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Admission Outcome of Egyptian Schizophrenic Patients: A Retrospective Study after Five and Thirty Years

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ABSTRACT

703 case notes of Egyptian schizophrenic Patients. firstly admitted to Abbassia Mental Hospital during the period from 1930 to 1934, were examined to identify their clinical outcome after 5 and 30 years of their initial admission.

Findings of the 5 -years outcome casted that 13.7% of 37.4% had a good outcome, while 22.9% and 39.7% exhibited fair and bad outcomes respectively. These figures coincide with similar results of studies done in other developing countries, but were of more favourable outcome than those carried out in the developed countries, which were keeping with the results of the International Pilot Study of Schizophrenia.

The 30- years outcome results differed remarkably. 27% died during their admission and only 15% of the living subjects denoted a good outcome, while 60% and 25% had fair and bad outcomes respectively. Inspite of differences in sample characteristics and treatment modalities, these findings were similar to western studies.

The existing work referred to its limitations that employed no more than a hindsight of the admission outcome. In the light of its results and with regard to accumulated data in pervious studies, the current study afforded explanations of its findings however it favoured no single attribution, and it recommended continuing other complementary Egyptian works that adopt longer-term assessments.

INTRODUCTION

After renaming Kraepelin's Dementia Proecox as schizophrenia by Bleuler (Okasha, 1988), numerous studies have been issued to illustrate prevalence and outcome of this serious disorder (Carson, 1984). These studies showed similarity in incidence and prevalence, but great variability in outcome (Harding *et al.* 1987). Recovery rates ranged between 10 - 60 %, while 40 - 60 % remained as inpatients for life (Grebb and Cancro, 1989). Harding *et al.* (1987) explained variability

in outcome studies to be due to differences either in periods of follow-up of patients or in samples between firstly and multiply admitted schizophrenics.

Also, it may reflect separate subtypes of schizophrenia with different outcome, like the dichotomies of: acute - chronic, good premorbid - poor premorbid, and type I - type II (Okasha, 1988), or good outcome patients might not have schizophrenia but some other conditions and that was the trend taken by DSM-III-R (APA, 1987).

Gelder *et al.* (1989) reasoned that variability may indicate that schizophrenia might be a single condition with a course and outcome which is modified by extraneous factors. Data of the International Pilot Study of Schizophrenia (I. P. S. S.) obtained by Sartorius *et al.* (1986) gave support to the influence of social or extraneous factors upon the course and outcome of schizophrenia. It showed a more favourable course and outcome in patients of technologically developing countries like India Columbia and Nigeria, when compared with technologically

developed countries as Europian countries and the United States.

The present study aimed at identifying the outcome of Egyptian schizophrenic patients,before the era of neuroleptics and other recent medications, who have been admitted for the first time and as near as possible from the time of onset i.e. natural course and outcome and clarifying changes that might happen in the outcome of those patients after 5 and 30-years of the time of their first admission to a mental hospital. The study tried to check various explanations for its results and other published works.

MATERIAL AND METHODS

Site of the study:

Abbassia Mental Hospital (the yellow palace or El - Saray El - Safra) was the first pure mental hospital in Egypt emerged on the year 1883 in Cairo.

In 1912, another state mental hospital was built in Khanka (Kaliobia) for only male patients admitted for medico - legal reasons that was governed by authority of ministry of internal affairs. In 1967, a third mental hospital was established in Al-Mamoura (Alexandria). Lastly in 1979, another mental hospital was set up in Helwan, a suburb in the south of Cairo. Starting from 1949, out-patient facilities have been extended by central hospitals in almost all governorates of Egypt (Okasha, 1988). Abbassia Mental Hospital represents for many decades and uptill recently, the main referral psychiatric hospital, and its catchment area extends allover the country (Abbassia Mental Hospital, 1970). This assumption is valid allover the period of the study.

The sample of the study:

It consisted of case notes of all patients admitted during the period from 1930 to 1934. They were 1887 case notes, with the exclusion of case notes of those who were admitted for medico - legal reasons and,

a. Patients having a diagnosis other than dementia praecox "Schizophrenia" (877 case notes).

b. Non - Egyptian patients (59 case notes).

c. Patients who have been previously and repeatedly admitted before 1930 (238 case notes)

d. Patients who were improved (on the basis of amelioration of their initial symptoms), but their relatives refused to accept them, and since then, they stayed in the hospital indefinitely (10 case notes).

Where the rest (703 case notes) represented the sample of the current work.

Diagnosis of the study sample:

case notes revealed that:

- Diagnosing schizophrenia required the presence of:

loosening of association, posturing, blunted affect, delusions, and hallucinations.

- Treatments used were: a mixture of bromide and chloral (chlore bromare syrup), paraldehyde injection, and seclusion in most cases especially for the first few weeks after admission. Some were treated by insulin coma in the 1940's, and few were treated with E.C.T. later.

Case notes were examined for clinically determined outcome over and at:

a. 1930 - 1934 to 1935 - 1939: for 5 - Years outcome.

b. 1930 - 1934 to 1960 - 1964: for 30 - Years outcome.

We considered first admissions rather than first episodes:

As there was much difficulty in determining the exact date of onset of the first episodes. Rarity of psychiatric admissions outside Abbassia Mental Hospital at that time (Abbassia Mental Hospital (1970), had led us to assume that admission indices may be equivalent to episode indices, at least for those seeking admission and medical treatment i.e. the present sample.

Operational criteria for clinical assessment of the outcome:

At those two intervals; 5 and 30 years, the following operational definitions were used:

a. Good outcome: for those patients who:

1. Have been discharged from the hospital on the basis of amelioration of symptoms, and their length of stay was less than 2 years.

b. Fair outcome: for those patients who:

1- Have been discharged from the hospital on the basis of amelioration of symptoms, or their symptoms became less severe than at the onset of admission.

2- Had more than 2 admissions,

after which patients were either:

i- Improved and left the hospital before 2 years of any admission, or

ii- Stayed for more than 2 years i.e. became chronic.

c. Bad outcome: for those patients who:

1- Stayed in the hospital for 2 years or more, after their first admission to hospital or,

2- were discharged from the hospital with persistent florid symptoms or,

3- comitted crimes during their admission and were considered quilty by the responsible authorities.

d. Special outcomes: for those patients who:

1- Died during their admission in the hospital, whatever their length of stay or number of episodes they had or,

2- escaped from the hospital, irrespective of their length of stay or number of episodes.

RESULTS AND DISCUSSION

I. 5-Years Outcome of Admitted Schizophrenics

Death rate:

The existing study showed that 13.7% of patients died during admission over the 5-years period. This finding agree with the mean percentage of deaths in western studies done in 1930's (12.5%) [see table 3]. Also, it agrees with Kulhara & Wig study (1978) in India, that was 12%, but it is much higher than Waxler study (1979) in Srilanka (1%), which was exceptionally low. Also, findings of the current work is higher than the mean percentage of the recent western studies, which was 5% [see Table 3]. Rizk - Alla (1988) coined out that mortality in schizophrenia decreased from the early decades of the century till now, that would give support to the argument that, the increased mortality in schizophrenia was mainly accounted for by an increase in intercurrent infections among institutionalized patients. With introduction of sulphonamides and recent antibiotics and improvement in hygienic status, the percentage of mortality decreased.

Clinical outcome:

Among the survivors (607) of the present study 37.4% (227) showed a good outcome, while 22.9% (139), and 39.7% (241) had fair and bad outcomes respectively.

These findings showed much favourable outcome in schizophrenia than the old western studies, whose means were 13%, 27%,
and 60% for good, fair, and bad outcome respectively. [see table 3]. Also, findings of the present work are even better than those of the recent western studies, with mean percentages of 20%, 41%, and 39% for good, fair, and bad outcomes respectively [Table 3]. Though the latter denoted a more favourable outcome than the former old western studies. Our findings agree to a large extent with similar studies done in the developing countries with mean percentages of 38%, 30%, and 32% for good, fair, and bad outcomes respectively.

Our findings gave support to Sartorius *et al.* (1986) conclusions from I.P.S.S. that outcome of schizophrenia is more favourable in the developing countries than the developed countries. Gelder *et al.* (1989) arguments that, this difference is

an artifact, and it could be due to sample selection bias especially about the relative proportions in the samples of the acute onset; with a favourable outcome and insidious onset patients; with a worse outcome. Their arguments were counteracted by a recent study by Jablensky (1987), designed to overcome these objections, and also found a more favourable outcome in the less developed countries.

It seems likely that, there is something about the social organization of the industrial societies, their family structures, attitude to mental illness or lack of tolerance on the part of other family members which has a profourdly deleterious effect on the outcome of schizophrenia,when compare with that in the developing countries as reported by Kendell (1988). Okasha (1990) related the differences to the naturally implemented community care in the Egyptian society, particularly in rural areas where: Egyptians have a special tolerance to mental disorders and have the ability to assimilate chronic mental patients even to a sacred degree. These chronic patients are rehabilitated daily by going with family members to the land, helping under supervision, in cultivating and planting the country side.

Effect of sex on 5-Years outcome:

Though more died over the 5 - Years period, 84 (17.6%) compared to only 12 (5.4% of males), but among the survivors, females exhibited a more favourable outcome [see Table 2].

More females were represented in the good (F :M = 40.9% :31% = 1.3 : 1), and the fair outcome groups (F : M = 24.9%: 12.99% = 1.9 : 1). Also, less females were represented in the bad outcome group compared to males (F : M = 34.2% : 49.8% = 1 : 1.5). This finding agreed with many western studies (e.g., Shepherd (1989).

Social considerations may be responsible for these differences. Egyptian females at this period of 1930's were more likely to possess the basic housekeeping skills, thus easiness for survival outside hospitals. Also, they pose less threat of voilence to others. But, the fact that females also have a later age of onset than males, suggests that there may be an intrinsic difference between the sexes as well (Kendell, 1988).

II. 30-Years Outcome in Admitted Schizophrenics

Death rate:

The present study showed that 27% of the patients died during admission over the 30 - Years period [see Table 4]. This finding is near to most western studies [table 5], except Ciompi's study (1980), who found an exceptionally high death rate of 75%. But this may be due to the advanced age of the probands (average was 75 years) at follow-up and the long period of the follow-up study (37 years).

Clinical outcome :

Among the survivors of the present study, only 78 (15%) showed good outcome. While 305 (60%) and 129 (25%) showed fair and bad outcomes respectively [see table 4]. These figures are greatly different from that shown from the 5 - years outcome [table 2], yet it is somewhat similar to the western studies [see table 5] in the following:

a. Percentages of good outcome i.e. one or more episodes after which they have been discharged on the basis of amelioration of symptoms with no further episodes (or admissions). It represents the minority among the overall outcome in schizophrenia.

b. Preponderance of the fair outcome: more than two episodes with a tendency towards chronicity or improvement, over the good or bad ones.

c. Similarity of its percentages for good, fair, and bad outcomes with the corresponding percentages of most western studies.

This observed similarity, occurred inspite of differences in sampling between those relying upon first admissions and those dapting mixed admissions i.e. first and multiple admissions, also differences

TABLE I

Socio-Demographic Characteristics of the Patients of the Study Sample [Total No = 703]

	Data	No	%
Sex	Male	225	32
	Female	478	68
Age at admission *	Less than 10 years	-	-
	10 - 19	102	14.6
	20 - 29	333	47.6
	30 - 39	195	27.9
	40 - 49	48	6.9
	50 - 59	12	1.7
	60 and more	9	1.3
	Mean age	=	28.2
	Standard Deviation	=	± 9.6 years
Religion	Moslem	537	76.4
	Christian	139	19.8
	Jew	27	3.8
Residence	Large Cairo	306	43.5
	Delta Governorates	217	30.9
	Upper Egypt Governorates	85	12.0
	Canal Governorates	21	3
	Alexandria	70	10
	Other	4	0.5
Occupation	Unemployed & Housewives	522	74.3
	Scientific Careers	9	1.3
	Clerk	15	2.1
	Worker	74	10.5
	Former	37	5.3
	Merchant	5	0.7
	Military	5	0.7
	Student	35	5
	Other	1	0.1

N.B. *: There were 1 male and 3 females whose ages were not mentioned in the files.

- The study sample patients were 703 , 225 (32%) were males and 478 (69%) were females.
- Their mean age at admission was 28.2 ± 9.6 years old. The age of the majority (47.6%) ranged between 20-29 years, none of patients were admitted younger than 10 years old.
- The majority (76.4%) were moslems. Christians and jews represented the minority (19.8%, and 3.8% respectively).
- The majority (56.5%) were from governorates other than the large Cairo [i.e. Cairo, Giza, and Kaliobia Governorates].
- The majority (74.3% were jobless, but this may be due to preponderance of female housewives in the sample in whom unemployment was the rule at the time of study.

TABLE II

5 - Years Outcome of the Study Sample

Data	Males		Females		Total	
	No	%	No	%	No	%
Total of survivors	213	30.3	394	56.0	607	86.3
Good outcome	66	9.4	161	22.9	227	32.3
Fair outcome	41	5.8	98	13.9	139	19.7
Bad outcome	106	15.1	135	19.2	241	34.3
Special outcome						
Died:	12	1.7	84	11.9	96	13.7
Escaped:	-	-	-	-	-	-
Total of sample	225	32	478	68.0	703	100

in treatment modalities among patients of these studies.

Effect of sex on 30-years outcome:

It was also observed that more females died over the 30 - years period. 141 (29.5%) compared to only 49 (21.8%) of males, but among the survivors, females had a more favourable outcome [see table 4]. More females showed good outcome (F :M = 17.3% : 11.4% = 1.5 : 1), fair outcome (F : = 64.7% : 49.7% = 1.3 : 1). They were greatly lesser than males regarding the bad outcome (F : M = 18.1% :38.9% = 1 : 2.1). This is compatible with findings of 5-years outcome, and carries the same reasonings. Other factors, rather than sex, playing distinguishable roles in determining outcome and period of hospitalization were referred to by Okasha (1990) when he observed that 53% among those with short - term hospitalization at. Abbassia Mental Hospital (79% were having schizophrenic spectrum disorders) were married, compared to 26% of those with long - stay hospitalization. Long - term patients were significantly less educated and more illiterate, more unemployed, had more disturbed family atmosphere, more positive family history of mental disorders, rare previous admissions, less voluntarily admitted, and had significantly less visits / month. They were labelled residual (29%), paranoid (26%), and other subtypes of schizophrenia according to DSM-III criteria in comparison to more frequently diagnosed as paranoid (39%), disorganized (35%) and catatonic (12%) subtypes in patients of short - term hospitalization.

Thus, the initial more favourable 5 - years outcome in the existing study (as a representative of a developing country study), compared to the western ones, disappeared when matched to the long - term outcome. Mental explanations are plausible for this finding:

1- The 5-years outcome is illusive, as it may be more sensitive to selection bias, while, the long - term outcome is a valid one. And whatever differences initially

TABLE III

Analysis of Some Studies for 5- Years Outcome in Schizophrenia

	Data	Selection years	No. of Patients	% of first admissions	% of dead pts.	% of Survivors			Source of data
						Good O.	Fair O.	Bad O.	
Studies in Developed Countries	**Old studies:**								
	Langfeldt (1937)	1926-1929	100	?	?	17	23	60	(Okasha, 1988)
	Melamud & Render	1929-1936	344	?	10	14	28	58	(Shepherd, 1989)
	Rupp & Fletcher (1940)	1929-1934	641	100	15	7	29	64	(Shepherd, 1989)
					12.5	13	27	60	Mean of percentages
	Recent studies:								
	Moller et al (1982) - Munich	1972-1974	225	60	8	10	59	31	(Moller et al, 1982)
	Biehl et al (1986) - Mannheim	?	70	100	4	26	39	35	(Abstract of: Bieht et al, 1968)
	Sartorius et al (1986) - Worldwide	1968-1961	811	?	5	25	25	50	(Sartorius et al, 1986)
	Shepherd (1989) - Nuckingham	?	49	100	2	22	43	35	(Shepherd, 1989)
	Sheperd (1989) - Buckingham	?	107	46	7.4	16	41	43	(Shepherd, 1989). Whole cohort
					5	20	41	39	Mean of percentages
Studies in Developing Countries	Kulhara & Wig (1978) - India	1966-1967	174	100	12	29	39	32	(Kulhara, 1978)
	Waxler (1979) - Sri - lanka	1970-1971	89	100	1	40	24	36	(Abstract of: Waxler, 1979)
	Sartorius et al (1986) - Dev. C.	1968-1969	811	?	?	45	26	29	(Sartorius et al, 1986)
						38	30	32	Mean of percentages
	The Persent study - Cairo	1930-1934	703	100	13.7	37	32	40	The present study

TABLE IV

30 - Years Outcome of the Study Sample

Data		Male			Female			Total		
		No.	Total		No.	Total		No.	Total	
			No.	%		No.	%		No.	%
Good outcome	One episode	9			26			35		
			20	2.8		58	8.3		78	11.
	Two episodes	11			32			43		
Fair outcome	Repeated episodes then improvement	29			83			112		
	Repeated episodes		87	12.4		218	31		305	43.
	then chronic	58			135			193		
Bad outcome	No improvement	20			37			57		
	Committed a crime	21	68	9.7	6	61	8.7	27	129	18.
	Stayed indefinte-ly	27			18			45		
Total of survivors			**175**	**24.9**		**337**	**48**		**512**	**72**
Spècial outcome	Died	49		7	141		20	190		27
	Escaped	1		0.1	-		-	1		0.1
	Total of sample	225		32	478		68	703		10

TABLE V

Analysis of Some Studies for Long - Term Outcome in Schizophrenia

Data	Selection years	No. of Patients	Follow-up period	% of first admissions	% of dead patients	% of Survivors			Source of data
						Good O.	Fair O.	Bad O.	
Beck (1968)	1930-1934	331	25-35	100	?	7	29	64	(Shepherd, 1989)
Bleuler (1978) - Zurich	1943-1943	208	20	65	34	20	56	24	(Bleuler, 1978)
Bland & Orn (1978)	1963	45	13	100	?	21	42	37	(Okasha, 1988)
Tsuang *et al* (1979) - Iowa	1934-1944	200	30-40	?	40	19	33	48	(Tsuang et al 1979)
Ciompi (1980) - Lausanne	-1963	289	37	100	75	27	55	18	(Ciompi, 1980)
Huber et al (1980) Bonn	1945-1959	502	21	67	19	22	43	35	(Huber et al. 1980)
Kozuo et al (1987) - Japan	1958-1962	140	21-27	79	25	31	46	23	
						21	43	36	Mean of percentages
The present study - cairo	1930-1934	703	30	100	27	15	60	25	The present study

observed, the end figures were the same. The worldwide similarity of outcome of schizophrenic patients may denote the presence of some biological intrinsic factors common in the ultimate fate of schizophrenic process itself or

2- The differences in the 5 - years outcome are true and similarity in the long - term outcome is due to the damaging effects of the mental hospital's environment (Linn, 1985) or

3- There are true differences in the outcome in schizophrenia, while the similarity in the long - term outcome is illusive. As at the 5 - years period, patients were isolated for a little from their natural society with its pathoplastic effects, compared to that at longer periods. And if patients were treated among their natural society, differences would appear again between our data and those of the developed countries.

But, to what extent each one of these explanations is true we can not tell !

CONCLUSION

Despite the great scientific advancement in researches characterizing the era in which we do live, chizophrenia did not disclose its secrets. It remained of unknown aetiology - up till now - and specific treatment is limited to empirical palliative measures.

The natural history of the disorder therefore assumes importance, as a standard against which remedies and therapeutic procedures may be judged.

The contradiction between short and long-term outcome emerged by the present study needs further researches. Relying on data of the western 5 - years outcome studies determining treatment strategies for Egyptian schizophrenic patients, especially the long - term policies, may be misleading.

Methodological issues:

(1) Our figures are derived from hospital admission to a psychiatric hospital depends however, not only on the actual morbidity, but upon other factors at the same time. Namely, the beliefs of a particular community concerning mental disorders, the support it self offer to the mentally ill. And to what extent, these figures would change if it were done to clarify outcome in schizophrenic patients living outside the mental hospital, we cannot also tell. Especially those outdoor patients represent the majority; 568 patients in the community for every patient in Abbassia Mental Hospital (Owida *et al., 1990*).

(2) The inevitable high mortality rate, may impair the value of very long - term retrospective follow - up.

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ABSTRAIT

Le Dénouement d'admission des Patients Schizophrènes Egyptiens: Une Étude Retrospective Après Cinq et Trente Ans

Les notes de 703 cas des patients schizophrènes Egyptiens premièrement admis à l' Hôpital Mental de Abbassia durant la période de 1930 à 1934, ont été étudié pour identifier leur dénouement clinique après 5 et 30 ans de leur admission initiale.

Les constatations de 5 - ans dénouement a donné que 13,7% de ces patients sont mort durant l' admission.

Parmi les survivants 37,4% avaient un bon dénouement, tandis que 22,9% et 39,7% ont montré des dénouements passable et mal respectivement. Ces résultats coincide avec d'autres des études faites dans d'autres pays developpés, qui suivent les résultats du "International Pilot Study of Schizophrenia".

Les résultats de 30 - ans dénoument étaient remarquablement différents. 27% sont mort durant l' admission et seulement 15% des survivants avaient un bon dénoument, tandis que 60% et 25% ont montré des dénouments passable et mal respectivement. Malgré les différences des caractères de l'échantillion et des modèles de traitement, ces résultats sont similaires aux études occidentales.

Le travail présent limité d'employer non plus qu' un revue du dénouement d' admission.

À la lumière des resultats et des données des études précédentes, l'étude en cours, justifie ses découvertes, bien qu'elle n'a favorisé aucune attribution.

Elle recommandé aux égyptiens, de continuer leurs travaux complémentaires, adoptant de plus profondes évaluations.

الموجز

"حصيلة ادخال مرضى الفصام المصريين المستشفى: دراسة استعادية بعد خمس سنوات وثلاثين سنة"

جرى تقويم ادخال عدد ٧٠٣ من مرضى الفصام المصريين للمستشفى، ممن تم ادخالهم للمرة الأولى مستشفى العباسية للأمراض العقلية فيما بين الأعوام ١٩٣٠-١٩٣٤م، وذلك من واقع السجلات الطبية.

وبرغم وفاة ١٣,٧٪ من هؤلاء المرضى خلال فترة الخمس سنوات الأولى من الدخول، فإن نتائج التقويم لهذه الفترة قد أظهرت وجود حصيلة مقنعة في ٣٧,٤٪ من الأحياء، في حين بلغت نسبة الحصيلة الحسنة والسيئة ٢٢,٩٪ و ٣٩,٧٪ على التوالي، وقد أتى ذلك متوافقا مع نتائج الدراسات المثيلة في البلدان النامية الأخرى، وأفضل من تلك الخاصة بالبلدان المتقدمة.

ومن خلال المتابعة لنفس السجلات بعد ٣٠ عاما من الدخول، وجدت نسبة من الوفيات بلغت ٢٧٪ من بين أفراد العينة، وبلغت نسبة الحصيلة المقنعة بين الأحياء ١٥ ٪ فقط، بينما كانت نسبة الحصيلة الحسنة والسيئة ٦٠٪ و٢٥٪ على الترتيب، وهي تناظر نتائج الدراسات المنعقدة أو التي أجريت في البلدان المتقدمة.

وضعت الدراسة الحالية التفسيرات المختلفة للنتائج، والتي من خلالها لم يمكن ترجيح احداها عن الأخريات، ولذا فقد أوصت من واقع الصعوبات التي واجهتها بتواصل دراسات مصرية أخرى متممة ومكملة في نفس المجال وخاصة قلك التي تتبنى فترات التقويم الأطول.