THESIS REVIEW

Clinical Presentations of Recurring Psychoses

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This thesis tried to study the clinical presentations of recurrent psychoses in patients suffering from at least one previous psychotic episode. The assessment included the symptomatological manifestations using the Present State Examination **(PSE),**the personological factors using the Minnesota Multiphasic Personality Inventory **(MMPI),** the intellectual factors using the Wechsler Adult Intelligence Scale **(WAIS)** and other standardized predictors and follow-up measures.

The sample included 32 hospitalized patients, ten patients with affective psychoses and twenty two patients with schizophrenia. The dependent variables included the diagnosis according to the Egyptian Diagnostic Manual of Psychiatric Disorders **(DMPI),** the type of recurrence of psychotic illness whether regular *(periodical)* or irregular, the course of the illness, with complete remission, with partial remission or without remission, the duration of illness, the degree and severity of depression, the stage of developing elaborate delusions, and the stage of psychotic disorganization *(early VS. late decompensation).*

Results have shown that patients with schizophrenia were functioning at a significantly lower adaptive level than those with affective disorders at initial assessment. Patients with schizophrenia showed a significantly higher intellectual deterioration as measured by the Wechsler Deterioration Quotient **(WDQ)** but there were no symptomatological, personological or other significant statistical differences.

The course of illness, type of recurrence, duration of the psychotic disorders seem to be less differentiating variables among patients with recurrent psychoses. However, when a phenomenological clinical

approach was attempted to delineate subgroups of patients on three dimension of early vs. late psychotic decompensation it showed that patients in the early stage of disorganization have a disturbed ego function as measured by the MMPI derivative scales and indices. The dimension of the presence and degree of severity of depression showed that symptomatological factors increase with the increase of depression *(measured by PSE)*, and there was an increase in the neurotic defences as measured by the MMPI.

The dimension of developing delusional elaboration appeared very helpful to delineate subgroups with increased delusional formation that was associated with a deterioration in intellectual functions (WDG) > However, those patients with elaborate systematized organized delusions showed some features of more integration and even less pathological indicators than those with an ongoing disorganization.

A follow-up of the total sample, 3 years after initial assessment, failed to show any statistically significant differences between both diagnostic groups in psychiatric, social and occupational areas.

The implications of our findings and the possible role of the tools used, culture, and the diagnostic process were discussed in the context of descriptive clinical phenomenological stages that have tried to link the various modes of presentations into one coherent interrelated chain of events. The significance of our findings were discussed and criticized with the provision of recommendation for future work in this area.