# Journal Abstracts

## The Course and Outcome of Cycloid Psychosis

By : I.F. Brockington, C. Perris, R.E.

Kendell, V.E. Hillier and S. Wainwright

**Psychological Medicine,** 12 : 97 _ 105, 1982.

The concept of 'cycloid psychosis' emerged gradually from the work of german psychiatrists in the early part of this century. It has become firmly rooted in the thinking and clinical practice of Scandinavian psychiatrists, but has not been accepted by British or American nosologists, nor by the WHO. The present paper reports the presence of substantial numbers of patients with apparently typical cycloid psychosis in 2 series of English patients whose diagnoses were known in terms of British and American nosological systems, and who have been followed up for 1–8 years after the index episode. Their course and outcome is compared with that of schizophrenia, defined in various ways, and manic-depressive psychosis.

Thirty patients with cycloid psychosis found among 244 general psychotic and schizo-affective patients studied in London. The main clues to the diagnosis were the presence of 'confusion', a pleomorphic clinical picture or an acute onset. Most of the patients were classified as schizophrenic by British psychiatrists and the Catego system, and as schizo-affective or mood-incongruent affective psychotics by the American Research Diagnostic Criteria and DSM-III. There was little overlap between the cycloids and any Anglo-American category, and cycloid psychosis is not synonymous with schizo-affactive psychosis.

The outcome of the cycloids was better than that of psychotic

patients as a whole, and much better than schizophrenia as defined by Catego, Schneider's, Langfeldt's or Carpenter's rules, or by the guidelines set by the ICD. Compared with manic-depressive patients (defined by the presence of mania at some stage), cycloids had more schizophrenic and fewer depressive and manic symptoms. There was a negligible concordance between the diagnosis of cycloid psychosis and the final diagnosis of manic-depressive disease. It is concluded that patients should not be diagnosed as schizophrenic, but that the relation of cycloid psychosis to manic-depressive disease is not yet resolved.

R. M.

## Social Experiences in Childhood and Adult Psychiatric Morbidity : A Multiple Regression Analysis

By : C. Tennant, P. Bebbington and J. Hurry

**Psychological Medicine,** 12 : 321 – 327, 1982.

There exists a substantial body of literature on the importance of certain childhood experiences in causing a vulnerability to subsequent adult psychiatric morbidity. These childhood factors fall into one of two groups : childhood demographic variables, and those experiences which might be termed 'loss and deprivation'. A review of the literature assessing the effect of the first group on adult depression showed the findings to be inconsistent. A review of the studies assessing the effect of the second group on adult morbidity reveals a number of recurring limitations.

The present study, a retrospective community-based survey, attempts to evaluate the influence of childhood experiences on adult mental disorder. The authors examine the impact of three groups of variables : (1) childhood demographic variables; (2) childhood loss and deprivation variables; and (3) adult sociodemographic factors. The limitations of most other studies are avoided. The Present State Examination was used to assess psychiatric morbidity.

Loss and deprivation in combination accounted for between 4.5 and 5.5 % of the variance in adult psychiatric morbidity. An examination of specific loss and deprivation experiences shows that the 5-10 year age is most important.

R. M.

## Social Factors Associated with Depression : A Retrospective Community study

By : C. G. Costello

**Psychological Medicine, 12 : 329 – 339, 1982.**

There have been a number of retrospective community studies of the relations between stressful life events and depression. One of the most extensive approaches to the problem has been taken by Brown and his colleagues.

The present study is a procedural replication of the Camberwell retrospective community study of depression in women (Brown et al. 1975; Brown & Harns; 1978) conducted in Calgary, Alberta. A random sample of 449 women between the ages of 18 and 65 were interviewed. The shorter form of the PSE and Brown's Interview Schedules for Life Events and Difficulties were used.

By contrast to the findings of Brown, none of the following factors was associated with the onset of depression in the 12 months prior to interview : social class, employment status, number of children at home, loss of mother before age 11. In agreement with Brown, a lack of intimacy with spouse, cohabitant or boyfriend increased the risk of depression, Also in agreement with Brown, severe life events and difficulties were associated with depression. The association was particularly strong for 'possibly independent' events and difficulties, i.e. events (or difficulties) that may or may not have been caused in part by the woman herself. It was concluded that the role of social factors is community-specific and that the causal roles of events and difficulties

in relation to depression remain uncertain. The implications of the findings in relation to the locus of vulnerability to depression are briefly discussed.

R. M.

**Behavioural Measurement and Drug Response Characteristics of Unipolar and Bipolar Depression**

By : M. M. Katz, E. Robins, J. Croughan, S. Secunda and A. Swann

**Psychological Medicine,** 12 : 25–36, 1982.

This research is part of the NIMH-CRB Collaborative Study on the psychobiology of depression. The main objective of this report is to present the results of a comparative study of the behaviour and affect of unipolar and bipolar depressive subtypes, and their reactivity to tricyclic drugs. The methods for measuring behaviour in the study are, for the most parts, established procedures. New video measures have been added.

The results indicate that the unipolar and bipolar depression manifest : (1) different patterns of symptomatology and behaviour; (2) different specifics in state characteristics with regards to the levels of agitation, anxiety and somatisation. The unipolar depressives are higher on these variables in all three aspects.

In view of these differences in the two subtypes, it was expected that the subtypes would react differently to treatment with tricyclic drugs. The findings of assessing drug effects over time appear to indicate that the drugs act differently in the types, to bring about eventually the same results. This leads to the conclusion that it is highly liekely that the interaction of neurochemistry and behaviour is different in the two spbtypes.

R. M.

## Picture Perception and Abstract Thought in Schizophrenia

By : S. S. Reich and J. Cutting

**Psychological Medicine**, 12 : 91 – 96, 1982.

Abstract thinking has traditionally been inferred from performance on linguistic tasks, interpretation of proverbs and formal reasoning. However, language and thought may become dissociated. For this reason it may be preferable to employ perceptual tasks to measure the cognitive deficit in schizophrenia.

In the present study, acute schizophrenics were compared with depressed, normal and brain-damaged subjects on their ability to appreciate a meaningful picture. Their responses were measured for level of abstraction (how well the theme was conveyed), for strategy (whether details were reported before or after a global interpretation) and for appropriateness of content.

Schizophrenics were less abstract than normals, more abstract than brain-damaged subjects, but not different from depressives on this measure. Their strategy was different from normals but comparable with that of depressives. The majority of schizophrenics gave inappropriate responses. It is suggested that meaningful picture interpretation might be a useful tool for evaluating the distortion of meaning which characterizes schizophrenia.

R. M.

## Early Improvement as a Predictor of Response to Amitriptyline and Nortriptyline : A Comparison of Two Patient Samples

By : W. Coryell, A. Coppen, V.W. Zeigler and J. T. Biggs

**Psychological Medicine**, 12 : 135 – 139, 1982

Despite the established efficacy of the tricyclic antidepressants, depressed patients who fail to benefit from them are not infrequent. Authors

discussing the clinical use of them have generally agreed that outcome is likely to be poor in the absence of early improvement. The present study seeks to determine more precisely the predictive power of early improvement with tricyclic antidepressants.

The study compared serial severity ratings from 2 methodologically similar tricyclic antidepressant studies. Though the groups resembled each other in terms of diagnosis and baseline severity, response patterns were surprisingly different. In one, early change was highly predictive of subsequent status, in the other such early change was uniformly non-predictive. This was not explained by differences in age, sex, diagnosis or severity. Sample selection factors may have been among the less obvious but more important variables. The results of response predictor studies must, therefore, be generalized with caution. These data, nevertheless, do allow some guidelines for predicting response from early changes and severity.

R. M.

**Lithium and the Kidney : A Review**

By : T. Alan Ramsey and Malcolm Cox.

**Am. J. Psychiatry,** 139 : 443 – 449, 1982

The effects of lithium on renal water and electrolyte transport have generally been considered to be reversible following the cessation of lithium treatment. However, several recent reports have suggested that lithium-induced nephrogenic diabetes insipidus may persist for months or even years after lithium is discontinued. In addition, a number of reports have described the development of renal insufficiency in association with interstitial nephritis in some patients who have been chronically treated with lithium. The authors briefly review the effects of lithium on renal tubular transport and critically examine the reports of lithium-induced renal disease.

The many differences in design, patient selection, and definitions of abnormality in these studies make them difficult to compare. How-

ever, the frequency of renal functional abnormalities and histopathological changes appears to be relatively small. Two important points deserve emphasis in this regard. First, if lithium does produce renal insufficiency, this seems to be an uncommon occurrence and, more importantly, the decrement in glomerular filtration rate in most patients appears to be relatively small. There is little doubt that the original studies linking lithium to the development of renal disease overestimated the magnitude of the problem. Second, it cannot be assumed that abnormal renal concentrating ability in patients taking lithium at the time of or shortly before a dehydration test is indicative of underlying renal morphological changes. Indeed, the polyuria may be completely reversible after the lithium is discontinued. This assumption appears to be made by many investigators, and consequently the prevalence of lithium-induced "renal disease" may be inflated in some of the published studies.

Despite the shortcomings of many of the studies reported to date and their failure to definitely demonstrate a relationship between lithium treatment and renal damage, it is certainly appropriate to be concerned about this possibility. At the present time we recommend the careful assessment of patients'renal function before the initiation of lithium therapy. Laboratory tests should include a careful urine analysis, BUN and/or serum creatinine concentrations, serum electrolytes, and, if possible, creatinine clearance and fluid deprivation tests. The serum creatinine should be measured several times yearly and the glomerular filtration rate should be determined on a yearly basis.

Manic-depressive illness has a substantial morbidity and a significant mortality and since the studies available to date are not definitive and, at worst, suggest that only a small minority of patients on lithium maintenance therapy develop renal insufficiency, fear of renal toxicity should not preclude the use of lithium with any patient who might be expected to derive significant benefits from its chronic administration.

R. H.

## The Effect of Digoxin on the Response to Lithium Therapy in Mania

By : C. A. Chambers, A.H.W. Smith and G.J. Naylor

**Psychological Medicine,** 12 : 57 – 60, 1982

Lithium therapy in manic-depressives is associated with an increase in erythrocyte Na-K ATP ase, a response not present in normals. However, it is uncertain whether the therapeutic action of Lithium is directly related to this increase or whether this is an unimportant secondary change. The present study was designed to investigate this.

Patients suffering from manic-depressive psychosis, manic type, were treated with lithium carbonate and randomly allocated to two groups, one received digoxin, which inhibits Na-K ATPase and hence sodium pump activity, and the other matching placebo for 7 days. Severity of mania was rated by psychiatrists on the Manic Rating Scale and Analogue Line on days 0 and 7 and by nurses daily on the Hargreaves Rating Scale, Psychotic Rating. Fourteen patients received digoxin and lithium carbonate and 14 patients received placebo and lithium carbonate. Improvement in the placebo lithium group was significantly greater than that in the digoxin lithium group.

This trial suggests, therefore, that the effect of inhibition on membrane cation carrier is to reduce the response to lithium. This result is in keeping with the authors' hypothesis that an increase in Na-K ATPase is essential to the therapeutic effect of lithium carbonate. It does not, however, exclude the possibility that the observations resulted from the inhibition by digoxin of lithium entry into the brain.

R. M.

## Comparison of the Effects of Cognitive Therapy and Pharmacotherapy on Hopelessness and Self-Concept

By : A.J. Rush, A.T. Beck, M. Kovacs,
J. Weissenburger and S.D. Hollon

**Am. J. Psychiatry**, 139 : 862 – 866, 1982

Current treatments for depressive disorders may be broadly classified into pharmacotherapy and psychotherapy. To date, outcome studies comparing the two forms of intervention have reported varying results.

In this study the authors examined the impact of imipramine and cognitive therapy on hopelessness and self-concept in 35 unipolar nonpsychotic depressed outpatients who were treated with either modality over approximately 11 weeks. Since cognitive therapy is designed to reduce negative views of self and future, this therapy should be more effective than imipramine in improving self-concept and reducing hopelessness. On the other hand, antidepressant chemotherapy, which presumably acts at the level of the limbic system, can be expected to be more effective in improving vegetative symptoms such as sleep and appetite disturbances.

Compared with imipramine, cognitive therapy resulted in significantly greater improvements in hopelessness and more generalized gains in self-concept. Thus, cognitive therapy may offer a particular advantage in reducing hopelessness and improving low self-concept in depression. Perhaps, cognitive change techniques that reduce hopelessness may be combined with chemotherapy to decrease the risk of suicide during initial phases of treatment.

R. M.

## REM Sleep and Depression : Common Neurobiological Control Mechanisms.

By : R. W. Mccarley.

Am. J. Psychiat., 139 : 565 – 570, 1982.

The author advances a theory suggesting the presence of commonality between biological control systems for the state of REM sleep and those for depression. He discusses evidence for his hypothesis : 1 – norepinephrine and serotonin systems suppress both REM sleep and depressive phenomena, 2) acetyl choline systems promote both REM sleep and depressive phenomena and 3) in control of depressive phenomena it is the influence on the balance between the inhibitory influence of monoamines and the excitatory influence of acetyl choline that is the crucial factor rather than the absolute activity of either.

Moreover the author summarizes clinical and pharmacological data that show parallels between REM sleep and depressive phenomena. He invokes the following previous findings :1) Patients with endogenous depression have less inhibition of REM sleep phenomena than normal subjects have , as shown by a short latency first REM sleep period and a higher intensity of phasic activity within this first REM period, 2) tricyclic antidepressants act by both to inhibit REM sleep and the appearance of depressive phenomena,3) one of the first indications of the effectiveness of tricyclic antidepressants is the abolition of the abnormally short latency of the first REM period and 4) REM sleep deprivation usually increases monoamine neuronal discharge activity in animals and at the receptor site REM sleep deprivation decreases rat cortical high affinity for the antidepressant imipramine.

Y. A.

## Co-dergocrine (Hydergine) in the Treatment of Tardive Dyskinesia

By : S.C. Rastogi, A.J. Blowers and A.C. Gibson

**Psychological Medicine,** 12 : 427 – 429, 1982

Since reports of tardive dyskinesia associated with antipsychotic drugs first appeared in 1956, many drugs have been suggested for its treatment. To date, no generally satisfactory treatment has been demonstrated.

The ergot derivative co-dergocrine appears to play a role in cerebral synaptic transmission and it was felt that its dopamine agonist effect merited study in the treatment of TD. Results from uncontrolled studies have been promising.

The present study was undertaken to evaluate the compound under double-blind conditions. 40 chronic in-patients were included in the study. The mean age was 69.9 years and the median period of psychiatric hospitalization was 26.7 years. The results showed reduction of dyskinetic scores in the group receiving active medication slightly greater than that in the placebo group. However, this difference did not reach a level of statistical significance. It is suggested that further work could be undertaken with a longer period of treatment, and at a higher dosage level of co-dergocrine, in a younger patient sample.

R. M.

## Schizophrenia and Cerebral Asymmetry Detected by Computed Tomography

By : D.J. Luchins, D. Weinberger and R.J. Wyatt.

**Am. J. Psychiat.,** 139 : 753 – 757, 1982

Neuroanatomical left-right asymmetries have been studied in schizophrenia. In an attempt to better understand these asymmetries and their possible significance in schizophrenia, the authors have studied the computed tomographies of a patient sample consisting of 79 inpa-

tients (74 patients having the diagnosis of schizophrenia and 5 the diagnosis of schizo-affective psychosis). Furthermore, a control group formed of 100 neurological and medical patients were included in the same study. The intergroup comparison has revealed that more of the schizophrenic subjects had reversals of the normal asymmetry than did controls.

Having found in a previous study that the reversed asymmetry was higher in schizophrenic patients without evidence suggestive of brain atrophy than in those with brain atrophy, the authors divided the schizophrenic patients according to whether or not they had evidence of atrophy. The comparison of each subgroup with the control group revealed that the schizophrenics with CT evidence of brain atrophy had a higher frequency of normal asymmetries than did the control group and that the schizophrenics without atrophy had more reversed asymmetries. Moreover, schizophrenic patients with reversed asymmetry when compared with those with normal asymmetry were found to have lower verbal than performance IQ. Comparison of occipital asymmetry in the schizophrenic and lateral ventricular asymmetry indicated that reversed asymmetry in the schizophrenic patients was probably not due to localized atrophy.

Y. A.