The Distinction Between the Affective Psychoses and Schizophrenia

By: I.F. BROCKINGTON, R.E. KENDELL, S. WAINWRIGHT, V.F. HILLIER, and J. WALKER

BR. J. Psychiatry, 135: 243-248, 1979

In a trial to demonstrate a clear cut boundary between schizophrenia and the affective psychoses, discriminant function analyses were carried out with history, mental state, and follow-up data in two populations of patients.

The first (the US/UK sample) comprised 128 psychotic patients, and the second (the SA sample) comprised 106 schizoaffective patients. History data, mental status data, and follow-up variables were put into consideration.

The results showed that whether the schizophrenic patients were compared with all the other patients or only with the affective psychotics, a clearcut bimodal distribution of scores was obtained in the US/UK samples. While the schizophrenics in the SA sample were compared with all the remaining patients or with the agreed affectives alone, the distributions of scores were ambiguous.

The writers concluded that there is still no compelling evidence that the universe of psychotic patients falls naturally into these two groups.

M.H.

The Families of Borderlines: A Comparative Study.

By: JOHN G. GUNDERSON, JOHN KERR and DIANE WOODS ENGLUND

Arch. Gen. Psychiatry, 37: 27-33, 1980

A comparative study of the characteristics of families of patients with borderline personality disorders (12 patients), families of patients with paranoid schizophrenia (12 patients) and families of patients with neuroses (12 patients) was done.

The findings showed familities of borderline patients to be more distinct from the other two control groups. The families of borderline patients are found to be characterized by: both father and mother were sicker and less functional, their marriages were marked by a relative absence of overt hostility and conflict. Their attatchment to each other seemed to be at the expense of their children. These families were best characterized by the rigid tightness of the marital bond to the exclusion of the attention, support or protection of their children. The pathology of the children appeared to be a response to this vacuum.

R. M.

Cigarette Smoking Associated with Sleep Difficulty.

By: CONSTANTIN R. SOLDATOS, JOYCE D. KALES, MARTIN B. SCHARF, EDWARD O. BIXLER, and ANTHONY KALES

Science, 207: 551-553, 1980.

Two studies evaluating the relationship between cigarette smoking and sleep difficulty were done. The first study compared the sleep of 50 cigarette smokers and 50 nonsmokers.

The results of the sleep laboratory recordings suggest that cigarette

smoking does contribute to sleep difficulty. The smokers were awake for a significantly longer time than the nonsmokers (92.7 vs 73.9 minutes), primarily because they had greater difficulty in falling asleep (43.8 vs 29.8 minutes).

The second study investigated the effects of abrupt smoking withdrawal on the sleep eight male smokers. Total time spent awake decreased by 45% on the first three nights of abstinence (from 75.9 to 42.0 minutes), sleep latency decreased notably, but there was little change in time spent awake after sleep onset. The results suggest that cigarette smoking is associated with sleep difficulty which generally indicate that smoking stimulates catecholaminergic systems.

R. M.

Prediction of Lithium Response

By : J. ANANTH, F. ENGELSMANN, R. KIRIAKOS and T. KOLIVAKIS

Acta Psychiatr. Scand., **60 : 279-286, 1979.**

In search for proper criteria to predict favourable response to lithium carbonate therapy, an uncontrolled clinical comparative study was done. This study compared lithium responders who improve on lithium with lithium nonresponders who do not.

Lithium responders are patients on lithium carbonate with absence of recurrence of illness during two years of lithium therapy. The authors found that lithium responders to have the following characteristics: women respond better, usually older than non responders, have an earlier onset of the manic-depressive illness, have more manic episodes prior to lithium therapy, have features of cyclothymic personalities, have higher scores on the hypochondriasis and psychasthenia scales with MMPI scals. While nonresponders showed more psychiatric symptoms during their illness, such as anxiety, thought disorder and paranoid delusions.

M. H.

Prevention of Relapse in Schizophrenia: An Evaluation of Fluphenazine Decanoate.

By: NINA R. SCHOOLER, JEROME LEVINE JOANNE B. SEVERE, ALBERTO DIMASCIO, GERALD L. KLERMAN and VICENTE B. TUASON

Arch. Gen Psychiatry, 37: 16-24, 1980

A 290 newly hospitalized schizophrenic patients were assigned to receive either long-acting injectable fluphenazine decanoate or short-acting oral fluphenazine hydrochloride. After discharge, 214 of them were kept on medication (107 on each regimen) and participated in a one-year maintenance study. The findings after assessments at the end of one year indicate that compliance with treatment is not an important determinant of relapse among discarged schizophrenic patients. Non-relapsed patients showed improvement in a variety of symptoms and behavors. On the contrary two symptoms, blunted affect and emotional withdrawal, increased. The authors interpreted such findings that social withdrawal that characterizes the marginally adjusted schizophrenic patients is the mechanism whereby that fragile adjustment is maintained.

R. M.

The Border Between the Paranoid-Schizoid and the Depressive Positions in the Borderline Patient

By: JOHN STEINER

Br. J. Med. Psychol., 52: 385-391, 1979

The term "borderline" usually refers to a clinical category of patients whose disorder seems to lie on the border between neurosis and psychosis. While these patients are not frankly psychotic, they tend to use psychotic mechanisms. Here, the author considers the relationship between clinical features and mental mechanisms in patients who suffer

from borderline personality disorders. In terms of the mental mechanisms available to them, such patients exist on the border between the paranoid-schizoid and depressive positions as outlined by Melanie klein. A borderline patient is capable of a considerable degree of integration and to experience psychic pain. The intolerance of psychic pain and consequent struggle with depression may lead to a cutting off or a destruction of the object, the self, and the links between the self and the object. Finally, the patient may revert to the use of schizoid mechanisms.

R. M.

Detection of Phenylketonuria in Autistic and Psychotic Children.

By: THOMAS L. LOWE, KAY TANAKA, and DONALD J. COHEN

.A. M.A. **243: 126-128, 1980**

Sixty-five children with pervasive developmental disturbance (50 with autism and 15 with atypical childhood psychosis) were screened by standard urinary amino acid detection testing methods.

Of the 65 subejct urine samples tested, three were found to have positive ferric chloride tests. Two of the children who were found to have phenylketonuria (PKU) had autistic-like symptoms. Following diagnosis of PKU, the three children were put on a low phenylalanine diet and followup showed continued progress.

The authors concluded that urinary genetic screening should be a standard test for all children being evaluated for serious developmental disturbances of childhood that resemble childhood autism since dietary treatment of PKU can prevent further progression of and disability from this metabolic disease.

R. M.

A New Look at Delusions of Grandeur.

By: CRAIG N. KARSON

Compr. Psychiatry, **21: 62-69, 1980**

In this report, the author studied the incidence of delusions of grandeur in both schizophrenics (95) and manic (37) patients. He found that 76% of the manic patients and 40% of the schizophrenic patients have had grandiose delusions.

The author concluded that since the incidence of delusions of grandeur in manic patients to be almost twice that of the frequency found in schiphrenic patients, it could be suggested that in those patients whose illness is not easily categorizable as schizophrenic or manic, the presence of grandiose delusions may warrant a stronger consideration of mania as the possible diagnosis and lithium carbonate as the potential treatment.

M. H.

The Role of Videotape in Group Psychotherapy with Psychotic Patient Populations.

By: ARNOLD ROSEN and HENRY I. SPITZ

Group, **3: 213-228, 1979**

The authors described a project designed to introduce videotape into out-patient groups composed of recently discharged 13 schizophrenic patients. The group met once a week for 1 hour over a 6-month period. The group members were invited to ask for a replay at any time. The effect of videotaping on three parameters (paranoid delusions, severity of illness and group cohesion) are discussed.

The authors concluded that while videotape was employed in somewhat fixed sequence during the earlier sessions, as the group progressed, the videotape replay was used less routinely and more judiciously. Instances in which it was felt to be almost useful included delayed replay

of highly charged emotional interactions or revelation, replay of brief segments of the previous session, and replay or purpose of informing returning members of dramatic group development.

M. H.

Some data of Quantitative E.E.G. in the Study of Brain Mechanisms of Human Behaviour

By: L. GOLDSTEIN

L'encéphale, **III: 5-21, 1980**

Quantitative electroencephalographic methods (amplitude analysis) have been used to measure the relative degree of hemispheric activation (temporal lobes) in normal subjects, mild psychopathological states, and certain mental diseases.

Special tasks were used to elicit either verbal (left hemispheric) or non-verbal (right hemispheric) processes.

In normal subjects the E.E.G. data obtained are in good agreement with mental performance. In these subjects, analyses and integration of received informations require interhemispheric transfers which could be operated in either directions, easily and rapidly.

Under mild to severe psychopathology they reveal functionol impairements of within as well as of between-hemispheric activities. There are also indications of disorganization in the left hemisphere in the case of acute paranoid schizophrenia, thus the patient tends to hyper-rationalise his emotions, to the degree of obliterating them. In affective disorders dysfunction of the right hemisphere leads to the retention of the acquired informations instead of transfering them to the left hemisphere. Thus the persistance of morbid ruminations characteristic of some depressive states, would be explained by the inability of the patient to get rid of them by rationalisations, an operation for which the left hemisphere seems singularly well adapted.

R. M.

Carpipramine : A Disinhibitory Drug Compound in Chronic Schizophrenia.

By : A. OKASHA

L'encéphale vi : 161-166, 1980

Carpipramine, a compound whose phramacological formula seems to be located between antidepressants and major tranquilizers was tried on 50 cases of chronic schizophrenia mainly in its residual form (22), followed by the hebephrenic form (12).

Antécedent studies have showed a disinhibitory and stimulant effects of carpipramine, which differs from major tranquilizers by the nature of its effects upon psychotic deficit and apragmatism, and also by the rarety of secondary extra-pyramidal side effects and by the abscence of galactorrhea and amenorrhea.

In our study the B.P.R.S. was introduced before, after one week, 3 weeks of therapy to assess target symptoms in chronic schizophrenia.

The drug proved to have disinhibitory and stimulating effects with global improvement in 70% of cases, 20% had no change and 10% got worse owing to exacerbation of their latent psychosis and hyperactivity.

Statistical evaluation was significant in that carpipramine is effective in emotional withdrawal, motor retardation and blunted affect. The residual and pseudoneurotic forms in chronic schizophrenia, showed the best response to the drug. Also it seems preferable not to give carpipramine to borderline cases or to subjects having residual paranoid states or hallucinatory behaviour. The onset of the drug response started within 8-14 days. The general tolerance, especially when compared with the last treatment received, was fair.

R. H.

Diagnostic Accuracy in Presenile Dementia

By: M.A. RON, B.K. TOONE, M.E. GARRATHA and W.A. LISHMAN

Brit. J Psychiat. 134, 161-8, 1979

As it is difficult to diagnose dementia in its early stages or when the case is atypical.

A variety of reasons account for this difficulty, but the presence of functional psychiatric illness can be a principal source of error.

A follow-up study of patients diagnosed as suffering from presenile dementia has revealed a high incidence of erroneous diagnoses. Of 52 patients discharged from hospital with this diagnosis, information was obtained 5-15 years later on 51. Eighteen were alive and the diagnosis was rejected in 16 (31%). Most of the mistakes in the present series ocurred in patients who had not been initially referred with a presumptive diagnosis of dementia.

F. L.

Raised Parental Age in Psychiatric Patients: Evidence

By: E.H. MARE and P.A.P. MORAN.

Brit. J Psychiat. (1979) 134 169-77

In two series of Psychiatric patients (6.000 and 2.000 respectively) the mean age of the mothers at the time of the patients' birth was found to be very significantly above expectation from the general population, and this was so for each of the major diagnostic groups. In the second series, the age of the fathers was also found to be very significantly above that expected from a sample survey of the general population, and this was so for each, diagnostic group. Father's age was raised more than mothers', and was highest for schizophrenia. The raised parental age could not be explained in terms of the patients' year of birth or his father's social class. The raised mother's age could largely be accounted for by regression on the raised father's age. The present findings, and those of previous studies, seem best explained on the constitutional parental trait leading delayed marriage.

Attempted Suicide, An Egyptian Investigation

By: A. OKASHA and F. LOTAIF

Acta Psychiat. Scand. 60 : 69-75, 1979

The study comprises 200 cases from a total of patients who attempted suicide in 1975 and were admitted to the Casualty Department of Ain Shams University Hospital in Cairo, which has a catchment area comprising approximately 3 million people. A cauhe rate of suicide attempts in Cairo would be 38.5/100,000. There was a high percentage among the age group 15-44 years with no major differences between the two sexes.

Single patients represent 53% of the total, with students showing the highest risk (40%). Depressive illnesses, Hysterical reactions, and sit national disorders, in that order of frequency, were the main causes of the attempt over dose by tablet in gestion was the most common method used (80%). Official government records are misleading and do not represent the true rate.

F. L.

Pretreatment Predictors of Outcome in Anorexia Nervosa

By: KATHERINE A. HALMI, SOLOMON C. GOLDBERG, REGINA C. CASPER, ELKE D. ECKERT and JOHN M. DAVIS

Brit. J. Psychiat., 134, 71-78, 1979

In this study analysis of a selected number of outcome predictors described in the anorexia nervosa literature. The relationship of selected pretreatment characteristics to weight gain during treatment was examined in 81 anorexia nervosa patients. Good prognostic indications correlating positively with weight gain were: No previous hospitalization for anorexia nervosa, a great amount of overactivity before treatment, less denial of illness, less psychosexual immaturity and the admission to feeling hunger. A perinatal history of delivery complications was associated with the poor outcome predictor of prior hospitalization.

F. L.