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## ABSTRAIT

### Une étude de 13 systèmes diagnostiques (critères) pour la schizophrénie dans un échantillon Egyptien: Fréquences, Agréments et Validité

Nous comparons les fréquences et les agréments de 13 systèmes pour diagnostiquer la schizophrénie: Schneider, E. Bleuler, M. Bleuler, Langfeldt, Kraepelin, North America, Great-Britain, Dongier, WHO- CSB, Yusin, New mark, DSM-III, et Feighner.

Nous avons examiné aussi la validité de cinq de ces systèmes selon leur concordance avec le diagnostic clinique et leur sensibilité et spécificité.

L' échantillon a été fait de 200 patients psychotiques récement admis dans quatre hôpitoux psychiatriques en Egypte.

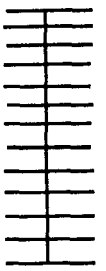
Les patients on été évalués par la version Arabe du Landmark questionnaire pour l' évaluation de la schizophrénie, qui a été formé pour couvrir les demandes des 13 systèmes choisies.

Les résultats ont montré que les 13 systèmes varient beaucoup en compréhension.

L'agrément le plus noté remarqué a été parmis les systèmes qui ont spécifié le type de d'utilité des systémes DSM-III, WHO-CSB, et Langfledt pour la pratique clinicale. "Feighner's criteria" ont été les plus spécifiques pour les recherches biologiques et "Schneider's criteria" ont été les moins spécifiques car ils n'ont pas supprimé les autres formes de psychoses.

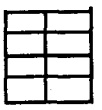
# Appendix

**I- Schnelder (cut-off score=3)**
1- Audible Thoughts.
2- Voices Arguing.
3- Commentary Voices.
4- Delusional Perception.
5- Somatic Passivity.
6- "Made" Thoughts.
7- "Made" Impulses.
8- "Made" Volitional Acts.
9- Thought withdrawal.
10- Thought Insertion.
11- Thought Broadcasting.



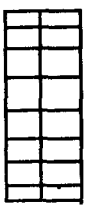
**I I- A- BLEULER, E. (cut-off score=3)**
1- Association
2- Autism.
3- Ambivalence.
4- Affect.

**III- BLEULER, M. (cut-off score=3)**
1- Dissociation of Thought.
2- Alteration of Emotional Expression.
3- Catatonic Symptoms.
4- Delusions and / or Hallucinations.
(See also XIV)



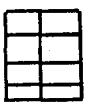
**IV- LANGFELDT (total cut-off score=4)**
(A) Cut-off socre =1
1- Insidious Onset (6 months)
2- Social Withdrawal.
3- Peculiar Behaviour.
4- Schizoid Personality.

(B) Cut- off socre = 2
5- Depersonalization / Derealization.
6- Association
7- Affect.
8- Primary Delusion
9- Praecox Feeling.
10- Passivity Feelings.
11- Auditory Hallucinations.
12- Catatonic Symptoms.

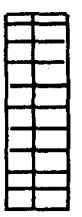


(C) Cut-off score = 1
13- Residual symptomatology (at least 2 symptoms).
(See also XVI and XXII)

**V- KRAEPLIN (total cut-off score=6)**
(A) Cut -off score =2
1- Insidious Onset.
2- Social withdrawal.
3- Apathy
4- Lack of Insight.



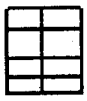
(B) Cut-off score =3
5- Association (Incoherent Speech).
6- Autism.
7- Affect.
8- Primary Delusions.
10- Ideas of Reference.
11- Volition.
12- Attention.
13- Passivity Feelings.
14- Catatonic Symptoms.



V- KRAEPLIN (total cut-off score =6)

(A) Cut -off score =2

1- Insidious Onset.
2- Social withdrawal.
3- Apathy
4- Lack of Insight.



(B) Cut-off score =3

5- Association (Incoherent Speech).
6- Autism.
7- Affect.
8- Primary Delusions.
9-Hallucinations.
10- Ideas of Reference.
11- Volition.
12- Attention.
13- Passivity Feelings.
14- Catatonic Symptoms.

(C) Cut-off score =1

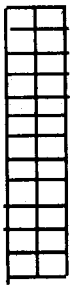
15- Residual symptomatology (at least 2 symptoms).

**VI- NORTH AMERICA (cut-off socre=8).**

1- Association (Thought Disorder).
2- Delusions.
3- Paranoid Delusions.
4- Affect (Incongruity of).
5- Hallucinations.
6- Ideas of Reference.
7- Neologisms.
8-Mannerisms.
9- Thought Withdrawal.
10- Ideas of Reference.

**VIII DONGIER (Cut-off score - see questionnaire).**

1- Mood.
2- Family History
3- Polymorphism of Consciousness.
4- Clouding of Consciousness.
5- Fascinated by Delusions.
6- Onset.
7- Termination.
8- Duration.
9- Personal History.
10- Premorbid Personality.
11- Parahypnic Exacerbation.
12- Oscillation of Insight.



**IX- WHO-IPSS (cut-off score=6)**

1- Restricted Affect.
2- Poor Insight.
3- Thoughts Aloud
4- (-) Waking Early.
5- Poor Rapport.
6- (-) Depressed Facies.
7- (-) Elation.
8- Widespread Delusions.
9- Incoherent Speech.
10- Unreliable Information.
11- Bizarre Delusions.
12- Nihillistic Delusions.

**X- YUSIN - NEWMARK (Cut-off score=5)**

| | | |
|---|---|---|
| 1- Hallucinations. | | |
| 2- Social with-drawal | Schiz | Non-Schiz |
| 3- Association. | 6.85035 | 0.65298. |
| 4- Autism | 4.69684 | 0.45912 |
| 5- Passivity Feelings | 4.94757 | 1.88828 |
| 6- Delusions | 4.25569 | 0.52454 |
| Constants :- | 8.81648 - | 1.06585. |

**XI DSM-III (total cut-off score=3)**

(A) Cut-off score=1

1- Bizarre Delusions - (content patently absurd, no possible basis in fact)

2- Delusions without persecution (somatic,grandiose, religious. nihillistic).

3- Delusions with persecution (persecutory or jealous content if accompanied by hallucinations of any type.)

4- Auditory Hallucinations (Schneider) in which either a voice keeps up a running commentary on the individual's behaviour or thoughts or two or more voices converse with each other.

5- Auditory Hallucinations on several occasions with content of more than one or two words, having no apparent relation to depression or elation.

6- Association combined with either Disturbance of Behaviour or with Hallucinations or Delusions.

(B) Cut- off score=1

7- Duration of illness (at least 6 months)

(C) Cut- off score=1

8- Debut of Symptoms before the age of 45.

**XII FEIGHNER (total cut-off score=5)**

(A) cut-off score=1

1- Prodromal Symptoms Chronically for at least 6 months prior to Index Evaluation.

(B) Cut- off socre=1

2-Delusions and /or hallucinations.

3- Lack of Logical Verbal production (rendering communication difficult).

(C) Cut-off score=3

4. Unmarried.

5- Poor premorbid Adjustment.

6- Heredity for Schizophrenia

7- Onset prior to age 40.

**XXI LANGFELDT (clinical version)**

1. Break to Personality Development (insidious onset, social withdrawal, lower functioning, lack of insight, peculiar behaviour, etc.)

2- Disintegration of personality (psychotic loss of reality contact with collapse of the individual's conceptual integrative system accompanied by ambivalence, derealisation, depersonalization, perplexity, misidentifications, allienation etc.) with at least 2 of the following symptoms:

a) Association.
b) Affect.
c) Delusions.
d) Auditory Hallucinations.
e) Catatonic Symptoms.

3- Deterioration over time
(persistent residual symptomatology for at 1east 2 years.) 

(Assessment of patients condition during the last month.)
DN:Dongier, BPR=Bad prognosis, SCH=Schneider,
DSM: DSM-III,LN2= Langfeldt II (clinical version),
LNI: Lang Feldt I (research version) WI=WHO-IPSS (6 pointsout-off),KR =Kraeplin, NA=North America,
NM=Newmark,BIE=E.Bleuler,FI=Feighner,
M.BLM= Bleuler, GB=Great Britain and Y=Yusin.
(assessment of patients, conditions before the last month).
DN: Dongier, BPR=Bad prognsis, SCH= Schneider.
LN1=Langfeld(researchversion)NA=North America,
DS=DSM-III,KR=Kraeplin,WI=WHO-IPSS (6points cut-off)LN2=Langfeldt ii (clinical version),
BEL=E.Bleuler,NM=Newmark,FI=F-eighner, BLM=M.Bleuler,
GB= Great Britain and Y= Yusin.

# الموجز

## دراسة ١٣ نظام تشخيصى للفصام المصداقية فى عينة مصرية : التواتر، والاتفاق

تمت مقارنة التواتر والاتفاق بين ١٣ نظاماً لتشخيص الفصام: شنيدر، ى. بلويلر، م. بلويلر، لا نجفدت، كريبلين، أمريكا الشمالية، بريطانيا العظمى، دونجيرو منظمة الصحة العالمية، يوسين، نيومارك، التقسيم التشخيصى والأخصائى الأمريكى - الثالث، فيجنر.

وتم أختبار مصداقية خمسة من تلك الأنظمة من ناحية معدل الحدوث، التشخيص الإكلينيكى، الحساسية، الخصوصية، وتكونت العينة من ٢٠٠ من المرضى الذهانيين المودعين حديثا بأربعة مستشفيات نفسية بمصر.

وقد تم تقييم المرضى بواسطة النسخة العربية من استجواب لاندمارك لتقييم الفصام الذى صمم ليعطى احتياجات الأنظمة عشرة والذى أظهر أن الأنظمة تختلف كثيرا فى شمولها. وقد كأنه أعلى أتفاق بين الأنظمة التى تقوم بتعيين حدوث المرض ومسارة. وأيدت دراسة المصداقية فائدة التقييم التشخيصى الأخصائى الأمريكى - الثالث، ونظام تقسيم منظمة الصحة العالمية ونظام لانجفلدت للممارسة الإكلينيكية وأظهرت أن نظام فيجنر أكثرها تعييناً على استبعاد الأشكال الأخرى من الذهان.