Journal Abstracts

Disordered Thinking : Does It Identify Nuclear Schizophrenia ?

By : M. Harrow, M. Silverstein and J. Marengo

Arch. Gen. Psychiatry, 40 : 765—771, 1983

Many Theorists believe that there is a population of "nuclear" or "true" schizophrenics, perhaps representing a separate diagnostic group, and that these patients can be contrasted with other psychotic patients, many with illnesses that might be labeled schizophreniform disorders. One of the major theories in this area is that the presence of a severe thought disorder distinguishes the nuclear schizophrenic.

To evaluate formulations that thought disorder at the post-hospital phase identifies a subgroup of nuclear schizophrenics with poor outcomes, 77 patients from a longitudinal project were followed up on major dimensions of psychopathology linked to nuclear schizophrenia.

The data indicate that 1) schizophrenics were more thought disordered than were nonschizophrenics at the post-hospital phase; 2) thought-disordered schizophrenics had only slightly poorer scores on classic prognostic indicators associated with poor outcomes; 3) a subgroup of early chronic schizophrenics were not severely thought disordered; 4) almost all severely thought-disordered schizophrenics demonstrated clear evidence of delusional activity at follow-up; and 5) thought-disordered schizophrenics had poorer outcomes. The overall results fit in with formulations that a severe thought disorder is one of several major features of schizophrenia. The data suggest that post-hospital thought disorder identifies a subgroup of poor-outcome schizophrenics, although some non-thought-disordered schizophrenics also show poor outcomes.

R.H.

The Relationship of Personality to Affective Disorders.

By : H. Akiskal, R. Hirschfeld and B. Yerevanian

Arch. Gen. Psychiatry, 40 : 801—810, 1983.

It is widely believed that psychopathologic states arise from enduring, preexisting, and predisposing traits that constitute the premorbid personality. This critical assessment of the relationship between personality and affective illness will focus on previous research efforts, and on emerging clinically relevant finding about this complex relationship. The postulated relationship between personality and affective states has been developed largely from clinical reconstruction of the premorbid histories of patients studied during, or subsequet to, an illness episode. Although these clinical approaches have generated valuable insights, they have been subject to the bias inherent in such methods. The assumption that personality disturbance precedes affective episodes has yet to be demonstrated in large-scale, rigorous prospective research. In fact, current evidence suggests that such disturbance not uncommonly represents the sequel of incompletely remitted affective episodes.

Although characterologic constellations such as obsessionalism, dependency, introversion, restricted social skills, and maladaptive self-attributions are popularly linked to the pathogenesis of depressive disorders, the evidence in support of this relationship remains modest. Indeed, many of these attributes may reflect state characteristics woven into the post depressive personality. Current evidence is strongest for introversion as a possible premorbid trait in primary nonbipolar depressions. By contrast, driven, work-oriented, obsessoid, extroverted, cyclothymic, and related dysthymic temperaments appear to be the precursors of bipolar disorders. Other personalities, while not necessarily pathogenic in affective disorders, nevertheless may modify the clinical expression of affective disorders and their prognosis.

R.H.

Depression, Delusion and Suicide

By : Steven P. Roose, Alexander H. Glassman, B. Timothy Walsh, Sally Woodring R.N. and Jacques Vital-Herne.

Am. J. Psychiat., 140 : 1159—1162, 1983.

The risk of suicide is a prevalent concern in the treatment of patients with depressive illness. Numerous studies have documented that patients with affective illness have a high rate of suicide and that people who commit suicide have a high incidence of depressive symptoms. In this study, the authors made a retrospective analysis of all the suicides at the New York State Psychiatric Institute over a 25-year period. They assigned diagnoses arcording to the Research Diagnostic Criteria and DSM III and found that among the patients who committed suicide there were 14 with unipolar endogenous depression and 10 of them are considered delusional or probably delusional. In comparison, a control group of similarly diagnosed depressed patients taken from the same institution over the same time period included far fewer delusional depressions. Thus, there was a significant association between delusions and suicide. A delusionally depressed patient was a five times more likely to commit suicide than a nondelusional one.

H.S.

Familial Relatedness of Schizophrenia and Schizotypal States.

By : M. Baron, R. Gruen, L. Asnis and J. Kane.

Am. J. Psychiat., 140 : 1437—1442, 1983.

Psychiatric disorders that aggregate in families of patients with schizophrenia but that do not satisfy criteria for schizophrenia are of great interest to psychiatry. Such disorders include the state or condition of the borderline syndrome; ambulatory, pseudoneurotic, or latent schizophrenia; and "inadequate", schizoid, and paranoid personalities. Spitzer and associates have developed operational criteria for border-

line schizophrenia, the symptoms cluster they proposed was later adapted in DSM–III as schizotypal personality disorder.

In this study we explore the occurrence of schizophrenia and schizotypal personality disorder in the siblings of schizophrenic probands. These disorders are considered in the context of parental psychopathology. Three parental mating types are examined : 1) both parents had schizotypal personality disorder, 2) one parent had the disorder and one was normal, 3) both parents were normal. A structured interview guide, the Schedule for Interviewing Borderlines, has been used to assess schizotypal features.

Siblings whose parents both had the disorder were at significantly greater risk for schizophrenia and schizotypal personality disorder than siblings with at least one normal parent. Similarly, the expectancy of schizotypal personality disorder alone and combined with schizophrenia was higher among siblings with one parent with the disorder than in siblings with two normal parents.

The use of rigorous diagnostic procedures, the blind assessment of familial morbidity, and the consistency of the data with previous clinical genetic investigations support the proposed relationship between schizotypal traits and schizophrenia.

R.H.

Borderline Personality Disorder :

Symptomatology and MMPI Characteristics.

By : R.J. Resnick, Patricia Schulz, S. C. Schulz,

R. M.Hamer, R. O. Frieded and S. C. Goldberg.

J. Clinic. Psychiat., 44 : 289—292, 1983.

Using the schedule for Interviewing Borderlines and the MMPI, 20 subjects diagnosed as borderline and / or schizotypal personality disorder were examined to determine, 1) whether having one diagnosis affected the likelihood of having the other; 2) the amount of diagnos-

tic overlap between the two diagnoses; and 3) whether different MMPI Profiles could be found.

The Study described has focused on the pretreatment characteristics of the patients who were required to meet the diagnostic criteria for BPD and for SPD according to DSM–III.

The results showed that if a given patient received a diagnosis of BPD, there was a high likelihood of his carrying a diagnosis of SPD. However, the converse was not true. Therefore, we should expect to find some overlap but also some differentiation between the inclusion criteria for BPD and SPD.

The Study examined whether the DSM–III criteria for BPD differentiated the two groups: 1) Those diagnosed as both BPD and SPD, and 2) those diagnosed SPD but not BPD. Of the eight criteria : impulsive / unpredictable, unstable interpersonal relationships, affective instability, self-damaging acts, inappropriate / intense anger, identity disturbance, intolerance of being alone and chronic emptiness or boredom. Only the first four criteria distinguished between the two groups. In all cases the frequency of these findings were higher in the borderline group.

In the schizotypal non-borderline group, depression is the only MMPI scale on which the mean score was 70. However, among the patients who were both borderline and schizotypal, there were 5 MMPI scales ▸ 70 : depression, psychopathic deviate, paranoia, psychasthenia, and schizophrenia. Thus, depression is the only scale that seems to be shared by both groups. The large differences were on the paranoid, schizophrenia, and manic scales which may differentiate between the borderline and non-borderline groups.

O. A.

Effects of Diagnosis and Treatment History on Relapse of Psychiatric Patients

By : Alex D. Pororny, Howard B. Kaplan and Ronald J. Lorimor

Am.J . Psychiat., 140 : 1598—1601, 1983.

The authors followed up 400 patients for one year after release from an inpatient psychiatric hospital. None of these patients was diagnosed as organic brain disorder or had significant physical disease. They grouped their findings by "schizophrenic" and "nonschizophrenic" categories. The nonschizophrenic group included affective disorders (53%), substance abuse (9%), neurosis (9%), personality disorders (13%), and the diagnosis was deffered for 16%. 34% of the total group were readmitted during that year, for schizophrenic patients the readmission rate was 49%, while for nonschizophrenic patients it was 21%.

Their findings show that the rate of rehospitalization was positively related to number of prior hospitalizations, comulative months of prior hospitalizations and duration of illness, but the relationship varied between the schizophrenic and non schizophrenic groups as the prior hospitalization of non-schizophrenic patients markedly increased the likelihood of rehospitalization.

A. S.

A Case of Subdural Hematoma Mimicking Severe Depression With Conversion – Like Symptoms

By : Renato D. Alarcon and Rayford W. Thweatt.

Am. J. Psychiat., 140 : 1360—1361, 1983.

The authors described an alcoholic patient in whom severe depressive symptoms and conversion – like features masked the diagnosis of subdural hematoma. They stressed that physical illness should be strongly considered as the basis for psychiatric symptoms in any alco-

holic patient, especially those with atypical presentations. Furthermore, they added that the psychiatric clinician cannot rely solely on others' evaluations to rule out organic illness and must pay close attention to seemingly isolated symptoms that suggest an underlying organic basis. They adviced to be aware of conditions that may give a false-positive on the dexamethasone suppression test and to avoid premature diagnostic closure.

A. S.

Dreams, Hallucinogenic Drug States and Schizophrenia : A Psychological and Biological Comparison

By : Lawrence G. Fischman

Schizophrenia Bulletin, 9 : 75—94, 1983.

The similarity between dreams and madness has been stated frequently through out history. The similarities between dreams, hallucinogenic drug states and schizophrenia have also been observed. In this article, the author describes areas of convergence between the three states. The fundamental properties shared by schizophrenia and hallucinogenic drug states are considerad and then extended to dreams. The concept of ego boundaries of Federn and its subsequent revisions in the literature are reviewed. Then, this concept is applied to the three states. The author considers that the impairment of the reality-oriented secondary process and the emergence of florid attributes of the primary process could account for many of the characteristics of the three states. The article then shifts to the discussion of biochemical, anatomical and neurophysiological correlates of the analogy between dreams and hallucinogenic drug states, with emphasis on serotonin which seems to play an important role in regulating both states as well as schizophrenic states.

H. S.

EEG Sleep in Depressed Adolescents

By : Henry W. Lahmeyer, Elva O. Poznanski and Srinath N. Bellur

Am. J. Psychiat., 140 : 1150—1153, 1983.

Sleep disturbances are a well known concomitant of endogenous depression in adults. Prolonged onset of sleep, frequent arousals, decreased total sleep and early morning awakening have been both subjectively reported and objectively measured. Disturbances in REM sleep, in the form of shortened REM latency and a long first REM period with excessive rapid eye movements, are well documented. In this study, the authors monitored the sleep of 13 depressed adolescents and 13 normal age-matched controls. They found that, as with depressed adults, REM was significantly shorter and REM density significantly greater in the depressed group. No correlation was found between reduced REM latency and severity of depression, but a significant negative correlation between REM latency and age was found.

H. S.

Cerebral Laterality and Psychopathology : A Review of Dichotic Listening Studies

By : Gerard E. Bruder

Schizophrenia Bulletin., 9 : 134—151, 1983.

The author reviews evidences from dichotic listening tasks on altered cerebral laterality in schizophrenia and affective disorders. Evidence for the validity of dichotic ear asymmetry as an index of language dominance is presented and then the possibility of its alteration in psychiatric disorders. The author describes different dichotic listening tasks that have been used in this respect as verbal, nonsense syllable, and nonverbal tasks. The findings of many studies are analysed taking in consideration four factors : (1) type of the task; (2) performance level; (3) clinical state of patients at time of testing; and (4) diagnostic subtype of the patients. A convergence of evidence in-

dicates that the last two factors are of major importance. Greater severity of illness in schizophrenic and depressed patients is associated with reduced laterality, and clinical remission is associated with a normalization of laterality. Studies have also reported evidence of differences in dichotic ear asymmetry between diagnostic subtypes of schizophrenia as paranoid vs. nonparanoid, and also subtypes of affective disorders. The author concludes that the major challenge in this area of research lies in theoretical interpretations of findings. He makes some suggestions for future research to solve these methodological problems.

H. S.

From Metapsychology to Molecular Biology : Exploration into the Nature of Anxiety

By : Eric R. Kandel

Am. J. Psychiat., 140 : 1277—1293, 1983.

The author emphasized two conceptual points that, he believes, will be fundamental for the future study of the cellular mechanisms of anxiety. The first is the power of experience in modifying brain function through altering synaptic strength and regulating gene expression. The second is the utility and promise of animal models for the study of anxiety.

He pointed out that anxiety is a normal inborn response either to threat or to the absence of people or objects that assure and signify safety. It has subjective manifestations, ranging from a heightened sense of awareness to deep fear of impending disaster, and objective manifestations (e.g. increased responsiveness, restlessness and autonomic changes). The author advocated the view that anxiety can be learned, and the ability to manifest anticipatory defensive responses to danger signals is biologically adaptive. Then he added that the ability to learn aspects of anxiety does not exclude the possible contribution of a genetic predisposition to anxiety, and what might be inherited is the predisposition to learn certain stimulus relationships.

Chornic anxiety and anticipatory anxiety in humans are closely paralleled by two forms of learned fear in the sea snail Aplysia : sensitization and aversive classical conditioning. The author delineated how the two forms are acquired and maintained. Both rely on the mechanisms of presynaptic facilitation which involves the strengthening of connections by modulating synaptic transmission. Then, he emphasized that this modulation of synaptic transmission might involve alteration in the regulation of gene expression, unlike the major psychotic illnesses (e.g. schizophrenia and depression) which may involve alteration in the structure of specific genes.

Moreover, the author suggested that normal learning, the learning of anxiety and unlearning it through psychotherapeutic intervention, might involve long-term functional and structural changes in the brain that result from alterations of gene expression.

A. S.

Book Reviews

Neuropsychological Assessment

By : Muriel D. Lezak

Oxford University Press, Oxford — New York, 1983.

The author of this book is Dr. Lezak, a neuropsychologist of wide experience. It is the second edition of Neuropsychological Assessment which was first published in 1975. The development of new testing methods and the rapid growth of neuropsychological assessment made it a must to review and expand the first edition.

The author gives a discussion of the theoretical and clinical foundations of neuropsychological assessment. She believes that neuropsychological examination cannot be properly conducted or interpreted in either vacuum or a mechanical manner. So, she touches in the first part of the book, which consists of 8 chapters, upon the chief discip-