Bibliography and Abstracts on Schizophrenia

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

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 Many of these references—notably reports of basic research—may not be published in the Bulletin, but are available from the Clearinghouse in other publications or through individually generated bibliographies.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

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

Attention, Perception, and Cognition


Paranoid schizophrenics, nonparanoid schizophrenics, and normal control subjects were tested on two backward masking methodologies to assess their speed of perceptual processing. No significant differences among the three groups were found in their performance on either of the two tasks. When the subjects were separated into extreme paranoid and nonparanoid groups, the nonparanoid schizophrenic group processed information more slowly. These data failed to replicate earlier findings that schizophrenics tend to process information more slowly than normal controls. It remains unclear as to whether paranoid schizophrenics differ from comparable normal controls in information processing ability. —Journal abstract, modified.
Schizophrenic dysfunction in basic verbal processing stages was investigated, using techniques developed in experimental psychology to study normal information processing. A multiple-choice recognition test was used to probe paranoid and undifferentiated schizophrenics’ ability to use contextual constraints selectively with respect to primary and secondary attributes of words. The effects of semantic and irrelevant distractors, imagery, concreteness, affectivity, and input and output cues on the efficiency of recognition memory in schizophrenic subjects were assessed. The performance of undifferentiated, reactive schizophrenic subjects (UR) was found to differ from both normal and other schizophrenic groups in that: 1) UR subjects were relatively insensitive to high versus low salience differences; 2) UR subjects showed an advantage for low over high concreteness and imagery for correct responses in the partially cued or noncued conditions; and 3) the UR subjects seemed uninfluenced by high affect. Performance of paranoid schizophrenics closely paralleled that of normal subjects. It is concluded that schizophrenics suffer from a functional encoding dysfunction, which manifests itself differently in each of the schizophrenic subtypes.—Journal abstract, modified.

The effects of foreperiod duration (FP) on time estimation and reaction time were compared. There was no difference between schizophrenics and nonschizophrenics with respect to the effect of FP, or with respect to the effect of change in FP. Prior information about FP invalidated these two effects on schizophrenics’ time estimation and had a detrimental effect on their reaction time. Alcoholics’ time estimation and reaction time were affected little by such prior information. Suppression of preparation by expectancy is shown to be a possible characteristic of schizophrenia. (10 references)—Author abstract.

The dichotomy between paranoid and nonparanoid schizophrenia was studied in terms of difference in direction of underlying informational processes. The effect on reaction time (RT) of prior information concerning the imperative stimulus was tested among 20 chronic undifferentiated schizophrenics and 20 paranoid schizophrenics. In three separate experiments, the RT of the chronic undifferentiated schizophrenics increased, and RT time of the paranoid schizophrenics decreased, when prior event information was provided. It is concluded that paranoid vs. nonparanoid symptomatology is based on two elementary processes which are dichotomous and characteristically different from each other. (11 refer-
A group of 10 nonproductive schizophrenics—i.e., not experiencing hallucinations, delusions, or mood swings—was compared with a group of 10 nonpsychotic alcoholics, matched on visual acuity and reading level, in a primed-word identification task. Subsets of three target words were projected onto a series of screens constructed in such a way that an increasing random proportion of the words' features were made visible. The prime was the category to which the target words belonged; the target words represented one of four levels of goodness of membership in the primed category. On the whole, identification thresholds in the two groups were not significantly different. However, although the alcoholics' thresholds increased rapidly as goodness of membership decreased, this trend was not significant in the schizophrenic group. When the target words were poor members of the primed category, the schizophrenics' thresholds were significantly lower than the alcoholics'. Such results are consistent with Feigenberg's characterization of schizophrenia as a disturbance in the process of probabilistic perception. (23 references)—Author abstract.


The effects of distraction on the vigilance performance of paranoid and nonparanoid schizophrenic subjects were investigated, and two theories of attentional deficits in schizophrenia were evaluated. Sixty hospitalized schizophrenics—30 paranoid schizophrenics and 30 nonparanoid schizophrenics—participated in a 30-minute vigilance task, which was analyzed in six 5-minute blocks. Paranoid and nonparanoid schizophrenics did not differ on ability to perform during distraction; however, the groups did differ on attentional ability regardless of distraction. Implications for the theories of Silverman and Broadbent are discussed.—Journal abstract, modified.


The influence of distraction on cognitive performance was explored with eight schizophrenics, eight manics, eight depressives, and eight normal subjects. Subjects were asked to shadow short stories in both the presence and absence of a competing message and then answer questions about the content of the shadowed message. The shadowing performance of all three patient groups was equivalent to that of normal subjects and was not affected by distraction. Shadowing errors of commission showed that schizophrenics utilized semantic and syntactic information to anticipate words in the relevant message, but the schizophrenics also inserted more semantically irrelevant words than any of the other three groups. Distraction did interfere with the schizophrenics' ability to recall the content of relevant passages, but not with the performance of the other three groups. These data indicate that distraction may have a specific rather than general influence on controlled information processing or that distraction may reduce schizophrenics' overall capacity to handle information in short-term memory. The analysis of shadowing errors suggests that performance on such laboratory tasks may be closely related to the verbal communication problems encountered by many schizophrenic patients, but it also indicates that these symptoms may not be a simple function of selective attention difficulties. (30 references)

4436. Poole, A. D. (Department of Psychiatry and Behavioral Science, University of Western Australia, Nedlands, Western Australia 6009, Australia) The Grid Test of Schizophrenic Thought Disorder and psychiatric symptomatology. British Journal of Medical Psychology, 52(2): 183–186, 1979.

The relationship between the Grid Test of Schizophrenic Thought Disorder and various aspects of patient symptomatology and prog-
A hypothesis was investigated as to whether a nonschizophrenic psychotic group, such as depressives, and a schizophrenic subtype show the same inability to benefit from linguistic redundancy. Subjects were 48 inpatients equally divided into paranoid schizophrenics, nonparanoid schizophrenics, depressives, and nonpsychiatric medical patients. Each subject listened to and recalled four 25-word passages designed to independently highlight the semantic and syntactic components of linguistic redundancy. The results suggest that, when methodological improvements are made, no significant differences in performance on a redundancy task appeared, even between schizophrenics and nonpsychiatric patients. These findings indicate that the present redundancy task is not an effective means of diagnostic discrimination.—Journal abstract, modified.

The linguistic performances of normal, process and reactive schizophrenic, and aphasic subjects were compared. To determine whether the subjects could be differentiated on their ability to apply linguistic rules, a word-ordering task was administered to 40 subjects. The results demonstrated that aphasic subjects could be differentiated from schizophrenics and normals by the task completion time and the number and type of errors. Process and reactive schizophrenics were not differentiated by the task. The performance of the schizophrenics was indistinguishable from that of the normal subjects on all but one measure. The schizophrenics differed from the normals in the number of errors in rearranging sentences involving both direct and indirect objects. (37 references)—Author abstract, modified.

The response times of 20 process schizophrenics—10 paranoid and 10 nonparanoid—and 20 nonhospitalized controls were compared on a hybrid visual and memory search task. Subjects searched displays of up to 15 letters, reporting whether or not displays contained a target, which was drawn from a memorized set of one, three, or six letters. Response times of all groups increased linearly with the product of the number of the memorized target set and the number of displayed letters. Although the intercepts and response times of the schizophrenics exceeded those of controls, no group differences were found in slopes or in rates of increase in response time as a function of the number of memorized or displayed items. Results are interpreted in terms of a model proposed by Schneider and Shiffrin, which states that process schizophrenics are retarded in processes associated with response production, but not in a variety of processing stages involved in the comparison of displayed and memorized information. (10 references.)—Author abstract.

Chapman's matched associative distractor test was used to determine whether an associative dys-
function is unique to the schizophrenias. Schizophrenic and control subjects were administered two matched multiple choice subtests, with only one containing an incorrect alternative choice. Only the schizophrenics and the institutionalized elderly made significantly more errors on the associative subtest than on the nonassociative subtest. The results indicate the vulnerability to associative distractors is not a unique pathological response pattern of schizophrenia, and adds support to the knowledge that many of the pathognomonic dysfunctions associated with schizophrenia are also found in other groups. (32 references)—Author abstract.


The performance of 105 schizophrenic patients was tested in 22 cognitive, psychomotor, and general ability tests and compared with that of a normal control group. In most tests, the schizophrenic patients were inferior in verbal and nonverbal intelligence, manual dexterity and speed, reaction time, concentration, coordination, and susceptibility to interference. Test performances correlated positively with previous school and job training and with the father’s professional position. There was a negative correlation with the duration of present and past hospitalizations and the ratings of ward behavior, and with neuroleptic sedation. Enhanced interindividual variability of performance was largely clarified via subclassification of the patients by cluster analysis using their test profiles as a basis. The results are discussed in terms of motivation and rehabilitative consequences and the effects of the interactions between the patient and the hospital. (32 references)—Journal abstract, modified.

4442. Schneider, P.A. (Rutgers University, 92 New Street, 
Newark, NJ 07102) Schizophrenic listener performance in a referent communication task. Dissertation Abstracts International, 

Two models of the process in which listeners might choose which stimulus object is a speaker’s referent were examined using schizophrenics and normals as subjects. The suspended judgment model—e.g., in which subjects choose rationally among all alternatives—was consistent with normals’ choice latencies when the perceptual problems were minimal. However, under perceptually demanding conditions, the normal’s choice latencies were a linear function of the associative strength of the color pair as possible referents of the descriptor. In the impulsive judgment model—e.g., in which subjects select the first alternative which seems applicable—schizophrenics’ shortest latencies were in the minimal perceptual problems condition and their longest in the high. Schizophrenics also made faster choices than normals in all conditions. It is suggested that this relative speed is an expression of a tendency to escape from aversive situations.—Journal abstract, modified.

4443. Schubert, D.L. (California School of Professional Psychology, San Diego, CA 92138) Information processing deficit in affective disorder. Dissertation Abstracts International, 

In an investigation of an affective disorder deficit in the early stages of information processing, backward masking functions were compared for three psychotic groups—eight schizoaffective, eight manics, and eight major depressives—and two matched control groups—eight minor depressives and eight hospital personnel. In a forced-choice letter recognition procedure, critical stimulus duration was assessed, and criterion accuracy was determined for 4-msec and 6-msec test stimulus durations when followed by blank and pattern-masking stimuli. Results indicated that the three psychotic groups required significantly longer stimulus duration, as well as significantly longer masking intervals for criterion accuracy than the control groups. Results are interpreted as indicating that the central processing deficit documented in schizophrenia also occurs in the affective disorders.—Journal abstract, modified.

4444. Shanker, P. (Department of Psychology, 515 Portage Avenue, 
Winnipeg, R3B 2E9, Canada) Perception of the upright in normal and schizophrenic subjects. Perceptual and Motor Skills, 
The perception of the upright was examined in 24 normal and 24 schizophrenic subjects. A large angle of frame tilt with movement of a rod in the clockwise direction in a darkened room was used. The results showed a small error with a clockwise movement of the rod, when the frame also was tilted clockwise, and no difference in perception of the upright between the normal and schizophrenic subjects. (5 references)—Author abstract, modified.


Attentional deficits in acute schizophrenic and normal subjects were investigated as a function of stimulus interference, response interference, and field articulation. An experimental task was developed which systematically manipulated stimulus interference by varying the number of distractors present in the visual field from which one relevant stimulus had to be located. Response level interference was manipulated by presenting two classes of relevant stimuli—nonsense syllables and color words. Results demonstrate significant delay for the schizophrenic group in comparison to the control subjects in the presence of both stimulus interference and response interference. In addition, field articulation was found to be significantly related to stimulus interference, but unrelated to response level interference.—Journal abstract, modified.


The independence of two measures of information processing difficulties in process schizophrenics—the reaction time (RT) measures of latency and redundancy-associated deficit—was investigated. Training exercises were used to improve the speed of RT of schizophrenics, and they were successful in reducing latency over the course of training and from pretraining to posttraining assessment. Redundancy-associated deficit did not change from preassessment to postassessment. Intercorrelations of the two indexes showed that these measures were independent, at least within the process end of the schizophrenic spectrum. Both measures correlated with different types of subject factors. Latency measures correlated with those of chronicity, while the redundancy-deficit measure correlated with prognosis. These findings help to clarify the utility of various RT indexes as markers of various aspects of schizophrenic pathology. (33 references)—Author abstract, modified.


To investigate the nature of sensory, verbal, and symbolic learning in schizophrenia, conditioning and verbal learning were measured in a group of 30 chronic schizophrenics, 15 anxiety neurotics, and 50 normal subjects. All three groups were similar in their age and educational level. Classical aversive conditioning and verbal learning consisting of three lists of paired-associate nonsense syllables and words of various degrees of difficulty and verbal concept learning tasks were used to investigate sensory and symbolic learning. In all of the tasks there was a significant difference between schizophrenics and normals, and schizophrenics and neurotics, but no significant difference between normals and neurotics. Schizophrenics took more trials to learn than normals and neurotics. (19 references)—Author abstract, modified.


Time estimation among schizophrenics was examined using several methods of time estimation within the same study and maintaining a consistent definition of overestimation and underestimation across tasks. Twenty-six schizophrenic and 26 control subjects were given three types of time estimation tasks—longer interval estimation, verbal estimation, and operative estimation. Schizophrenic subjects were sig-
The effects of phencyclidine (PCP) and ketamine on rat skeletal muscle acetylcholinesterase (AChE) activity and the effects of PCP on AChE activity of skeletal muscle from schizophrenic and normal subjects were studied. Both drugs weakly inhibited rat skeletal muscle AChE activity and human muscle AChE activity in vitro. In vivo, both drugs stimulated rat skeletal muscle AChE activity, but no effect was observed on rat brain AChE activity. When combined with restraints for 30 minutes following PCP and ketamine, the stimulation of AChE activity was greater than that produced by drug alone or restraint alone. No difference in the ability of PCP to inhibit AChE activity of skeletal muscle from schizophrenic patients compared to normal controls was noted. (25 references)—Author abstract, modified.


Skin conductance reactivity (SCR) to stimuli was compared in schizophrenics, normals, and alcoholics. Trials began with a 5-second slide presenting four different words and ended 15 seconds later with a recorded auditory presentation of one of these words. For half of each sample, stimuli were made significant by requiring subjects to retain the visually given words so that, on hearing the subsequent spoken word, they could immediately repeat one of the words in the last seen slide other than that just heard (report condition). The remaining subjects only had to sit still and do nothing (simple condition). As predicted, schizophrenics showed smaller, faster habituating SCRs than controls only in the simple condition, and resembled controls when the same stimuli were made significant in the report condition. In all groups, introducing explicit significance markedly increased SCR amplitude, slowed habituation, and heightened spontaneous fluctuation frequency to both visual and auditory stimuli, but did so most markedly to the auditory signals that were closer in time to the significance creating report. (18 references)—Author abstract, modified.


A specific and sensitive gas chromatographic technique, using a common extraction procedure, for the determination of amitriptyline, endogenous nortriptyline, and perphenazine in plasma of schizophrenics receiving both drugs is described. Lower limits of detection are 20 ng/ml, 1 ng/ml, and 5 ng/ml for amitriptyline, nortriptyline, and perphenazine, respectively. Amitriptyline was estimated with a flame ionization detector. Nortriptyline and perphenazine were quantitated using an electron capture detector. In individual patients, steady state plasma levels ranged from 44 to 215 ng/ml for amitriptyline, 49 to 270 ng/ml for nortriptyline, and less than 5 to 20 ng/ml for perphenazine. Steady-state plasma level data for 23 patients on a combined drug regimen are presented. (21 references)—Author abstract, modified.

4452. Cox, S.M., and Ludwig, A.M. (Department of Psychiatry, University of Kentucky College of Medicine, Lexington, KY 40506) Neurological soft signs and psychopathology: I. Findings in schizophrenia. Journal of Nervous

Systematic, standardized evaluations for neurological soft signs were conducted on five psychiatric populations and a control group of medical inpatients. Soft signs were grouped according to their probable clinical association with cortical lobe dysfunction. Preliminary results indicate that schizophrenics, compared to other groups, show significant increased presence of soft signs presumably related to frontal and parietal lobe dysfunction. (14 references)—Author abstract.


A study of cerebrospinal fluid (CSF) β-endorphin in five acute paranoid schizophrenic inpatients is reported. An additional seven chronic schizophrenics in a predominantly defective residual state and receiving neuroleptics and 10 controls with neurological symptoms were also evaluated. Results indicate that acute schizophrenics presented with immunoreactive CSF β-endorphin concentrations about 10 times higher than those of controls. In contrast, β-endorphin levels in chronic schizophrenics are about 50 percent of normal. Data are compatible with the view that altered endorphin homestasis does play a role in acute as well as in chronic schizophrenic states. It is concluded that analysis of CSF β-endorphin may prove helpful clinically in differential diagnosis. (9 references)


Monoamine oxidase (MAO) activity was examined in brains of 25 psychotic patients, 12 of whom fulfilled the criteria of Bleuler for schizophrenia and four of whom were classified as cycloid psychotics. No differences between controls and schizophrenics were found. The cycloid psychotics, however, had lower activities of MAO in most parts of the brain. MAO activity was also examined in platelets in schizophrenics (n = 14), hospitalized controls (n = 14), and healthy volunteers (n = 14). No significant differences were found between these groups; nei-
ther were any differences found in platelet MAO activity between alcoholic schizophrenics (n = 11) and healthy volunteers (n = 11). When platelet MAO activity in cycloid psychotics (n = 20) was compared to that in patients with unipolar affective disease, the cycloid psychotics were found to have significantly lower activities. It is suggested that differences in the classification of this disease may explain the inconsistent findings in regard to platelet MAO activity in schizophrenics. (44 references)—Author abstract, modified.


Habituation of the orienting response was used to investigate the possible failure of a notional sensory filter in schizophrenia. Nonparanoid schizophrenics failed to habituate, but paranoid habituated normally. Paranoïds, however, showed a different impairment: They responded to a dishabituating tone as if the novel stimulus was somewhat familiar. The failure of habituation in nonparanoids could not be explained as arousal when the index was the rate of skin conductance fluctuation. Neurotic controls showed considerably higher levels than either group of schizophrenics. It is suggested that nonparanoid schizophrenics had lost the normal inverse relationship between habituation and level of arousal as manifested in the rate of spontaneous skin conductance fluctuation. (21 references)—Author abstract.


The effects of tetrahydro-β-carbolines (THBCs) and some other β-carbolines were studied on the stereotypies caused by apomorphine (APO) and phenylethylamine (PEA) in rats. These effects of dopaminergic drugs like apomorphine as well as of PEA have sometimes been used as animal models of paranoid schizophrenia. Dose effect relationships were studied from the most potent substances. All β-carbolines studied significantly inhibited APO stereotypy. The most effective was 6-methoxyharmalan, followed by β-carboline (BC), tetrahydro-β-carboline (THBC), 1-methyl-THBC, y-methoxy-THBC, and 6-hydroxy-THBC. Also, 6-methoxyharmalan, 6-hydroxy-THBC, and BC also inhibited PEA stereotypy. Results indicate that the mode of PEA and APO stereotypies seems to differ, and β-carbolines seem to influence these stereotypies by more than one mechanism. If the dopamine hypothesis is valid, the β-carbolines formed in humans may protect rather than be detrimental in paranoid psychoses. (36 references)—Author abstract, modified.

4460. Miller, R.J. (Department of Pharmacological and Physiological Sciences at the University of Chicago, Chicago, IL 60637) From analgesia to schizophrenia: The potential of endorphins. Behavioural Medicine, 6(5):30-33, 1979.

The discovery in the nervous system of morphine-like peptides and their receptors and the pharmacological activities of these substances are discussed. Two major discoveries are discussed: the confirmation of the existence of opiate
A new fluorimetric method was used to measure fluphenazine plasma levels in eight schizophrenic patients, and 14 days after depot intramuscular injection of fluphenazine decanoate. Results indicated slow and variable release of fluphenazine from the depot site. Patients showed plasma drug peaks as early as 3 days or as late as 11 days after injection. No relationships between plasma levels of homovanillic acid and fluphenazine were observed. —Author abstract, modified.


Serum and cerebrospinal fluid specimens from 16 schizophrenic patients and 18 nonpsychiatric controls were tested by radioimmunoassay for immunoglobulin G antibody of capsid, envelope, and excreted antigens of herpes simplex type 1 virus. There were no significant differences in the antibody levels between the schizophrenic patients and the controls. The etiological role of viruses and virus-like agents in schizophrenia is discussed. It is suggested that the present evidence provides no support for the proposed role of viral agents in the etiology of schizophrenia. Methodological aspects of the problem are examined. (21 references)—Author abstract, modified.

4464. Rinieris, P.; Christodoulou, G.N.; Souvatzoglou, A.; Koutras, D.A.; and Stefanis, C. (Department of Psychiatry, Athens University Medical School, Eginotion Hospital, 74 Vas. Sophias Avenue, Athens 611, Greece) Free-thyroxine index in schizophrenic patients before and after neuroleptic treatment. Neuropsychobiology, 6(1):29-33, 1980.

The mean values of serum thyroxine (T₄) in vitro radioactive triiodothyronine uptake and free thyroxine index (FTI) in 41 drug-free schizophrenic patients were determined. The values did not differ significantly from those of euthyroid controls. Following 6 weeks of treatment of 24 schizophrenics with chlorpromazine, trifluoperazine, or clozapine, a significant decrease in serum T₄ and FTI was noted after chlorpromazine and clozapine, whereas after trifluoperazine only serum T₄ decreased, but not FTI. The questions arising from these findings are discussed, and the need for a future investigation of serum triiodothyronine and serum thyroid stimulating hormone in schizophrenic patients before and after neuroleptic treatment is stressed. (21 references)—Author abstract, modified.

4465. Rist, F., and Cohen, R. (No address given) Paradoxical re-

To examine paradoxical response reduction and flattening of affect in schizophrenia, heart rate (HR) and skin conductance (SC) were measured in chronic schizophrenic patients, alcoholic patients, and normal controls during a task that used verbal material of different affective connotation. Subjects were presented with pairs of words for 7 seconds (presentation phase). In the following 7-second interval (processing phase), subjects either had to choose one of these words on the basis of a clue word that had been provided, or to produce a clue word that matched a designated word of the pair. Results showed that schizophrenics responded to the affective significance of the stimuli, and responded equally to the two levels of task demand. Both comparison groups were more responsive when they had to produce the clue word. Results suggest that schizophrenics respond to affective challenge even when they are unresponsive to cognitive challenge.

Ratings on the Brief Psychiatric Rating Scale of Overall and Gorham were obtained for schizophrenic patients. Principal components analysis yielded two factors which corresponded to cognitive disturbance and flattening of affect. It was shown that inhibitory processes were involved in flattening of affect.—Author abstract, modified.


Results obtained by analyzing measures of the stability of auditory evoked potentials (AEPs) and somatosensory evoked potentials (SEPs) to determine the extent to which the visual evoked potential (VEP) evidence of left hemisphere involvement in schizophrenia may generalize to other sensory modalities are reported. Main findings were: (1) Overtly psychotic schizophrenics exhibit lower than normal stability in left hemisphere AEPs; (2) both overtly psychotic and latent schizophrenics show lower than normal waveform stability, bilaterally, in the later epoch of AEPs; (3) a subgroup of overt schizophrenics other than chronic paranoid or chronic undifferentiated had lower than normal stability in SEPs evoked by right median nerve stimuli and recorded from the right ipsilateral hemisphere. It is concluded that only the AEP results augment the previous VEP evidence indicating left hemisphere involvement in schizophrenia.—Author abstract, modified.

4468. Thimmappa, M.S. (Department of Psychology, Bangalore University, Bangalore 560056, India) Level of arousal in psychiatric patients (an experimental study with schizophrenics). Indian Journal of Clinical Psychology, 6(1):1–6, 1979.

Levels of autonomic arousal and cortical arousal were measured in a group of 50 chronic schizophrenics, 15 anxiety neurotics, and 50 normal subjects by means of the GSR skin resistance and spiral aftereffect tests. Lowered autonomic responsiveness to stimulation and increased cortical arousal were found in both schizophrenics and neurotics. It is suggested that the heightened arousal of chronic schizophrenics is due to the lack of discharge of internal excitations and subsequent withdrawal. (9 references)—Author abstract, modified.
Radioimmunoassay techniques were used to study the steroid hormones dehydroepiandrosterone (DHEA), cortisol, testosterone, and androstenedione in schizophrenic and control subjects. Observations were made at four different times during the day. Cortisol, testosterone, and androstenedione demonstrated no significant differences between the two subject groups. DHEA was significantly below normal in the morning for the schizophrenic group, but within the range of the controls for subsequent determinations during the day. Control subjects showed a similar circadian secretion pattern for both DHEA and cortisol. It is reported that schizophrenics show almost the same circadian secretion patterns for cortisol as do the controls. (22 references)—Author abstract.

To determine whether there are common viruses in the cerebrospinal fluid (CSF) of acute schizophrenic patients, both schizophrenics and patients with a variety of other conditions were studied. Throat swabs, feces, paired sera, and CSF samples were collected from schizophrenic patients. From the other patients, only CSF was obtained. Results show that CSF from 13 of 18 schizophrenic patients has a cytopathic effect in cultures of MRC5 cells. The cytopathic agent passes a 100 nm, but not a 50 nm filter, and is unaffected by heat at 56°C for 30 minutes, treatment with chloroform, or the presence of cultures in bromodeoxyuridine. The agent cannot be propagated serially, but its properties are those of a virus. A similar cytopathic effect was induced by CSF from 8 of 11 patients with serious or chronic nervous system disease, but only 1 of 25 patients with surgical or general conditions. (12 references)—Author abstract, modified.

A study finding that chronic schizophrenic patients evaluated by computerized tomography (CT) had abnormalities of cerebral morphology is reported. Among the 60 chronic schizophrenic patients studied, a subgroup of 10 with possible lesions of the cerebellum was revealed. Research indicates that the cerebellar vermis is linked anatomically and functionally to areas of the limbic system that have been implicated in schizophrenia. It is concluded that researchers looking at CT scans of schizophrenic patients should check for cerebellar, especially vermian, atrophy and that postmortem studies are also needed. (10 references)

Cross-Cultural Studies

The diagnostic concepts and practices used by French and American psychiatrists in the diagnosis of schizophrenia and depressive disorders were investigated. Results confirm the fact that American diagnostic practices give a much broader definition to schizophrenia than do French and British practices. In contrast to a previous United States/United Kingdom study, the data of the American/French study clearly do not suggest that the American psychiatrists are diagnosing schizophrenia more frequently than affective disorder. The French diagnostic concepts of chronic hallucinatory psychosis and bouffée delirante are identified as the primary bases for more frequent use of the diagnosis of schizophrenia by American psychiatrists, even though they do not account for all of the differences. (12 references)

Description

To determine whether there are common viruses in the cerebrospinal fluid (CSF) of acute schizophrenic patients, both schizophrenics and patients with a variety of other conditions were studied. Throat swabs, feces, paired sera, and CSF samples were collected from schizophrenic patients. From the other patients, only CSF was obtained. Results show that CSF from 13 of 18 schizophrenic patients has a cytopathic effect in cultures of MRC5 cells. The cytopathic agent passes a 100 nm, but not a 50 nm filter, and is unaffected by heat at 56°C for 30 minutes, treatment with chloroform, or the presence of cultures in bromodeoxyuridine. The agent cannot be propagated serially, but its properties are those of a virus. A similar cytopathic effect was induced by CSF from 8 of 11 patients with serious or chronic nervous system disease, but only 1 of 25 patients with surgical or general conditions. (12 references)—Author abstract, modified.
A review of schizophrenia and sexuality is presented and documented with 12 unusual cases. It is suggested that disordered sexual behavior is common in schizophrenia. Although some of this may be secondary to disturbances of thought and perception, the relationship seems far from absolute. The disturbances of subjective experience as well as those in overt sexual behavior may both come from a single cause—the breakdown of higher inhibitory functions that permit primitive sexuality to emerge, rather than one being the cause of the other. A greater knowledge of the sexual symptoms of schizophrenia may be utilized to sharpen diagnostic sensitivity to the incipient forms of the disorder; to estimate prognosis in a given case; to consider alternatives in treatment; and, perhaps, to understand more sexual crimes. (139 references)


Verbal samples of 30 schizophrenics were analyzed using the Social Alienation–Personal Disorganization (Schizophrenic) Scale developed by Gottschalk and Gleser. The psychopathological status of all patients had been assessed in a semistandardized interview. A relatively close relationship was found between productive or plus symptoms and syndromes of psychosis and the scores on the content analytic scale. However, no significant relationship existed with the minus symptomatology and no relationship with the residual syndrome and the neurotic syndromes. It is suggested that the Schizophrenic Scale may allow a sufficiently reliable estimate of the degree of psychosis. There was no significant effect attributable to sociodemographic factors and to the course of illness, disregarding the duration of the present hospitalization. (25 references)—Author abstract.


The impact of institutionalization on the posture of chronic, undifferentiated schizophrenic patients was examined by dividing a sample of patients into a group of subjects who had been continuously institutionalized and a group who had been intermittently institutionalized. Patients who had been hospitalized for a longer, continuous period had significantly poorer posture than those who were institutionalized for a similar but intermittent period of time. It is suggested that poor posture seems to be a nosocomial condition arising from institutionalization, rather than arising from the illness the patient brings into the hospital. However, therapists need to examine possible types of therapeutic intervention with schizophrenic clients before selecting a sensory integration approach or one based on environmental considerations. (26 references)—Author abstract, modified.


Birth order and sibling relationship data from 150 schizophrenic patients were compared with data from a nonschizophrenic, psychiatric patient control group. No significant difference was found in birth order. Among males, 35.7 percent of alcoholics and 24.5 percent of schizophrenics were firstborns; among females, 17.2 percent of neurotics and 8.6 percent of schizophrenics were first-borns. A significant effect for sex of the preceding sibling was found. For schizophrenics, the sibling preceding the patient was of the opposite sex for 68 percent and 71 percent of male and female patients, respectively. The converse pattern was observed among the control subjects. The etiological significance of this finding is discussed. (17 references)—Journal abstract, modified.


The history and future of schizophrenia are discussed. It is con-
tended that it is essential to identify the assumptions underlying any conceptualization of the schizophrenic syndrome before proceeding to develop diagnostic criteria. Various goals and methods of treatment are discussed. It is concluded that schizophrenias be thought of as biological disorders having both genetic and environmental components in their origin. (17 references)


The likelihood that amount of vocal activity reflects degree of psychopathology and change with treatment in psychiatric patients was investigated by analyzing the chronographic speech patterns in five acute schizophrenics. After interviews, the Brief Psychiatric Rating Scale was used to rate the extent of the patient's pathology. In addition, the patient and interviewer separately completed a questionnaire to elicit their perceptions of the interview. Relative amounts of patient vocal activity were negatively related to interviewer ratings of general level of psychopathology and to several aspects of perceptions of the interview. The number of interviews per patient, however, was too few to permit evaluation of treatment effects. (16 references)—Author abstract, modified.


The autobiography of Paul Schreber (1903), which describes the paranoid schizophrenia from which Schreber suffered, is reviewed, and the manifestations of psychotic regression noted by Schreber are discussed. It is suggested that the regression that takes place in Schreber is a regression into the infantile clinging/ongoing in search state. In terms of the ego, it is a regression to primitive perceptions; in terms of the superego, it is a regression to childhood emotions elicited by a forceful teacher/father image. Schreber's enthusiasm for music is interpreted as a force driving the sexual instincts towards regression. (30 references)—Author abstract, modified.


The Bem Sex-Role Inventory, the Role Preference Test, the Embedded Figures Test (EFT), and the MMPI were given to 22 recently admitted individuals with affective disorders, 23 recently admitted schizophrenics, 21 long-term schizophrenics, and 21 noninstitutionalized controls in a study of gender identity. All groups demonstrated intact gender identity and gender role adoption as measured by the EFT and the MMPI masculinity and femininity scales, respectively. The two schizophrenic groups, in contrast with the two control groups, demonstrated a confused gender role adoption, as measured by the Bem Sex-Role Inventory; and they tended to choose more opposite-sex roles on the Role Preference Test. Length of hospitalization correlated with Role Preference Test scores, but only for females. Multiple administration of the Bem inventory revealed that all groups were aware of differences in gender roles; all groups noted that their parents would have been more pleased had they adopted sex-appropriate gender roles. Noninstitutionalized controls and recently admitted schizophrenics believed the ideal patient was significantly more feminine than masculine; long-term schizophrenics and those with affective disorders possessed a knowledge more typical of females than of males. (9 references)—Author abstract, modified.


The effects of involvement in a work activity program on the self-esteem and selected personal and social behaviors of 25 chronic schizophrenic ex-patients residing in a large board and care home in Southern California were investigated. The 25 experimental subjects were matched with 25 control subjects living in the same facility on diagnosis of chronic schizo-
phrenia, intelligence, years of education, and age. Subjects were tested individually on the Tennessee Self Concept Scale (TSCS), the vocabulary subtest of the Wechsler Adult Intelligence Scale (WAIS), and their progress toward rehabilitation using the Staff Evaluation Scale. Ten weeks later all subjects were retested on the TSCS and the Staff Evaluation Scale. Subjects who participated in the work experience were found to increase their levels of self-esteem significantly over the 10-week period, while control subjects did not. Number of deviant signs subscale of the TSCS was found to discriminate the experimental group from the control group on both pretest and posttest administrations. In addition, the experimental group was found to have significantly decreased their scores on this subscale over the 10-week program period. —Journal abstract, modified.


Two case reports of murders involving men who were later found not guilty by reason of insanity are presented. Both men suffered from paranoid delusions. The ways in which paranoid states can result in violence are illustrated. One case shows a more classical pattern of paranoia associated with immigration, symptomatic use of alcohol, homosexual fears, and schizophrenic thought disorder, while the other case did not involve alcoholism or schizophrenia. The role of forensic psychiatrists in such cases and the dilemmas they face in determining criminal intent are examined. (9 references)


Brief analytic psychotherapy with a 22-year-old schizophrenic who was treated twice weekly for 10 months and then followed up for 2 years is described. During therapy, reintegration occurred in the patient's affective and cognitive processes. Despite his subjective experience of loss of the capacity for thought and for verbal and nonverbal communication, he had an unusual ability for conveying the stages by which he moved from total confusion and thought disorder to normal intellectual functioning, and for understanding the connections between his various experiences. Four phases of therapy are defined: a phase of disintegration and undifferentiation lasting 6 weeks, a phase of depression lasting 5 weeks, a phase of multiple feelings lasting 14 weeks, and a phase of self-sustained development, starting in the 25th week and continuing beyond the end of therapy. The patient identified two major types of divisions between thinking, feeling, and acting parts of himself and between masculine and feminine parts. Insight into these divisions helped him to understand disorders in his perception of time, and in thinking, remembering, and using words and other symbols. (15 references) —Author abstract, modified.


Four measures currently used to assess pathological deficit in the ability to experience pleasure were compared using 56 schizophrenic inpatients as subjects. The Watson Anhedonia Interview scale was found to be less reliable than the others, but was correlated as often with measures of pleasure seeking as they were after correction for attenuation. The Chapman, Chapman, and Raullin Social and Physical Anhedonia scales demonstrated superior reliability and more correlations with pleasure-seeking ratings than the other scales. However, their relatively modest relationships with measures of psychopathology suggested that the pleasure deficits they measure best may not be as characteristic of psychiatric conditions as that reflected by the Anhedonia Interview. It is reported that the Zuckerman General Sensation Seeking scale showed less reliability than the Chapman scales and fewer correlations with both pleasure seeking and psychopathology than the others. (14 references) —Author abstract, modified.

Diagnosis

4485. Chelune, G.J.; Heaton, R.K.; Lehman, R.A.W.; and
Results of a validity study of Schneider first rank symptoms for schizophrenia among Iranians are briefly reviewed. The findings indicate that the Schneider diagnostic procedure is valid, but that the symptoms are not pathognomic, as they are seen with considerable frequency in other mentally ill persons. The test can best be used to confirm the diagnosis of schizophrenia. (6 references)


Difficulties of diagnosing schizophrenia in its initial stage, when it is accompanied by neurotic disorders, are discussed. The problem is particularly important because early biological treatment of schizophrenia is reportedly giving good results, and the rate of full remission in cases of patients treated in the first year of illness is twice as high as that in patients who received no treatment. However, diagnosis is difficult when the onset of schizophrenia is concealed by characterological changes (particularly during puberty), by anomalies of sexual impulse, or by a neurotic disorder. (51 references)


A comment is presented on the work by Farley (1978) on the norepinephrine patterns in four patients diagnosed as paranoid schizophrenics. It is suggested that this work was a clinical anachronism. Diagnosis made by Bleuler’s criteria was without a statement of reliability or validity. Without use of one of several sets of modern research criteria, the findings are a non sequitur of hard data. (2 references)

Genetics


A series of articles on genetic research in schizophrenia, which were printed in the January 1979 issue of Psychiatric Annals, are reviewed. The history of the conceptualization of schizophrenia as a specific disorder, or group of disorders, is reviewed. A syndrome conceptualization of the schizophrenias is indicated as the best means of dealing with the absence of independently valid criteria for diagnosis. The problems of diagnosis are secondary to those of etiology. It is known that both genetic and environmental factors operate in the etiology of the disorder. Although research has revealed some of the necessary conditions for the emergence of the syndrome, those conditions sufficient to guarantee its emergence have not been identified. It is concluded that the treatment of schizophrenia is empiric—the treatment that works in one person will be harmful in a second and have no effect in a third. (10 references)
Recent research on the etiology of schizophrenia is reviewed. The findings of Danish studies of the incidence of schizophrenia among children of schizophrenics who had been adopted by normal parents are discussed. A series of tenets, drawn from the various findings of research projects, are presented to aid in the understanding and interpretation of the diverse, and sometimes unreplicated, etiological evidence. These tenets include: no environmental causes have been found which will produce schizophrenia in persons unrelated to a person with schizophrenia; schizophrenia occurs in both industrialized and undeveloped countries; there is a marked social class gradient in the prevalence of schizophrenia within large urban communities; the risk of schizophrenia to relatives of index cases increases markedly with degree of genetic relatedness; children of schizophrenics adopted at an early age develop schizophrenia at rates almost as high as those children raised by their affected parents; children of normal parents who are adopted into homes where a parental figure becomes schizophrenic do not show an increased rate of schizophrenia; and the risk to relatives of schizophrenics varies with the severity of the illness in the proband, the number of relatives already affected, and the status of the other parent. (35 references)

Families of schizoaffective probands were studied in the hope that the diagnosis in the sick first-degree family members would help determine which diagnosis or diagnoses are associated with schizoaffective illness. The 114 probands had 619 relatives, of which 551 were located. Fifty-three families agreed to participate, and of those, 20 families were chosen because each had one or more relatives with a history or presence of affective or psychotic symptoms. Psychiatric symptoms in the relatives are charted, and the course of illness is reported. It is shown that sick first-degree relatives manifest a very similar clinical picture, course, and outcome as the probands. Since the course of illness in both probands and relatives was chronic, psychotic, and deteriorating, the characteristics were of schizophrenia and not of affective disorder. Neither the presence of numerous affective symptoms, nor the family study indicated the presence of schizoaffective psychosis as a diagnostic entity. It is suggested that the term undiagnosed rather than schizoaffective psychosis be used when encountering acute cases of psychotic and affective symptoms. (26 references)—Author abstract, modified.

High-Risk Studies

risk for schizophrenia is described. Two hundred and five children between the ages of 7 and 12 years old were observed for 7 years. Of these children, 67 had one schizophrenic parent, 13 had two schizophrenic parents, 25 had a parent with some psychiatric disorder not related to schizophrenia, and 100 had parents who had never been treated for any psychiatric disorder. Data were gathered through structured interviews, blood samples, the MMPI, the Continuous Performance Test, the Bender Gestalt Test, the Draw a Person Test, the Lincoln Oretsky Test of Motor Impairment, and scaled ratings of videotaped behavior. The study appears to have identified a subgroup of high-risk children who show cognitive (attentional) deficits, some degree of maturational lag on neuropsychological functions, and early behavioral deviations that are sufficiently severe to warrant hospitalization or psychiatric treatment. (19 references)


Health enhancing factors in individuals at high risk for schizophrenia and other psychiatric illnesses are discussed within the context of initial results of a study of high-risk offspring. It is suggested that rather than the traditional pathology oriented psychiatric research preoccupation, research into factors associated with healthy mental functioning of high-risk individuals might prove rewarding. One study of offspring in 145 study families with one parent with a history of psychiatric hospitalization suggests that severely deviant communications of one spouse may be counteracted by an active, nondeviant, presumably corrective spouse. Additional studies related to attempts to shorten hospital stays suggest the importance of adequate family and community support systems. (3 references)—Author abstract, modified.


The relevance for outcome of clinical, social, and psychological variables present at the onset of an acute schizophrenic illness were examined in terms of social functioning and persistent psychotic features at 1 year. Forty-five patients defined by Present State Examination (PSE) criteria were assessed in clinical, cognitive, and social terms before being entered in a 4-week study of the isomers of flupenthixol and placebo. At the end of 1 year, they were reassessed in the same terms. The clinical and psychological features of the acute illness and the drug treatment given did not predict outcome. It is reported that poor outcome in social terms was significantly related to severe social isolation in the initial assessment and to the presence of nuclear symptoms and negative schizophrenic features at followup. (20 references)—Author abstract.


Fifty-one male patients with hospital diagnoses of schizophrenia in the military service were followed up through Veterans Administration hospital records 22 years after their initial service hospitalization in a study of the predictive validity of thought disorder and affectivity. Results reveal that severity of thought disorder did not predict outcome, but measures of affectivity and interpersonal competence did so with high significance. An attempt is made to explain why affectivity has received so little attention in the research literature. It is suggested that recent research diagnostic criteria for schizophrenia are inadequate, because the criteria focus almost exclusively on the less predictive symptoms of disordered thought and exclude assessment of affectivity and interpersonal competence. (33 references)—Author abstract.
The prognostic validity of the Klopfer's Prognostic Rating Scale (PRS), an instrument using responses to Rorschach cards, was assessed with 98 schizophrenic patients. Through the use of a standardized structured interview and a diagnostic system for schizophrenia based on the use of discriminant function analysis with nonpathognomonic symptom combinations, a reliable and valid system was developed to establish the criterion diagnosis. Results confirm the practical utility of the PRS with schizophrenic patients; efficient prediction was obtained when other relevant demographic and nontest variables were controlled. Further, the concept of ego strength from which the PRS was developed does not appear to be too global a characteristic when the area for change is specifically delineated. (86 references)—Author abstract, modified.

Psychological Theory


Schizophrenic fragmentation is considered from a drive/economic and structural point of view, starting from Freud's prestructural conceptions and Jacobson's metapsychological formulations. The central psychological mechanism in the schizophrenic disorder is a drive/energetic decathexis of the basic psychic tissue, or the primal representative matrix, which has far-reaching consequences within the entire psychic organization. It is concluded that its influences naturally also extend to the realm of the more advanced psychic functions and macrostructures and will invalidate in a radical way the person's drive economy. (15 references)—Author abstract, modified.

Psychiatry and the Law


Clinical management of the pregnant psychotic patient is discussed, presenting a case report in which civil commitment of the mother for the duration of pregnancy was used. Commitment was granted to afford protection to the unborn child over the protest of the mother. The court therefore upheld the welfare of the unborn as if it were already a person in being, with rights to protection under the broad principle of parens patriae. (8 references)


The question of what proportion of patients with tardive dyskinesia do not complain about their symptoms was studied, as well as the reasons behind it. Eighteen of a population of 518 outpatients were found to fulfill diagnostic criteria for tardive dyskinesia. None of these patients complained to their therapists of their symptoms, and 5 of them 8 of them were not even aware of them. Of the unaware patients were actively delusional or hallucinating. Since all 18 were chronic schizophrenics on neuroleptics, it is suggested that this group may not report their symptoms. The importance of these findings is emphasized since early diagnosis of tardive dyskinesia allows more chance for satisfactory intervention. (10 references)—Author abstract, modified.


A 12-week controlled study, in which ethopropazine was compared to benztropine in the treatment of parkinsonism induced by fluphenazine enanthate in 60 schizophrenic outpatients, is described. Ethopropazine and benztropine were found to be equally effective in controlling parkinsonian symptoms and were as efficacious as procyclidine, their previous antiparkinsonian drug. However, benztropine-treated patients had a significant increase in tardive dyskinesia compared to
their condition during procyclidine treatment, and significantly more anxiety and depression than ethopropazine-treated patients. This suggests that benztropine is not the anticholinergic drug of choice in the treatment of neuroleptic induced parkinsonian symptoms, because of its more toxic central and peripheral atropinic effect. (13 references)—Author abstract.


The incidence of tardive dyskinesia among 261 schizophrenic outpatients treated with neuroleptics was investigated. A 31 percent incidence was found, and multiple linear logistic regresional analysis revealed a higher incidence among elderly patients, those with longer records of hospitalization, those for whom neuroleptic medication had little therapeutic effect, and those treated with fluphenazine. Patients manifesting tardive dyskinesia had fewer parkinsonian symptoms than those without the disorder, especially when tremors and akathisia were excluded from consideration. Multiple linear regression analysis revealed that brain-damaged patients and male patients were more susceptible to severe forms of the disorder, even though these factors were not implicated in its initial appearance. (16 references)—Author abstract, modified.


The effects of administration and subsequent withdrawal of the central anticholinergic agent procyclidine HCl in extrapyramidal symptoms were examined in 20 schizophrenic patients with significant tardive dyskinesia. Procyclidine had an effect on tardive dyskinesia opposite to that on parkinsonism, improving the latter but exacerbating the dyskinetic movements. Findings are consistent with the dopamine supersensitivity hypothesis of tardive dyskinesia—procyclidine may have exacerbated dyskinetic symptoms by its dopamine reuptake blocking property and/or its central anticholinergic activity. (10 references)


In a 52-week double-blind study, once-weekly doses of penfluridol, a diphenylbutylpiperidine derivative with a half-life of 66 hours, were compared with once-daily doses of chlorpromazine in 56 schizophrenic outpatients receiving maintenance treatment. Both drugs were similarly effective in the control of psychotic symptoms over an extended period of time. While no major side effects occurred with either drug, central nervous system effects were reported by 21 penfluridol and 9 chlorpromazine subjects. Advantages of once-weekly doses are noted. (3 references)—Author abstract, modified.


The effects of rapid treatment of schizophrenia with intramuscular haloperidol on heartrate and blood pressure were investigated in 25 acutely psychotic patients whose mean age was 25 years. During the 6-hour study period, the total dose administered was 22.5 mg—range 10 mg to 40 mg. Analysis of variance indicated that there were no significant reductions in mean values for blood pressure and heartrate—both decreased gradually within the normal range. Only one patient showed a clinically significant decrease in blood pressure, which returned to pretreatment levels approximately 6 hours after initial injection. Results indicate a high degree of cardiovascular safety of intramuscular administration of haloperidol to healthy patients who require moderate treatment doses at 30-minute intervals. Risk may be greater in elderly and/or medically ill patients. (6 references)

4506. Donlon, P.T.; Hopkin, J.; and Tupin, J.P. (Dept. of Psychiatry, University of California,

The literature on the rapid neuroleptization (titration) method with i.m. haloperidol is reviewed, and recommendations are made for further research to establish clearly the effectiveness and safety of this method of neuroleptic administration. Most of the approximately 650 predominately schizophrenic and manic patients represented in the studies calmed down rapidly on medication, and some demonstrated an early reduction in core psychotic symptoms. The medication seems to have been well tolerated in all cases, with no reported major complications. It is concluded that the method shows definite merit with agitated and belligerent patients. (20 references)—Author abstract, modified.


The history of Passage Way, an innovative milieu setting for treating schizophrenia, is presented from the point of view of 17 staff members. At various times and in different degrees, Passage Way has identified itself as a Laingian facility, a community agency, and a provider of traditional intensive psychotherapy of schizophrenia. During its history, Passage Way moved through three eras involving: (1) The charismatic affirmation of natural processes and the merger of personal and interpersonal concerns; (2) conflict over the change of charismatic expectations into status quo expectations, the tyranny of “process,” and the overwhelming of staff’s personal needs by the interpersonal; and (3) resolve, bringing new definitions and balancing of structure and process—personal and interpersonal. Passage Way history replicates change over time in psychotherapy of schizophrenia, milieu treatment, and Laingian facilities.—Journal abstract, modified.


In a summary of a paper presented at the Annual Meeting of the New Clinical Drug Evaluation Units of the National Institute of Mental Health (NIMH), held in Key Biscayne, FL, May 1978, a study of neuroleptic withdrawal dyskinesia is described. Longitudinal observations were made using the Abnormal Involuntary Movement Scale (AIMS) on a cohort of 16 schizophrenic patients in which dyskinetic movements reappeared following abrupt withdrawal of a neuroleptic they had taken for 1 year under controlled conditions. Differential dyskinetic profiles are reported for patients receiving oral fluphenazine and for those receiving fluphenazine decanoate, with a faster and more severe withdrawal dyskinesia being seen in the former group. (9 references)


In a four center collaborative study, extrapyramidal symptoms (EPS) of fluphenazine hydrochloride and fluphenazine decanoate were compared in 290 schizophrenic inpatients. Results failed to reveal significant differences between the oral and depot fluphenazine in the occurrence of akathisia or Parkinson’s syndrome. In addition, no correlations were found between the occurrence of any of the signs of these two disorders and age, sex, race, history of EPS, or previous anti-Parkinsonian drug use. The use of benztropine was significantly related to the presence of EPS. Data indicate that akathisia and Parkinsonism are not serious problems during the first 7 weeks of treatment with either form of fluphenazine. (10 references)


A unified approach to the pathogenesis and treatment of schizo-
phrenia is described. Prostaglandin deficiency and endorphin excess are linked with the excess dopamine and orthomolecular hypotheses and viewed as different complementary aspects of schizophrenia's etiology. The endorphin and prostaglandin rationales for schizophrenia are briefly described, and the results of therapeutic trials of novel treatment of schizophrenia with penicillin, zinc, and evening primrose oil are reported. Partly because of its sound theoretical base and its freedom from side effects, treatment with penicillin, evening primrose oil, and zinc promises to be a major advance. Because this therapy is in the initial stages of experimentation, however, an optimal dose regime probably remains to be achieved. (20 references)


A 4-year trial to treat tardive dyskinesia by a very slow progressive stepwise diminution of the neuroleptic dose and of the antiparkinsonian agent, as well as by administration of small slowly increasing and then decreasing doses of reserpine or haloperidol, was conducted in a sample of 62 chronic schizophrenic patients. This treatment program resulted in the disappearance of tardive dyskinesia in 23 patients and improvement in 26 patients, and had no effect in 13 patients. The group of patients with disappearance of tardive dyskinesia had a mean age significantly lower than the other groups. The rationale of this treatment was based on the concept of desensitization by a slow progressive unblocking of dopaminergic receptor sites. The rabbit syndrome, another tardive neuroleptic side effect, was successfully treated in an additional seven patients by antiparkinsonian drugs. (25 references)—Author abstract.


A 9-week blind, controlled study of the effects of acupuncture on schizophrenic illness in three patients on an inpatient ward of a psychiatric hospital is described. The effects of acupuncture, pseudoacupuncture (random needling), and nontreatment control periods were compared in a design in which subjects served as their own controls. Two patients who had had florid schizophrenic symptoms responded positively to true acupuncture and negatively to pseudoacupuncture. The third patient, whose symptoms were primarily affective/depressive, showed no significant response to treatment. Mechanisms thought to be involved in the etiology of schizophrenia, including the cortical arousal hypothesis, are explored. (16 references)—Author abstract, modified.


In a summary of a paper presented at the Annual Meeting of the New Clinical Drug Evaluation Units of the National Institute of Mental Health (NIMH), held in Key Biscayne, FL, May 1978, a pilot study of low-dose fluphenazine decanoate in therapy for outpatient schizophrenics is described. Fifty-seven outpatients meeting research diagnostic criteria for schizophrenia and in remission for at least 4 weeks or at a stable clinical plateau were openly switched from standard doses of fluphenazine decanoate to doses between 1.25 mg and 5 mg i.m., every 2 weeks (each patient received one tenth of his previous dosage). Results suggest that low-dose maintenance treatment may be adequate for prophylaxis in some patients, and that those who relapse may respond well to brief periods of higher dosage without significant disruption in their lives or need for rehospitalization. (9 references)


A drug trial was performed to investigate weight changes in 99
schizophrenic female patients who were treated with clopenthixol decanoate or perphenazine enanthate after prior treatment with different oral neuroleptics. A significantly higher mean weight after the oral treatment period was found and a slight, but not statistically significant, further weight increase after the following depot period. In addition, the rate of increase in weight was significantly lower during the depot treatment period. These increases might have been due to achievement of a steady state in weight during the first treatment period with oral intake. No difference was found between clopenthixol decanoate and perphenazine enanthate as regards change in weight or rate of change in weight. (8 references)—Author abstract.


Principles of rehabilitation of schizophrenics and trends of rehabilitation therapy in various countries are discussed. In Czechoslovakia, emphasis was put for 40 years on physical work, sports, and musical therapy using the method of group therapy. Social rehabilitation has been emphasized in recent years. It is concluded that rehabilitation of schizophrenics is a complicated medical, social, and economic problem. Rehabilitation and psychotherapy are closely related. Rehabilitation in schizophrenia is very important socially and economically, because schizophrenia causes disability of young people, and as much as 1 percent of the population is threatened by it. Timely rehabilitation may prevent the chronic stage of schizophrenia.


A conventional treatment program included in a token economy designed to prepare patients for community living was evaluated. The mean number of days spent in hospital per month, over a 30-month period, for a group of young chronic schizophrenics was reduced as compared to pretreatment data. The slope of these data also changed from a positively increasing one before treatment to zero after treatment. A group of similar, although not directly comparable, chronic schizophrenics showed no change in either level of slope of these data after completing a conventional treatment program alone. These results suggest that token economies may enhance conventional treatment techniques, and that they may be useful in preparing patients for community living if attempts are made to include factors that encourage response generalization. (3 references)—Author abstract, modified.


The utility of altruism as a basis for group therapy treatment of long-term schizophrenic patients was investigated. Thirty-six chronic patients were assigned to one of three group conditions: an altruistic (buddy oriented) group, a traditional (self-oriented) group, or a no treatment control group. Outcome results after 6 weeks of therapy suggest that the altruistic group (which focused each member's attention on the facilitation of his buddy's discharge from the hospital) was more effective than the self-oriented or no treatment groups, as measured by discharge and recidivism rates. (5 references)—Author abstract, modified.


In a summary of a paper presented at the Annual Meeting of the New Clinical Drug Evaluation Units of the National Institute of Mental Health (NIMH), held in Key Biscayne, FL, May 1978, a controlled clinical trial of amitriptyline added to perphenazine in the treatment of depressed schizophrenics is described. Results of a double-blind, randomized, placebo-controlled clinical trial, designed to evaluate the combina-
tion of perphenazine and amitriptyline with that of perphenazine alone in the treatment of 35 ambulatory chronic schizophrenic patients with depressive symptoms, indicate that the addition of amitriptyline to perphenazine was effective in reducing depressive symptoms on the Raskin Depression Scale at 4 months of treatment. However, patients receiving amitriptyline reported more thought disorders. (14 references)


Thirty-six remitted schizophrenics who participated in an outpatient study of fluphenazine decanoate or oral fluphenazine versus placebo given for a year were examined for the effect of drug treatment upon social and vocational functioning. Only the period before any clinical relapse was evaluated. No difference was found between those on drug or placebo. It is concluded that antipsychotics drugs, at least in the context of an aftercare clinic offering a rich spectrum of nonpharmacological services, and when combined with antiparkinson medication, do not interfere with social and vocational functioning. (15 references)—Author abstract.


The successful treatment of a case of propfschizophrenia (schizophrenia grafted upon mental retardation) in a young woman with Down’s syndrome is described. The literature on the condition is surveyed, and suggestions are offered to explain the unusual successful outcome of this case. The usefulness of understanding and utilizing individual and family dynamic issues in the multidisciplinary treatment of the emotionally disturbed, mentally retarded patient is demonstrated. (17 references)—Author abstract.


Seventy five hard-core chronic schizophrenics received at random, after a washout period, fluphenazine, pipotiazine, and placebo in a double-blind study. Initially, the medications were administered orally, and then the patients were given long-acting injections for each of 15 months. Finally, the group of improved patients was divided in half, receiving either placebo injections or continuing with their medication. Patients were evaluated with the Brief Psychiatric Rating Scale, the Nurses’ Observation Scale for Inpatient Evaluation, global clinical evaluation, social functioning rating, and rating by patient’s family. Two patients receiving placebo, nine patients receiving fluphenazine decanoate, and nine patients receiving pipotiazine palmitate showed improvement. Analysis of these results was undertaken to determine favorable relative indications of each psychoactive drug for the specific psychiatric population and illness involved. (16 references)—Author abstract, modified.


In a summary of a paper presented at the 16th Annual Meeting of the American College of Neuropsychopharmacology, held in San Juan, Puerto Rico, December 1977, a study of the relative effectiveness of oral medication and long-acting injectible phenothiazine in preventing relapse in schizophrenic patients newly discharged to the community is described. Two hundred fourteen schizophrenics who had been randomly assigned to fluphenazine decanoate or fluphenazine hydrochloride while floridly ill and hospitalized were seen every 3 weeks for double-blind drug administration for 1 year or until clinical relapse. No significant differences in rate of relapse were found between the two regimens.

4523. Schraa, J.K.; Lautmann, L.; Luzi, M.K.; and Screven, C.G.

Multiple treatment interventions including instructions, modeling, timeout, avoidance of repetition, and reinforcement were used to establish factual answers to personal background questions in a withdrawn and socially unresponsive chronic schizophrenic. A multiple baseline design across verbal replies demonstrated that the changes in behavior were brought about by the treatment interventions. Introduction of the experimental interventions produced an increase from a baseline level of zero to at least 80 percent correct for each of four questions. Maintenance was found to be complete at the 9- and 10-month followups, but at the 12-month followup interview, the subject answered one question incorrectly. —Author abstract, modified.


Using a double-blind control design, the effects of clozapine and chlorpromazine in treatment of acute schizophrenia were compared. After a placebo washout period of 7 to 14 days, the patients were treated in a fixed dose buildup period of 7 days reaching a maximum of 300 mg clozapine or 600 mg chlorpromazine. This was followed by a 28-day flexible dosage period buildup to a maximum of 900 mg/day of clozapine or 1,800 mg/day chlorpromazine. Analyses indicate that clozapine is significantly better than placebo, and chlorpromazine is not consistent in showing improvement compared to the placebo group under all objective parameters measured. Clozapine showed a significant effect in ameliorating depressive symptoms as well, whereas, chlorpromazine had no effect on these symptoms. None of the patients receiving clozapine showed any indication of extrapyramidal symptoms. Several patients with tardive dyskinesia showed definite improvement under clozapine treatment. Findings suggest that best treatment results are achieved under clozapine conditions. (10 references)


A hemodialysis program was carried out in four male chronic schizophrenic patients, with clinical assessment of mental and physical state following each dialysis. Eleven to 20 dialyses were conducted either once a week (two patients) or twice a week (two patients). Neuroleptics were withdrawn. A short period of slight, unspecific improvement was followed by a deterioration in all cases. At the end of the dialysis program, none of the patients improved. It is recommended that further research be done on the efficacy of dialysis in chronic schizophrenia. (15 references)—Author abstract, modified.


The effect of baclofen in the treatment of tardive dyskinesia and schizophrenia was evaluated in chronic treatment-resistant schizophrenic patients (n = 12). Baclofen was administered for up to 7 weeks, and there was a 1-week placebo washout in only a few patients. All medication was administered on a b.i.d. basis, and the dose schedule ranged from 10 to 120 mg daily without any discernible improvement. In fact, the condition of 10 patients worsened dramatically over the trial. The only side effect which occurred during baclofen administration was an occasional mild tremor which did not appear to be dose related. Results suggest that baclofen is of no value in schizophrenia treatment. (4 references)

The therapeutic efficacy of tricyclic antidepressants and monoamine oxidase inhibitors in schizophrenic patients is reviewed. In general, the use of these drugs alone was found not to be warranted in schizophrenia, except perhaps in the pseudoneurotic subgroup. In most cases, combinations of antidepressants and phenothiazines were no more beneficial than phenothiazines alone. In particular, the conditions of agitated patients and patients with histories of social deviance dating back to childhood were often made worse by the addition of an antidepressant. However, when the patients who demonstrated symptoms of clinical depression other than anergia were isolated from several of these studies, it was found that they constitute a subgroup that is often benefited by use of these combinations. Favorable and unfavorable clinical response patterns are discussed, and recommendations for future research are outlined. (175 references)—Author abstract, modified.


In a study of communication between physician and patient concerning antipsychotic drugs, male inpatient schizophrenics and their physicians were interviewed about physicians' attitudes toward antipsychotic drugs and patient knowledge, compliance, and therapeutic response. A lack of congruence between what psychiatrists thought they should transmit to their patients and what they actually did was noted. No relationships between physician-patient communication variables and patient compliance were found. (13 references).


An uncontrolled trial on 14 chronic schizophrenic patients with acute exacerbations, undertaken to evaluate the therapeutic specificity of the drug pimozide in combating the target symptoms of autism, apathy, emotional withdrawal, depression, delusions and hallucinations, is reported. Weekly evaluations were made by two psychiatrists independently during the 10-week study. In 6 out of 12 patients who finished the trial, marked improvement appeared in the second week, and they were able to be discharged from the hospital at the end of the trial period and returned to social and occupational functioning. The main symptoms that showed improvement were thought disorder, apathy, emotional withdrawal, motor retardation, depression, and somatic concern. Four patients failed to respond to the treatment. No ataractic effects were evident, and in two patients, the drug aggravated or even precipitated psychomotor agitation, anxiety, and tension. (17 references)—Author abstract, modified.

Nursing problems of caring for the chronic schizophrenic patient are discussed, and the effects of institutionalization are described as the main problem in the long-term management of schizophrenia. The creation of a large number of chronic, apathetic, institutionalized schizophrenics is attributed to rigid, inflexible, authoritarian methods of ward management. To attain the aim of returning the long-term management of schizophrenics to some degree of normal life, the patient should be viewed as an active participant—a person limited by damage he has sustained, but striving to achieve satisfaction, security, independence, recognition, and responsibility. (7 references)


Data systematically collected in the course of a controlled comparison of the effects of five different treatment methods in schizophrenia are presented. Among the 23 outcome variables studied, there was not a single instance in which the effect of therapist experience and general clinical ability was significantly related to outcome. There appeared to be, however, differences among therapists' results that were not related to experience and general clinical ability, particularly in relation to the length of time that they kept their patients in the hospital. It is noted that drug treatment tended to override but perhaps not entirely eliminate these effects. (36 references)—Author abstract.


To measure social supports and evaluate the associations posited between these factors and disabled behaviors, the services utilized and social supports received by schizophrenics in community care in Johnston County, NC, were analyzed. Gruenberg's techniques for ascertaining the presence or absence of severe social breakdown syndromes were used to define disability status of 103 schizophrenics in community care. Significant differences between disabled and nondisabled patients were found on a variety of social support measures. Seventeen percent of the total respondent group stated they would prefer, at least sometimes, to be in a hospital rather than in the community. The pervasive associations found between social supports—home composition, extra household contacts, and an index of qualitative support—and disability suggest the potential usefulness of this index of qualitative social support in clinical or research investigations attempting to evaluate or change socioenvironmental conditions for patients in community settings.—Author abstract, modified.


The need for hospitalization of schizophrenics receiving chemotherapy is discussed. It is stated that in some cases chemotherapy of schizophrenics is best monitored in a hospital setting. Dysphoric responders and noncompliers are identified as patients who can most benefit from monitoring in the hospital. Dysphoric responders, whose illnesses have been only minimally responsive to antipsychotic drugs, are in danger of psychotoxicity due to excessive dosage. Habitual noncompliers have little investment in staying well and are unlikely to show even mild drug side effects. The use of the test dose concept to monitor drug response is described. (42 references)—Author abstract, modified.


The use of β-endorphin by psychiatrists Nathan Kline and Heinz Lehmann to induce changes in schizophrenic and depressed patients is discussed. Experimentation rather than research with 15 patients and one normal subject was an attempt to do something with patients for whom drug therapy had failed. After intravenous injections, the patients' mood and behavior were monitored and
compared with previously obtained placebo effects. Progressive reduction or disappearance of schizophrenic symptoms and mood change in depressed patients were observed. Distinctions between immediate and delayed influences of the drug are made. Speculation about the mechanism of action of this drug, which is expensive to synthesize, and criticisms of the way the experimentation was conducted are included. A basic question raised by these preliminary findings is how the same substance can produce therapeutic results in patients with different diagnoses.


A description and evaluation of a psychologic treatment program for schizophrenics is presented. The program has been operating for 4 years in a Veterans Hospital with a therapeutic community composed of adult subacute and chronic schizophrenics. The therapeutic program includes daily community meetings, small group therapy, psychodrama, dream seminars, and family therapy. The most important procedure is the daily community meeting, which was planned to take advantage of techniques learned from previous therapeutic communities with schizophrenic patients. Antipsychotic drugs are not used routinely. The program emphasizes psychologic treatment and interpersonal relations, rather than total reliance on organic treatment. (21 references)