PSYCHOPATHOLOGY AND ANHEDONIC BEHAVIOUR ON CHRONIC AND NOT CHRONIC SCHIZOPHRENIC PATIENTS

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In recent years deinstitutionalization of chronic hospitalized schizophrenics has been the focus of growing attention.

The aim of this paper was to investigate the possible different effect of brief versus long duration hospitalization on psychopathology, with particular reference to anhedonic behaviour.

36 schizophrenics hospitalized for less than one year and 41 for more than 1.5 years (1.5–41.5 years) were given the following psychometric tests: 1. The Brief Psychiatric Rating Scale (BPRS), 2. The Symptom Distress Check List (SCL-90-R), 3. The Physical and Social Anhedonia Scales (PSAS), 4. The Watson-Klett-Lorei Anhedonia Scale (from MMPI), and 5. The Schalling-Sifneos Personality Scale (SSPS). Sex, education, age of first schizophrenic episode, first admission to hospital and start of treatment, as well as BPRS and SSPS did not differentiate the two populations. The first group (hospitalization < 1 year) showed significantly higher scores in almost all factors of SCL-90-R ($p < 0.10–0.01$), while the other group exhibited significantly higher values in PSAS (Physical Anhedonia) and the MMPI Anhedonia Scale ($p < 0.01$). A regression analysis of present age of patients of each group on anhedonia failed to provide significant trents.

Our findings indicate that chronic hospitalization is probably responsible for the anhedonic behaviour of schizophrenic patients.

INFORMATIVE MORPHOGENETIC VARIANTS IN SCHIZOPHRENIC AND ALCOHOL-DEPENDENT PATIENTS. BEYOND THE WALDROP-SCALE

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The authors evaluated the appearance of informative morphogenetic variants (IMVs) in schizophrenic and alcohol-dependent patients. Considering the critique of the earlier widely used Waldrop-scale, they examined 56 IMVs, and clearly differentiated between minor malformations, which appear during organogenesis and phenogenetic variants, which appear after organogenesis. They only developed statistical analyses in the case of the IMVs, where interobserver agreement was above 75%. 43 IMVs fulfilled this requirement, and a significantly increased frequency of 5 minor malformations (double whorl, multiple buccal frenula, furrowed tongue, simian crease, haemangioma) and of 3 phenogenetic variants (hypertelorism, protruding auricle, large tongue) was found. The results suggest that with some corrections on the methods of IMV appearance in schizophrenia, further advantages in the research on the neurodevelopmental background of schizophrenia will be possible.

IMPROVEMENT OF SEVERE TARDIVE DYSTONIA WITH CLOZAPINE: A CASE REPORT WITH SPECT

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Among the tardive dyskinesia syndromes, dystonia can be the most difficult to treat. Clozapine, an atypical antipsychotic with low frequency of extrapiramidal effects, due to low occupancy of central D2 receptors, may be the drug of choice for such patients. We report a patient with severe axial tardive dystonia who has had dramatic improvement for 8 months after treatment with clozapine. A 28-year-old male with a long history of neurolepic exposure on account of a chronic paranoid schizophrenia, developed severe retrocollis, back-arching movement of the trunk, dystonic movements of the upper right limit and outward extension of the right arm. The dystonia, which was refractory to treatment, was disabling interfering with the activities of daily living, posture and gait. The administration of clozapine in dosages of 500 mg/day resulted in a rapid and significant improvement of the dystonia. Assessments of the dyskinetic movements were regularly carried out using the Abnormal Involuntary Movements Scale (AIMS) and a Rating Scale for Extrapiramidal Symptoms (RSES). In eight months of observation RSES and AIMS scores diminushed respectively from 7 to 0 and from 29 to 0. Evaluation by ^{123}I-iodobenzamide (IBZM) and SPECT of striatal D2 receptors density, calculated on basal ganglia (B.G)-occipital cortex (O.C) ratio, pointed out values reducted compared to standard. After 8 months of treatment with clozapine these values increased (Table 1).

Table 1

B.G./O.C. Ratio:	Baseline	8 months
Right	1.01	1.20
Left	1.09	1.00
(B.G. – O.C.)/O.C. × 100	5.55%	10.22%

Our data support the hypothesis that dyskinetic patients lose their symptoms of tardive dyskinesia with clozapine treatment. Clozapine may have special advantages in the treatment of tardive dyskinesia in patients with concomitant dystonic features. We will discuss possible etiopathogenetic implications.

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TARDIVE DYSKINESIA: EFFECT OF MEDICATION OR ILLNESS DETERIORATION?

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There is controversy over whether tardive dyskinesia (TD) is associated with female gender, affective symptoms and good outcome, or, alternatively, with negative symptoms, cognitive deterioration and deteriorated illness course. Furthermore, antipsychotic medication is thought to be an important risk factor, yet abnormal movements also occur in never-medicated patients. 166 subjects with recent onset of psychotic illness and brief previous exposure to antipsychotic medication were followed for 4 years. Information on 17 reported risk factors was collected at baseline. Movement disorder was assessed at follow-up with the AIMS. Six variables were independently associated with the four-year risk of TD: male sex (OR = 2.5; 95% CI = 1.1–5.0), age (OR = 1.6; 1.1–2.2), lack of insight at baseline (OR = 2.0; 1.2–3.2), an increase in negative symptoms over the follow-up period (OR = 1.7; 1.2–2.5), alcohol/drug misuse at follow-up (OR = 3.0; 1.3–7.4), and time on antipsychotics over the follow-up period (OR = 2.3; 1.5–3.4). The latter risk factor was not confounded by illness severity.

The results suggest that risk for TD is mediated by both exogenous factors (medication, drugs), and an illness-related factor, the highest risk being conferred by deteriorating illness in male patients.