JOURNAL ABSTRACTS

Temperament and Intellectual Development: a Longitudinal Study from Infancy to Four Years

BY: M. Maziade, R. Cote, P. Boutin, H, Bernier and J. Thivierge

Am. J. Psychiat., 144: 144– 150, 1987

The authors studied three temperamentally different subgroups *(difficult, average and easy)* from a large birth cohort. The three subgroups were matched for sex and socioeconomic status, which resulted in a total of 29 infants in each group. The infants were assessed by means of an infant temperament questionnaire at 4 and at 8 months and were reassessed at age of 4.7 years by another Parent Temperament Questionnaire. In addition, at the age of 4.5 years, the children were evaluated for I.Q. by Wechsler Preschool and Primary Scale of Intelligence, meanwhile the family was assessed through a semistructured interview for behavior control and communication.

The data suggested a strong effect of extreme temperament traits on I.Q. development in middle and upper socioeconomic classes and in families with superior functioning in terms of communication. The temperamentally difficult group unexpectedly displayed higher I.Qs., and the well-replicated effect of socioeconomic status on I.Q. development was observed mainly in this group.

These data support the hypothesis that difficult infants activate special family resources, which stimulates intellectual development over the years.

M. H. D.

Carbamazepine Versus Lithium in Mania: A double-blind Study

BY: B. Lerer, N. Moore, E. Meyendroff, S. Cho and S. Gershon

J. Clin. Psychiat., 48: 89– 93, 1987

The study reports a random-assignment, doubleblind of carbamazepine *(range 600 - 2600 mg/day, level of 8 - 12 ug/ml)* and lithium *(range 900 - 3900 mg/day, level of 1.0 mEq/L)* in thirty-four patients with bipolar disorder, manic, according to DSM-III criteria. Patients were drug-free for 7 - 14 days before entering the study and psychotropic medications were not allowed. Patients were evaluated by the Clinical Global Impression Scale and Biegel-Murphy Manic State Rating Scale. Twenty-eight patients, 14 in each group completed the full 4-weeks study period.

Results showed that both treatment groups improved significantly with a trend toward superior improvement with lithium that did not reach statistical significance. Improvement with lithium was significant statistically when the Clinical Global Impressions change scores were considered. Also the improvement with lithium treatment tended to be more consistent than the carbamazepine treatment. Improvement as measured by the Brief Psychiatric Rating Scale was greater in the lithium group than the carbamazepine group. Side effects tend to be more in the carbamazepine group.

The authors discussed the lack of significant differences between the antimanic effects of carbamazepine and lithium and suggested that lithium is more consistently effective in a heterogenous population of manic patients.

M.H.D.

• *Egypt. J. Psychiat. (1987).* 10: *197-209*

Cerebellar Atrophy in Schizophrenia and Affective Disorders

BY: W.R. Yates, C.G. Jacoby and N.C. Andreason

Am. J. Psychiat., 144: 465– 467, 1987

In this study the investigators evaluated 108 patients with schizophrenia, 50 patients with affective disorders *(24 bipolar, 26 unipolar)* and 74 age and se matched control subjects. Evidence for global cerebellar atrophy we:e searched for by CAT scan using five criteria among which were cerebellar hemisphere sulci larger than 1 mm and two or more cerebellar vermian sulci enlarged.

Four schizophrenic patients showed evidence of mild cerebellar atrophy. This was not significantly different from the control group, in which two patients had mild atrophy. Two patients with affective disorder, both bipolar and older than 50 years of age, had cerebellar enlargement. The overall rate of enlargement was not different in the patients with affective disorder when compared with control subjects, although there was a trend for the elderly bipolar patients to differ from control subjects.

These negative findings in patients with schizophrenia and affective disorders compared with control subjects support previous negative findings but contrast several findings in schizophrenia.

M.H.D.

Schizoaffective Psychosis: 1. Comparative Long-term Outcome

BY: P.V. Williams and T.H. McGlashan.

Arch. Gen. Psychiat., 44: 130– 137, 1987.

This study addressed the following questions:

1. Is Schizoaffective (SA) psychosis a distinct entity or is it a variant of Schizophrenia (S) or Affective Disorder (AD) ?,
2. Does SA disorder represent the mid-range of a continuous spectrum of Axis psychopathologic disorder whose poles are conventionally labelled S and AD, or is it a combination of two (or more) distinct illnesses ?.

The subjects is this study were schizoaffective patients (n = 68), schizophrenia (n = 163), bipolar disorder (n = 19) and unipolar disorder (n = 44). Diagnostic-demographic evaluation was conducted independent of knowledge about outcome which was assessed 15 years after discharge. S was defined as DSM- III criteria minus the AD exclusion clause.

Results showed that demographically and premorbidly, the SA cohorts profile paralleled that of unipolar active disorder (UNI). On most factors of psychiatric morbidity before admission, and on virtually all follow up measures *(work, social functioning, symptoms, further treatment and global functioning)*, the profile of the cohort with SA psychosis paralleled that of the cohort with S. At follow-up there were few resemblances between the sample with SA psychosis and UNI. On the whole, results suggest that among samples of long-term in patients, SA psychosis is closer to S than to affective disorder.

M.H.D.

Lithium Carbonate Treatment of Mania. Cerebrospinal Fluid and Urinary Monoamine Metabolites and Treatment Outcome

BY: C. Swann, S.H. Koslow, M.M. Katz, J.W. Mass, J. Javid, S,K, Secundu and E. Robins

Arch. Gen. Psychiat., 44: 345– 354, 1987

The article describes the biochemical effects of lithium carbonate treatment in manic patients (n = 19). Behavioral measures include the Hamilton Depression Rating Scale, the Schedule For Affective Disorder and Schizophrenia (SADS) Change Scale, Ching K-S Social Behavioral Scale, the Expressive Movement Scale Videotaped ratings, Rask in Mook Scale and Symptom Checklist-90.

The biochemical measures included (1) pretreatment CSF and urinary levels of monoamines and their metabolites; 3- methoxy-4 hydroxyphenylglycol (MHPG), norepinephrine (NE), vanillyl mandelic acid (VMA), metanephrine (M) and normetanephrine (NM).

The results showed that treatment with lithium carbonate was associated with significant decrease in CSF MHPG and Urinary NE excretion. These measures, before treatment were higher in manic patients than in either depressed or normal subjects and correlated significantly with severity of mania.

Responders (70%) of patients did not differ from nonresponders in pretreatment mania ratings or neurotransmitter measures. The CSF MHPG and Urinary NE excretion were reduced during lithium carbonate treatment in both responders and nonresponders. Urinary MHPG excretion was higher in nonresponders than in responders and correlated with several indexes of symptom severity.

The results support a link between mania and elevated noradrenergic function, but the treatment outcome was not related exclusively to the reduction of noradrenergic measures produced by lithium. The authors concluded that reduced noradrenergic activity may be necessary but not sufficient for successful treatment outcome with lithium carbonate.

M.H.D.

Comparative Efficacy of Long-acting Depot and Oral Neuroleptic Medications in Preventing Schizophrenic Recidivism

BY: I. Babiker

J. Clin. Psychiat., 48: 94– 97, 1987

By using the mental health services branch (MHSB) data of the Canadian province of Saskatchwean and the Saskatchwean Prescription Drug Plan (SPDP) on patients with ICD-9 diagnoses of schizophrenia who were discharged during a three-years period (1981-1983), with a 2-years follow-up, 1235 patients were included in the study. Neuroleptic preparations during the 2-years following index discharge included three groups; oral only (41%), long-acting depot (LAD) only (10%) and both oral and LAD (20%). There was also a fourth group (29%) with no-treatment. Dosage was classified as high and low.

Results showed that the patients maintained on oral neuroleptic medication alone had a significantly higher rehospitalization than those maintained on long-acting depot alone. The highest rehospitalization rate was found among patients prescribed combined depot and oral preparations. Dose had no significant effect on outcome, however, when the sexes were examined separately, the only significant result was in the LAD only group. Female patients did better on a standard dose and male patients better on a low dose.

The authors discussed their findings and suggested that the combined preparation practice is not only without logic but also exposes the patient to the worst of all possible treatment regimens.

M.H.D.

The Comparative Efficacy and Safety of Carbamazepine Versus Lithium : A Doubl-Blind-3-Year Trial in 83 Patients

BY: G.F. Placidi, A. Lenzi, F. Lazzerini, G. Cassano and H.S. Akiskai

J. Clin. Psychiat., 47: 490– 494, 1987.

The study included eighty-three in- and out-patients with major affective, schizoaffective and schizophreniform disorders as defined by DSM- III. Patients were randomly assigned on a double-blind basis to receive either carbamazepine *(range 400- 1600 mg/day, level 7- 12 mEq/L)* or lithium *(range 300- 1200 mg/day, level 0.6 1.0 mEq/L)*. Data on psychopathology and course of illness were gathered using standardized battery of rating scales. Patients also received other psychoactive medications, especially during the acute phase. Outcome measures were defined as a score of > 5.0 on the Clinical Global Impressions Scale of severity of illness during and after 36 months.

Results showed that the incidence of side effects was similar in both treatment groups, and side effects generally responded well to dosage regulation. The efficacy (safety and prophylactic profiles) of both drugs and as evidenced by course and outcome assessments appears to be similar. There was a significantly higher dropout rate during the acute phase in the lithium-treated patients with prevalent schizophrenic symptoms.

The authors concluded that lithium salts may be more efficacious in classical affective disorders, whereas carbamazepine may be more effective in the treatment of mood disorders with schizoaffective and schizophreniform features.

M.H.D.

Clinical and Biochemical Effects of Virapamil Administration to Schizophrenic Patients

BY: D. Pickar, O.M. Wolkowitz, A.R. Doran. R. Laborca, A. Breier and P. Narang

Arch. Gen. Psychiat., 44: 113– 118, 1987

The authors reported results of a pilot double-blind placebo-controlled trial of orally administered virapamil hydrochloride *(a calcium channel antagonist)* to seven chronically ill schizophrenic patients. After at least two weeks administration of a stable dose of fluphenazine, a placebo was substituted and maintained for at least four weeks prior to the initiation of verapamil. Verapamil was administered in divided daily doses starting with 240 mg/day with an increase to 480 mg/ day *(120 gm given four times a day)*. Behavioral measures included Bunney and Hamburg global ratings of psychosis and depression, the Brief Psychiatric Rating Scale (BPRS) and the Abrams and Taylor Rating Scale for Emotional Blunting (ATRS). In addition, the authors studied resultant changes in plasma and CSF levels of amine metabolites and have determined levels of verapamil and its active metabolite, norverapamil in blood and CSF.

Results showed that verapamil administration to schizophrenic patients exhibited no therapeutic effect. Behavioral effects characterized by worsening of unco-operative and hostile behavior and a state of heightened emotional tone were observed. Verapamil produced significant increase in CSF and plasma levels of prolactin, as well as significant decrease in plasma levels of 3-methoxy-4-hydroxyphenylglycol.

The lack of therapeutic effects of virapamil in schizophrenic patients differs from earlier reports of its usefulness in treating manic patients.

M.H.D.

Cross-cultural Aspects of the Somatization Trait

BY: J.I. Escobar.

Hospital. Comm. Psychiat., 38: 174– 180, 1987

The author discusses the various presentations and dimensions of the somatization syndrome in his own view. He lists and suggests that somatization could be found as a primary disorder, masked disorder, a trait and as an associated disorder. In addition, he discusses the relationship of somatization with psychological mechanism, depression, schizophrenia, in nonclinical and in general medical populations.

Data are presented from the Epidemiological Catchment Area (ECA) Program in Los Angeles sponsored by the National Institute of Mental Health. One of the major goals of this program was to compare the prevalence of DSM- III disorders and the use of services for two large ethnic groups, Mexican-Americans and White non-Hispanics. The findings showed no ethnic differences in the prevalence of full DSM- III somatization disorder. However, the distribution of the somatization symptoms showed that Mexican-American females reported a higher mean number of positive somatization symptoms (six or more) than white non-Hispanic females. Hispanic women over the age of 40 and those who also had other DSM- III diagnoses had the most striking number of symptoms, almost 5 percent of Mexican-American females aged 40 and over who met criteria for DSM- III depression dysthymia had six or more positive somatization symptoms compared with less than 20 percent of their non-Hispanic counterparts.

The author points out to some of the practical problems in considering DSM- III role and rules in diagnosing patients with somatization syndromes. He suggests that the cross-cultural variability of somatic symptom might influence the tendency of the medically ill to us a general pracitoners rather than psychiatric services. At the end, he proposes criteria for a new somatization construct that encompasses the nation of somatization as trait.

Mitral Valve Prolapse and Thyroid Abnormalities in Patients with Panic Attacks

BY: W. Matuzas, J. Al-Sadir, E. Uhlenhuth and R. Galss

Am. J. Psychiat. 144: 493– 496, 1987

Several studies have suggested an association between panic disorder and mitral valve prolapse and thyroid abnormalities. In this study the investigators evaluated a consecutive series of 65 patients self-referred because of panic attacks. Patients were examined for cardiac abnormalities by echocardiographic diagnostic criteria and auscultatory observations. Thyroid function studies assessed T3, T4, FT4I, thyrotropin (TSH), and microsomal and thyroglobulin antibodies.

This study showed that 50% of patients with panic attacks had mitral valve prolapse according to both methods. Twenty-six percent of the women had some thyroid abnormality, 17% had thyroid microsomal antibodies. There was no apparent relationship between mitral valve prolapse and thyroid abnormalities.

The investigators speculated that a systematic disorder exists that has a variety of manifestations, including panic attacks, mitral valve prolapse and autoimmune thyroid disorders.

M.H.D.

Family Composition and Child Psychiatric Disorders

BY: H. Steinhausem, S. Von-Aster and D. Gobel

J. Am. Acad. Child Adol. Psychiat. 26: 242– 247, 1987

In order to investigate the question regarding the relationship of psychopathology of the child and family composition, data on three different levels were obtained from a consecutive series of patients (n= 1821) newly admitted to the Department of Child and Adolescent Psychiatry, Free University of Berlin, during 1978 to 1981. 86% were out patients and were grouped with regard to the parental status and according to the psychiatric diagnoses. The levels of data were (a) developmental factors and history (b) questionnaire findings dealing with abnormal child behavior and (c) child psychiatric diagnoses.

In general, the findings indicated that family composition is a relevant factor with regard to child psychiatric disorders. It was found that some aspects of the history of the child differentiated among various groups of family composition (perinatal risk factors, stress during infancy and developmental delays), whereas behavioral abnormality scores based on paternal questionnaire did not. Conduct disorders were more frequent in almost all groups of single parents, and neuroses were more common among children of widowed mothers and children living with their biological fathers and stepmother.

M.H.D.

Panic and Avoidance in Agoraphobia. Application of the Path Analysis to Treatment Studies

BY: D.F. Klein, D.C. Ross and P, Cohen

Arch. Gen. Psychiat., 44: 377– 385, 1987

The authors conducted two consecutive 26-weeks studies of agoraphobic patients to explore a causal sequence between panic and avoidance and to provide recommendation for psychotherapy, pharmacotherapy and their combination in treating agoraphobia.

In the first study (n = 28) there were diagnostic groups; agoraphobic, mixed and simple phobic. The design of the study contrasted (1) systematic office-based, hierarchical desensitization with either imipramine or placebo and (2) supportive therapy with imipramine.

In the second study (n = 40), agoraphobics were evaluated and assigned randomly in a double-blind fashion to either imipramine or placebo. In both studies, the mean daily dose of imipramine was approximately 200 mg/ day. In both studies, patients were assessed for panic and avoidance baseline, midcourse and termination.

Results of an elegant statistical manipulation (path analysis) showed that systemic exposure was superior to office-based treatment in lowering avoidance. Exposure appeared to produce quicker improvement of avoidance than office-based therapy, but relapse occurred if this improvement was not supported by medication. Exposure did not benefit panic. Imipramine was superior to placebo in lowering panic and avoidance at midcourse and after termination.

Exposure without imipramine is of benefit only in reducing avoidance, but adding imipramine to exposure is necessary for panic control and helps to improve exposure and maintains it.

The investigators proposed that agorphobic patients should be informed that imipramine is superior to exposure in the treatment of panic states.

M.H.D.

Attention Deficit Conduct, Oppositional, and Anxiety Disorders in Children II. Clinical Characteristics

BY: J.C. Reeves, J.S. Werry, G.S. Elind and A. Samtkin

J. Am. Acad. Child Adol. Psychiat., 26: 144– 155, 1987

The primary aim of the study was to external validity of the four DSM- III major diagnostic categories of Attention Deficit Disorder with Hyperactivity (ADDH), Conduct Disorders (CD), Oppositional Disorder (OPP) and the Anxiety Disorders (ANX) by studying a large number of their correlates and by measuring them in objective ways independent of clinical methods.

One hundred and five children aged 5-12 y. with the previous diagnoses were compared with each other and with normal children in the following areas : social and family background, emotional nurturance, duration of the disorder, cognition, neurodevelopmental factors, activity level, personality, stressors, arousal and habituation to stimuli and auditory activity. The instruments used included; the Diagnostic Interview Schedule for Children-parent Version, a short version of a neurological examination by Taylor, Waldrop Minor Physical Anomalies (MPA), Dunedin Articulation Screening Scale (DASS), Revised Behavioral Problem Checklist (RBPC), Life Events Record, Social Competence Profile, Family Adversity Index, Conner's Teacher Questionnaire (TQ) and Prosocial Behavioral Questionnaire.

Results showed that conduct and oppositional disorders resemble each other and seldom occurred in the absence of ADDH so were combined into an ADDH plus conduct group. ADDH-CD resembles ADDH, except that the social handicap is somewhat more severe and the etiology includes marked factors adverse to the child rearing coupled with alcoholic, antisocial fathers. Anxiety Disorder children were less predominantly male, less socially or academically disabled, but had more anxious parents. Anxiety Disorder is a disabling disorder that may be related in some way to maternal anxiety, whereas ADDH is a serious, at least partly cognitive disorder, of uncertain, possibly neurodevelopmental, origin.

This study suggests that ADDH + CD may be some kind of interaction between whatever is the cause of ADDH and psychosocial environmental factors.

M.H.D.