among neurotic and psychotic patients is described. Art therapy consisted of sessions with an assigned theme and sessions without a theme followed by a discussion in which participants were encouraged to relate to each other by focusing on their graphic art. An analysis of the sessions indicates great differences in the art work of schizophrenic and neurotic patients. However, graphic expression appears to help all patients in expressing their feelings and stimulates their cognitive interests in expressing themselves in forms which are then elaborated upon in words. (7 references)—Author abstract, modified.


Uprooted chronic schizophrenics, who were disposition problems at the time of discharge from a state psychiatric hospital, were studied in a 3.5 year followup. One group of 14 was discharged to themselves, another in small supporting units to share living quarters with fellow patients. Patients who shared living quarters with other patients did better in terms of posthospitalization adjustment, reduced readmission and subsequent time spent in hospital, employment, and self-responsibility compared to patients living alone. The results are discussed in relation to the development of mutual support systems among patients. (19 references)—Author abstract, modified.


Three, response elimination techniques (extinction training, omission training, and gradual introduction of omission training) were compared for their effectiveness in hospitalized psychiatric patients of varying chronicity. Subjects were 32 psychotic, mostly schizophrenic, males dichotomized into two groups: hospitalized 3 years or less than 3 years. Results did not demonstrate the superiority of one technique over the others, although inferences were made based on the durability of the data. For both acute and chronic groups, "gradual introduction of omission training" subjects made significantly fewer responses than a vari-

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Early signs of relapse in schizophrenia were examined through structured interviews with 145 chronic schizophrenics and 80 of their family members. Most patients and family informants were aware of a prodromal period during which patients experienced such symptoms as having trouble sleeping, having trouble concentrating, loss of appetite, and feeling depressed. Because the prodromal period usually lasts more than a few days, it should be possible to abort an incipient acute psychotic episode. It may even be possible in some well-stabilized patients who are cooperative in treatment to use antipsychotic medication only when there are early signs of relapse rather than the usual practice of maintaining such patients on drugs indefinitely. (14 references)—Author abstract, modified.

A letter to the editor addresses the effectiveness of the synthetic met-enkephalin analogue FK33-824 in the treatment of nine chronic psychotic inpatients, eight diagnosed as schizophrenic and one as alcoholic. Improvement was observed in five of the patients, and fewer hallucinations were reported. Side effects were not very serious and of short duration. The results support the hypothesis of altered endorphin homeostasis in schizophrenia. (7 references)

Response to a token economy was assessed in male chronic schizophrenic inpatients who were given, in a double-blind crossover trial, pimozide (up to 20 mg daily) or chlorpromazine (up to 1,000 mg daily), each for 3 months. After 6 months there was little change in the patients’ mental states, but general ward behavior and token rewarded target behaviors improved significantly. There were no statistically significant between-drug differences; however, the trend was for general ward behavior, but not token-rewarded behavior, to improve more on
The patients who showed initiative and cooperated best with staff were those whose token-rewarded behavior was most satisfactory. (11 references)—Author abstract, modified.


Phenothiazine prescription patterns were examined at the Fluphenazine Clinic at Royal Park Hospital in Victoria, Australia, in order to assess the effectiveness and dosage of antiparkinsonian drugs, possible sex and age variables, and the type of extrapyramidal side effects that responded to them. Surveys of patients suffering from schizophrenia treated in 1972, 1973, and 1975 are presented, although it is noted that at the time of the early studies, decisions concerning the use of the drug were still being formulated and there was some lack of uniformity in treatment patterns. Results are discussed in terms of the control of specific side effects. It is suggested that although the ideal drug for reducing extrapyramidal side effects is not yet developed, i.m. forms of drugs such as dexetimide provide a partial solution. (23 references)


A 9-year followup study of 76 chronically ill psychiatric patients treated in “coffee groups,” a maintenance treatment approach first described in a pilot study in 1971, is reported. The findings show a significant drop in rehospitalization rates for chronic schizophrenic patients after they had started to attend the group, despite irregular patterns of participation and attendance. There was a leveling off of measurable change in psychosocial functioning in contrast to earlier optimistic reports. The coffee group formula is judged to be an economical and viable method for a wide chronic diagnostic range and for a variety of therapists’ styles. (4 references)—Author abstract.


A method in which regressed schizophrenic patients on maintenance doses of neuroleptics receive their prescriptions in a group setting is described. Each group meets once a month for 1 to 1½ hours and is conducted by a psychiatrist, either alone or with a social worker. Toward the end of the session, the psychiatrist writes the prescriptions while the patients continue to talk. Guided by the therapist, the patients learn to experience the give and take of interpersonal relationships. The result is a shift from the patients’ preoccupation with themselves toward an interest in other people. While only a few patients have improved sufficiently to be able to work, the group experience has helped most participants by leading them toward involvement with other people. (3 references)—Author abstract, modified.


The use of art therapy as a catalyst for communication in a group of autistic schizophrenics is described. The method used was based on that of Vassiliou and required that the patients draw or paint something before the meeting and that they vote democratically on the picture to be discussed that day. Sample pictures chosen by the group are shown and discussed briefly. At the beginning, group members took little interest in their own drawings but later considered their drawings something precious. The development in the choice of pictures and comments by the group as the sessions progressed are also discussed.

It is reported that there are schizophrenics who do relatively well without the routine or continuous use of antipsychotic medication. Eighty specially selected young males undergoing an acute schizophrenic episode were followed, after hospitalization, for up to 3 years. While hospitalized, they were assigned randomly to either placebo or chlorpromazine treatment. Many unmedicated while in hospital patients showed greater long-term improvement, less pathology at followup, fewer rehospitalizations, and better overall function in the community than patients who were given chlorpromazine while in the hospital. Factors related to posthospital outcome were good premorbid history and short-lived paranoid characteristics. Considerations which may have an effect on the successful management of acute schizophrenic patients not on medication are mentioned. The findings underline the need for further study of how to use antipsychotic medication more selectively in the treatment of schizophrenia. (34 references)—Author abstract, modified.


New developments in the psychopharmacology of schizophrenia were discussed. There is no convincing evidence that any of the antipsychotics introduced since chlorpromazine are more effective, and there is no firm evidence that any of these drugs have greater therapeutic activity. New developments consist of refinements in the use of drug treatment, and new knowledge concerning adverse reactions. It is clear that long-term treatment can ameliorate the morbidity of schizophrenia, but it is also clear that long-term treatment can cause serious side-effects. Progress in developing of drugs that are more effective and safer is still considered a pressing need. (69 references)


The relationship between plasma concentrations of chlorpromazine (CPZ) and clinical improvement was studied in 46 acute schizophrenic patients. Response to drug therapy was measured by the Brief Psychiatric Rating Scale (BPRS) and BPRS scores at 3 weeks were the dependent variable. Independent variables were mean CPZ plasma concentrations, hospital, chronicity of illness, daily CPZ dose, and preadmission BPRS scores. Analysis of the total BPRS with covariates showed that chronicity and admission scores were not important as predictors of change in total BPRS, whereas plasma CPZ concentration was a good predictor and showed a significant negative correlation with total BPRS score. When all covariates were held constant, an increase in the mean plasma level of CPZ resulted in a predicted decrease in the third week BPRS scores for thought disorder and paranoid hostility. Admission scores were good predictors of the thought disorder, paranoid hostility, and depression scores after 3 weeks of treatment. The statistical analysis strengthens the hypothesis that clinical improvement is correlated with CPZ plasma level. (9 references)—Author abstract.


Major advances in the treatment of schizophrenia are briefly reviewed. Only 40 years ago there was no specialized treatment for schizophrenia; psychoanalysis was tried with little success, and occupational therapy consisted of farm work. Since 1936, a new wave of physical treatments such as insulin coma, electroconvulsive therapy, and psychosurgery gained popularity. While this resulted in an improvement of about 50 percent of early schizophrenics, relapse was common and treatments required indefinite repetition. In 1952, introduction of the phenothiazines altered the whole mode of treatment. Combined use of drugs, electroconvulsive therapy, and modified sleep during the period of initial treatment has resulted in shortening the hospital stay of schizophrenic patients, and phenothiazines maintain the patient in the community. A recent advance in the treatment of so-called chronic deteriorating schizophrenics involves combining...
small doses of phenothiazine with therapeutic doses of lithium carbonate and possibly an antidepressant drug. With these new forms of treatment, it should now be possible to quickly and successfully treat about 80 percent of schizophrenics.


The effect of relaxation training on anxiety levels—as measured by the Affect Adjective Checklist—was investigated in 11 schizophrenic patients and one manic-depressive patient, aged 19 to 57. Subjects attended relaxation exercise sessions twice weekly for 4 weeks. No significant differences were found between pretest and posttest anxiety scores. Possible limitations of the study and other influencing factors are discussed. (13 references)


Two case studies are reported of two young men diagnosed as schizophrenic, who developed nocturnal enuresis following treatment with thioridazine or thiothixene. Neither of the men had any history of genitourinary abnormalities. The nocturnal enuresis was controlled by having the patients take their medication in the morning and limiting their nighttime intake of fluids. Possible mechanisms causing the enuresis are discussed. (7 references)


A survey of 46 randomly selected schizophrenic residents of six board-and-care homes in the Los Angeles area was made to discover if these homes are as bad as the press has made them out to be. Psychiatric rating measures were administered to the residents, who were all taking maintenance antipsychotic medication; the sponsors of the homes were interviewed; and frequent informal visits were made to the homes. It was found that the schizophrenic who adjusts to the setting experiences a schizophrenic noncompliant pattern of outcome on antipsychotic drugs that is characterized by blunted affect, passivity, and lack of initiative, interest, and spontaneity. It is concluded that it is these negative symptoms of schizophrenia, mistakenly attributed to the presumed inadequacies of the board-and-care environment, that have given the board-and-care home a bad reputation both in the newspapers and in the psychiatric literature. (22 references)—Journal abstract, modified.


The use of television games as the basis for therapy sessions is described. Twelve long-term schizophrenic patients receiving drug therapy at the Howard University Mental Health Clinic in Washington, DC, have attended weekly sessions. In an attempt to increase group interaction and instill some sense of accomplishment, group leaders decided to turn group sessions into mock TV game shows. Food coupons clipped from local newspapers are awarded as prizes. The games are of therapeutic value because they enhance the confidence of participants by giving them the satisfaction of providing the correct answer, and because they force communications between team members who must consult with each other before giving an answer. Participants who had been inert and passive in traditional therapy have opened up and displayed knowledge that group leaders did not suspect they had. Simultaneously, participants have become less preoccupied with psychotic thoughts, have begun to dress appropriately, and have begun to call each other by name.
Author Index to Abstracts

Abramowitz, S. I. 4340
Akhtar, S. 4322
Albert, S. 4349
Alcorn, J. D. 4306
Alexander, P. E. 4396
Amadeo, M. 4304
Angermeyer, M. 4367
Angrist, B. 4274
Armstrong, J. 4268

Baker, H. F. 4280
Barchas, J. D. 4313
Barnes, D. F. 4397
Belzea, T. 4420
Beppu, H. 4285
Berger, P. A. 4398
Bersani, G. 4404, 4405
Benzins, J. I. 4397
Bigelow, L. E. 4258
Biron, M. C. 4326
Bird, E. D. 4275
Bland, R. C. 4382
Bloch, R. M. 4397
Broderick, W. L. 4309
Brill, N. Q. 4323
Brisson, A. 4267
Brockington, I. F. 4385
Broden, V. 4293
Brooks, G. W. 4383
Broste, E. R. 4406
Burnett, W. E., Jr. 4396
Burnett, G. B. 4277
Butler, H. J. 4286
Butler, M. 4271

Caillard, V. 4374
Carpenter, W. T., Jr. 4309, 4314
Carr, S. A. 4256
Casa, I. 4368
Carter, G. 4265
Cazzullo, C. L. 4368
Cervantes, P. 4294
Ceterington, M. 4319
Chang, A. 4315
Chapman, J. P. 4264
Chapman, L. J. 4264
Cheadle, A. J. 4414
Checkley, S. A. 4324
Chlopocka-Wozniak, M. 4401
Christie, H. 4325
Clow, A. 4278
Cobrinc, L. 4316
Coger, R. W. 4281

Cohen, R. 4310
Cole, S. 4372
Cooke, E. C. 4307
Corotto, L. V. 4261
Coryell, W. 4350
Creese, I. C. 4277
Cross, A. J. 4279
Crow, T. J. 4279, 4290
Curnutt, R. H. 4261
Cutler, M. O. 4400
Czerwinski, A. 4401

Davidson, J. R. T. 4312
Deakin, J. F. W. 4280
Debray, Q. 4374
Deck, J. H. N. 4283
Dekkers, A. 4399
Dencker, S. J. 4402
Dixon, W. J. 4377
Dobson, D. J. 4257
Doller, J. C. 4407
Donlon, P. T. 4403
Donnelly, E. F. 4258
Dotti, A. 4404, 4405
Douglas, J. W. L. 4325
Dunlop, R. A. 4415
Dunne, D. L. 4360
Dymond, A. M. 4281

Eiduson, S. 4282
Endicott, J. 4362
Endler, P. B. 4326
Erdelyi, E. 4313
Evans, J. R. 4369

Faison, L. D. 4312
Farley, I. J. 4283
Feagans, R. L. 4270
Fenton, G. W. 4284
Fenwick, P. B. C. 4284
Ferguson, W. 4284
Fieve, R. R. 4360
Finkelstein, R. J. 4259
Fish, B. 4377
Flora, L. Von 4406
Fog, R. 4413
Fortney, R. P. 4276
Fox, H. A. 4351
Franken, K. 4402
Freeman, H. L. 4414
Frei, D. 4328
Frith, C. D. 4280, 4290

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