JOURNAL ABSTRACT

School Phobia : The Overlap of Affective and Anxiety Disorders

BY

G.A. Bernstein and B.G. Garfinkel, Journal of the American Academy of Child Psychiatry, 25, 2: 235-41, March 1986.

In a group of 26 early adolescent, chronic school refuser, 69% met DSM-III criteria for affective disorder (depression), 62% met criteria for anxiety disorder, and 50% had both depressive and anxiety disorders. Patients with both disorders were more severely symptomatic as indicated by higher scores on rating scales for anxiety and depression. While children and adolescents with depressive disorders frequently reported anxiety symptoms, in general those with anxiety disorders do not commonly describe depression. However, those patients with severe anxiety symptoms reported specific depressive symptomatology as generalised dysphoria with episodic suicidal ideation and neurovegetative symptoms, indicating that severe anxiety disorders in children and adolescents may be clinically indistinguishable from depression.

The assessment procedures treated specifically for that project, employing both a structured interview and self-report, were a complete and reliable plan. The results showed that the mean age of the sample (13 years, 7 months) indicates a bias toward older patients with school refusal. In addition, the patients had a chronic history of school refusal with 80% having more than a 2-year history of symptoms, thus, the current study explored the older, chronic school refusal group, which had been refractory to previous treatment, and several studies suggest that chronic school refusers have more psychopathology than those with acute, short duration illness. Also, there was a familial predisposition for psychiatric disorders including alcoholism and depression in relatives of the patients of the study.

The present study found it difficult to separate the symptoms of anxiety and depression, and to determine whether one disorder was primary and the other was secondary (i.e.) the cause and effect in chronic school refusal was not clear. It is likely that the study

patients were unable to attend school because of primary affective or anxiety disorder, and on the other hand, chronic absenteeism may lead to depression and anxiety or contribute to the persistence and worsening of these symptoms. The finding that the high anxiety patients described specific symptoms of depression more often than the low anxiety group appear to be consistent with the hypothesis that severe anxiety disorders may be indistinguishable from depression. Family history of the study group suggest that major depression with anxiety disorder may be a subgroup of depression with depressive and anxiety disorders representing a subgroup of affective disorders of adolescence. Another possible explanation for the reported overlap might be that the overlap of symptoms presentation led to overdiagnosing of either affective or anxiety disorders.

Further research is needed to define the relationship between affective and anxiety disorders in the older age, chronic school refusers before accepting the suggested overlap. A larger sample and the use of more data reported by parents will help to clarify issues raised with this study.

M.R. El-Fiky

Pathological Cerebral Blood Flow During Motor Function in Schizophrenic and Endogenous Depressed Patients

By: Guenther, W.; Moser, E.; Shahn, F.M.; Von Oefele, K.; Buell, U. and Hippius, H.

Biol. Psychiatry, 1986, 21: 889 - 899

The author examined 16 schizophrenic patients (8 Type I and 8 Type II) and 16 endogenous depressed patients (8 severely depressed and 8 less severely depressed according to their scores on the Hamilton Depression Scale) and compared them with a group of controls as regards the regional cerebral blood flow using ^{133}Xe inhalation method in resting conditions and during motor activity of the dominant right hand. In the healthy subjects the authors found increases of rCBF of 26% which were strictly limited to the contralateral primary motor area during performanc of a repetitive movement of the dominant right hand. In schizophrenic patients of Type I as well as in the less severely endogenous depressed patients there was a bilateral hyperactivation of rCBF, while in schizophrenic patients Type II and severely endogenous depressed patients there was a significant hypofunction of the contralateral primary motor area. The fact

that all the depressed patients were receiving medication at the time of the experiment points to the possibility that the rCBF abnormalities seen in those patients are more or less secondary to medication. As to the schizophrenic group the signs of disturbed laterality of function combined with evidence of non-reactivity of function in Type II patients tempt to the speculation that only a chronic functional disorganization can explain this compensatory function pattern, which may amount to an inversion of function of the two hemispheres. However, a longer lasting bilateral diffuse hyperactivation is rather uneconomical if compared to the very economical flow increases in healthy subjects who perform the task even better. Thus after a period of time the risk may occur that this hyperactivity changes into nonreactivity both centrally (reduced rCBF) and behaviourally (change from Type I to Type II). The authors suggest a careful examination of the dimension of negative versus positive symptoms in psychiatric patients, now being studied with brain mapping and brain imaging techniques.

AIDA SEIF EL DAWLA

Cerebellar Pathology in Schizophrenia?

A Neurometric Study

Lohr, J.B. and Jeste, D.V.

Biol Psychiatry, 1986; 21: 865 - 875

The authors reviewed neurological, neuroradio-

logical and neuropathological studies of cerebellar involvement in schizophrenic patients versus controls and hypothesized the presence of some evidence of possible cerebellar pathology in a proportion of schizophrenic patients, the specificity and exact nature of which is however unclear. They further conducted a neurometric study of principal efferent neurones in cerebella from the brains of 23 leucotomized schizophrenic patients (meeting the criteria of DSM-III), 23 leucotomized controls and 37 normal controls. There were no significant differences among the three groups in Purkinje cell density in anterior vermis, posterior vermis or hemispheres, size of the Purkinje cell or its nucleus in anterior vermis or multipolar cell density in dentate nucleus although the values were slightly lower for schizophrenics. The authors suggested the following possible explanations for their findings:

(1) The diagnoses were all chart diagnoses and in some cases the available clinical material was incomplete.

(2) It may be that the cerebellar vermis was atrophic despite normal Purkinje cell density, although this is a very unlikely combination.

(3) It is possible that pathological changes in the cells may not be apparent on simple measurements

of their density or size. Thus the cells might be electrophysiologically or neurochemically abnormal.

(4) Lastly, it is possible that cerebellar pathology characterizes only a subgroup of schizophrenic patients. The clinical definition of this subgroup remains yet to be accomplished.

AIDA SEIF EL DAWLA

Antianxiety Effect of Cannabis
Involvement of Central Benzodiazepine Receptors

Sethi, B.B.; Trivedi, J.K.; Kumar, P.; Gulati, A.; Agarwal, A.K. and Sethi, N.

Biol Psychiatry, 1986; 21: 3 - 10.

The present work, involving clinical, behavioural and biochemical studies was undertaken to elucidate the probable mechanism of the observed antianxiety effects of cannabis. The population for the clinical study consisted of 50 male chronic cannabis users who were otherwise healthy and 50 matched controls. When evaluated on Taylor's Manifest Anxiety Scale, these subjects had low anxiety scores as compared with the controls. To explore the possible interaction of cannabis with the benzodiazepine receptors, behavioural and biochemical studies in mice were devised, involving acute and chronic cannabis administration.

Behavioural study revealed that mice under chronic cannabis treatment scored significantly higher on foot shock induced aggression,but this was significantly blocked by benzodiazepine receptor antagonist. Furthermore chronic cannabis treatment significantly increased the frequency of licking response periodically punished by shocks. This confirms the antianxiety effect of cannabis, which also appears to be mediated through a benzodiazepine receptor blocker. Specific ^{3}H-diazepam binding was carried out in frontal cortex to assess both the population and affinity of benzodiazepine receptors. Our results indicate that acute cannabis treatment has no significant effect whereas chronic cannabis treatment significantly increased ^{3}H-diazepam binding as compared with controls. Further analysis reveals that increased affinity is responsible for increased binding to these receptors. It is therefore the authors' contention that the antianxiety effect of cannabis is mediated through central benzodiazepine receptors.

AIDA SEIF EL DAWLA

Bromocriptine in the Treatment of Neuroleptic Resistant Schizophrenia

Gattaz, W.F. and Kollisch, M.

Biol. Psychiatry, 1986; 21: 519 - 521

In the search for a drug that potentiates the

therapeutic effect of neuroleptics without enhancing their side effects a single low dose of bromocriptine was reported to reduce the psychopathology in neuroleptic medicated schizophrenics. The authors tried a 4 weeks chronic low dose bromocriptine treatment given additionally to haloperidol in a neuroleptic resistant schizophrenic patient with a marked prompt improvement suggesting a causal relationship between the introduction of the drug and the following clinical improvement. How? The antipsychotic effect of haloperidol has been ascribed to its potency in blocking dopamine (DA) postsynaptic receptors, while it was found to have no DA autoreceptor blocking ability. Bromocriptine in turn is a DA agonist which, at low doses, is supposed to preferentially stimulate the inhibitory presynaptic DA autoreceptors, thereby lowering the activity of tyrosine hydroxylase and consequently the DA synthesis and release. In the face of these data, the authors speculate as to whether or not the addition of low doses bromocriptine would potentiate the antipsychotic efficacy of haloperidol by acting on presynaptic sites and hence in combination with the postsynaptic sites and hence in combination with the postsynaptic effect of haloperidol increasing the dopaminergic inhibition.

AIDA SEIF EL DAWLA

Gliosis in Schozophrenia: A Survey

Roberts, G.W.; Colter, N.; Lofthouse, R.; Bogerts, B.; Zech, M. and Crow, T.J.

Biol. Psychiatry, 1986; 21: 1043 - 1050

Brain material from 5 cases of schizophrenia, 5 cases of Huntington's chorea and 7 controls were fixed in formaldehyde each hemisphere embedded in paraffin separately, cut in sections and coronal sections from the left hemisphere of each, matched for anatomical level, were studied for gliosis using the ratio between the mean grey level of each brain region on a section and the respective mean background grey level as an index for gliosis (GFAP ratio). None of the patients had been treated with neuroleptics, insulin coma, electrical shock or other convulsive therapies. None of the control or schizophrenic cases had any history of neurological disease.

Areas of damage and their particular concomitant reactive astrocytosis were clearly revealed and assessed in the striatum in Huntington's chorea revealing the adequacy of the method used. It is expected therefore that if neuronal destruction occurs in schizophrenic brain it would be visible as regions of increased GFAP staining. The data presented do not support the concept that there is widespread pathologically

significant gliosis in the brain in schizophrenia in any of the 20 brain regions examined. These negative findings are of note because evidence has previously been presented of structural differences in the temporal lobe between the schizophrenic and control group.

AIDA SEIF EL DAWLA

Effects of Depression and ECT on Anterograde Memory

Steif, B.L.; Sackeim, H.A.; Portnoy, S.; Decina, P. and Malitz, S.

Biol. Psychiatry, 1986; 21: 921 - 930

This study investigated immediate and delayed recognition memory in 19 depressed patients undergoing electroconvulsive therapy and in matched normal controls. At baseline patients manifested a marked deficit in immediate memory (acquisition), but showed no deficit in delayed memory (retention). When retested 24 - 36 hours following the seventh ECT, patients showed reductions in both immediate and delayed memory performance. At retesting 4 days, on average, after the ECT course, immediate memory scores returned to baseline levels, but delayed memory performance remained impaired. The suggestion is offered that the effects of ECT on delayed memory are more persistent than its effects on immediate memory. In this light, some of the discrepancies in the literature regarding the

relative magnitude of immediate and delayed memory deficits may be explained as a function of the intervals used between the last ECT and memory testing.

AIDA SEIF EL DAWLA

Three Tests of Cortisol Secretion in Adult Endogenous Depressives

Acta Psychiatrica Scandinavica, 1985, 71, 1.

E.J. Sachar; J. Puig-Antich; N.D. Ryan; G.M. Asnis; H.Rabinovich; M. Davis and F.S. Halpern.

Abnormalities of cortisol secretion have been shown to be strong psychobiological markers of endogenous depressive disorders (EMDD) in adult patients Various tests have been sucessfully used to separate adult EMDD form normal volunteers and from nondepressed psychiatric patients, an example of which are measures of 24 h. mean plasma cortisol, the d-amphetamine cortisol test, and the dexamethasone suppression test.

This study tried to find out the correlation between 3 of the tests used to measure abnormalities of cortisol secretion, as the results of various tests are not directly comparable, nor is it known whether these tests are complementary to or independent of each other.

Seventy-nine drug-free adult patients fitting the research diagnostic criteria for ENDD, and 64

normal volunteers, were studied at pretreatment with at least one of three tests of cortisol secretion. The tests were:

(1) mean half-hourly cortisol concentrations from 1p.m. to 4 p.m.

(2) plasma cortisol response to 0.15 mg/kg of dextroamphetamine hydrochloride in the afternoon.

(3) dexamethasone suppression test using 1 or 2 mg.

Analysis of data was performed for each test singly, for all pairs of tests and for all three tests in same subjects. Results show that the single most sensitive cortisol test for depressions is the dextroamphetamine cortisol test (DACT) (72%), with a specificity of 88%. These tests may measure different underlying pathophysiologies associated with depression.

SAFEYA EFFAT

Supersensitivity to Light: Possible trait marker For Manic-Depressive Illness

Am. J. Psychiatry, 1985, 142, 6.

Alfred, J. Lewy; John, I. Nurnberger; Thomas A. Wehr; Danial Pack, Leslie; E. Becker, Rosa-Lee Powell, M.S.N. and David A. Newsome.

This article is forwarded by a brief introduction about the physiological production of melatonin, as

it is produced primarily during nighttime darkness, mediated through the retinohypothalamic tract, the light-dark cycle entrains (synchronises) an endogenous circadian pacemaker located in the suprachiasmatic nucleus of the hypothalamus, this results in the characteristic nighttime increase and daytime decrease in pineal production of the hormone; melatonin. Exposure to light during night produces an immediate reduction in melatonin production with positive correlation with the brightness of the light. The study was conducted on euthymic patients who had a history of manic-depressive illness and normal subjects, where plasma melatonin was measured before and after exposure to light during night.

The results of the study revealed that melatonin suppression was greater in euthymic patients than in normal subjects, this means that euthymic patients are supersensitive to light. The fact that they are supersensitive as actually ill manic-depressive patients suggests that this finding may be a trait marker for bipolar affective disorder.

Super sensitivity to light can also explain observations of phase-advanced circadian rhythms in patients with affective disorders because greater sensitivity to light in the morning could advance circadian phase position.

SAFEYA EFFAT

Psychopharmachological Analysis of some Behavioural Models of Depression

R.D. Porsolt. Ph.D.

Published in Psychiatry and Psychobiology, Vol.1, No.2, 1986.

This paper has attempted to illustrate how drugs by virtue of their fairly specific pharmacological and clinical effects can be useful for analysing behavioural phenomena in animals and frequently represent an objective tool for testing anthropomorphically-derived hypothesis. The similarity of clinically effective treatments is one of four criteria which mustbesatisfied by behavioural model of depressive illness. Similarity of behavioural states induced similarity of the underlying neurobiological mechanisms and lastly our fourth criterion which is probably the most relevant because fairly reliable informations about the efficacy of treatments, particularly drugs is already available. Thus judicious testing of known drugs can serve as an important tool for analysing the behavioural changes observed in different behavioural models. It is illustrated in this study by describing pharmacological analysis of separation and social dominance phenomena in monkeys and of acute and chronic stress in rats. But one should nonetheless remain alert to the dangers of over simplification; depression remains a heterogeneous illness and it is therefore unlikely that a particular treatment is universally effective in depression while another is totally without effect. The drug testing strategy is however, relatively simple to manipulate and can often provide unambitious answers to otherwise debatable questions.

AHMED SAAD

The Effects of Lithium on Neuroendocrine Functions in Affectively ill Patients

Joffe, R.I.; Post, R.M.; Ballenger, J.C.; Rebar, R. and Gold, P.W.

Acta Psychiat. Scand. 1986; 73: 524 - 528

The authors studied the hormone responses to sequential stimuli, namely arginine, TRH, and LHRH in 8 patients with major depression before and during treatment with lithium. All subjects met DSMIII criteria for major depressive disorder. Routine physical examination and laboratory screening were done to exclude renal, hepatic, neurological and endocrine disorder, which would affect the study. The drug was found to elevate baseline TSH and prolactin and to augment both their responses to TRH. No clinically significant effects on sex hormones were noted. The authors discussed the lithium's mechanism of action with the aid of the advantages of the experimental design. They concluded that, lithium, which inhibits dopamine function and may thereby alter prolactin levels would be expected to alter levels of GH at baseline. Also, lithium was found to have a considerable antithyroid effect and a well established role in inducing primary hypothyroidism by interference with the synthesis and release of thyroid hormone within the thyroid gland.

ADEL SERAG

Psychiatric and Social Aspects of Permenstrual Complaint

Clare, W., Anthony, (1983). Psychiatric and social aspects of premenstrual complaint. Psychological Medicine, monograph supplement 4, Cambridge University Press.

This study examines in some detail the psychological and social features of women identified as premenstrual complainers and who do or do not manifest associated psychiatric ill-health and enables comparisons to be made between these two groups of women and women who are neither psychiatrically ill nor premenstrual complainers, and women who while psychiatrically ill do not complain of symptoms linked to the premenstrual phase.

*** The basic hypothesis of this study-namely, that there is a statistically significant and positive association between psychiatric ill-health and premenstrual symptoms reporting - is confirmed. The association between positive scores on the General Health Questionnaire (GHQ) and premenstrual complaint as measured by the Modified Menstrual Bistress Questionnaire (MMDQ) is highly significant ($P<0.0001$), and the results of the interview phase of the study confirm this association.

*** Psychiatrically ill premenstrual complainers are significantly more likely than psychiatrically healthy premenstrual complainers to complain of

'psychological' symptoms and, to a lesser extent, of symptoms of 'behavioural 'changes, but there is no difference between these two groups in the 'physical' symptoms premenstrually.

*** The scores of women on the MMDQ are distributed on a continuous, unimodal, positively skewed curve. Less than 5% of women in the general practice sample failed to identify some symptom change or behavioural alteration occurring during the premenstrual phase or being exacerbated in that phase, suggesting that the vast majority of women do note some degree of physical, psychological and/or behavioural change during this phase of the cycle.

*** There is no significant association between premenstrual complaint and overall social maladjustment. However, there is a statistically significant and positive relationship between disturbances in marital function and premenstrual complaint which is independent of psychiatric status.

*** No significant association is found between lowered progesterone levels during the luteal phase of the menstrual cycle and the premenstrual complaint. Nor is any association found between high levels prolactin and premenstrual symptomatology.

Magda Fahmy

DISORDERS OF SOCIAL SKILLS IN PSYCHIATRIC PATIENTS

(ABSTRACT)

The main objective of the present study is to examine the disorders of some social skills in three samples:

Schizophrenics (N = 40), neurotics (N = 30) and normal controls (N = 40). Three social skills differentiated between normals and patients groups (participation in social activities, self - disclosure and self-assertiveness). However, there were no differences between schizophrenics and neurotics. There were no relationships between social skills and some demographic variables.

LES TROUBLES DES HABILETES SOCIALES CHEZ LES MALADES MENTALS

(ABSTRAIT)

L'etude presente avait comme objective principale d'etudier les troubles de quelques habiletes sociales dans trois echantillons: 40 schizophrenes, 30 nevrotiques et 40 temoins normaux. Trois types d'habiletes sociales pouvaient differencier entre les malades et les temoins: la participation aux activites sociales, la divulgation et l'assurance en soi. Pourtant, il n'y avait pas de difference entre les schizophrenes et les nevrotiques. De meme, il n'y avait pas de relation entre les habiletes sociales et quelques variables demographiques.

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الى أنه لم تتضح أية علاقة بين التشخيص السكاترى و بين اضطراب المهارة الاجتماعية من دراسته التى أجراها على مجموعة من المرضى يمثلن تشخيصات سيكاتر ية مختلفة شملت الفصام والاضطرابات الوجدانية والاكتئاب النفسى، ومشكلات المراهقة، والاعتماد على الكحوليات، واضطرابات الشخصية.

كما أشارت دراسة برانيت وزملائه
الى أنه لم يتبين وجود أى أرتباط بين اضطراب المهارات الاجتماعية و بين عدد من المقاييس الاكلينيكية منها طول مدة المرض، وطبيعة الأغراض، والتشخيص باستثناء العلاقة التى أتضحت بين اضطراب المهارة و بين الاكتئاب لدى الذكور. Through P.Trower et al;1978,p.52

تعر يف بالمؤلفين :

أستاذ دكتور / مصطفى سو يف : أستاذ علم النفس ــ جامعة القاهرة.

دكتور / عبد المنعم عاشور : أستاذ مساعد الطب النفسى ــ جامعة عين شمس.

السيد / اسامة أبوسر يع : مدرس مساعد علم النفس ــ جامعة القاهرة.

دكتور / محى الدين حسين : أستاذ مساعد علم النفس ــ جامعة القاهرة.