Workshop on Schizophrenia

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Representatives from 19 countries met by invitation to discuss their most recent research findings at the *Third Biannual Workshop on Schizophrenia,* Schladming, Austria 26–31 January 1986, organised by Dr T. J. Crow (MRC, Northwick Park Hospital) and Professor S. R. Hirsch (Charing Cross Hospital Medical School). The thrust was highly biological with biochemistry and brain structure much in the fore, assisted by much greater resolution of imageing techniques and the development of specific ligands for synaptic receptors.

Gavin Reynolds, whose *Nature* paper in 1983 (**305**, 527–9) had excited great interest by demonstrating an increase of dopamine in the left amygdaloid nucleus compared to the right in post mortem schizophrenic brain but not in controls, rather perplexed everyone interested in laterality issues when he told us that he has found the same phenomenon in depressed patients—albeit to a lesser extent.

A persistent alteration of motor activity can be induced by the application of continuous infusions of the dopamine agonist apomorphine to the nucleus accumbens via cannuli. In accord with Reynolds' finding these alterations can be induced by unilateral infusion to the left amygdaloid nucleus, but not to the right, in rats, believed to be left hemisphere dominant (on the basis of their initial open field turning preference). The responses could be blocked by neuroleptic administration to either the left or the right amygdaloid nucleus, demonstrating an inconsistent interactive coupling on the two sides (A. Domeney, University of Bradford).

That long-lasting, or perpetual, effects can be aborted by simultaneous neuroleptic administration added to evidence of the benefit of early, energetic treatment (T. J. Crow). The reluctance to diagnose schizophrenia in teenagers and to initiate neuroleptic medication, may therefore be detrimental to the ultimate prognosis.

A new class of endogenous antipsychotic agents, Spermines and Spermidines, was described with structural and conformational similarities to neuroleptics (S. R. Hirsch).

PET scans have revealed low level of frontal activity and, in what has uncharitably been described as 'the pin head theory of schizophrenia', NMR scans of remarkable and enviable clarity, argue for a reduction of frontal lobe size in schizophrenia that is more likely to be dystrophic than atrophic, occurring before the closing of the cranial sutures at the age of two (N. Andreasen, University of Iowa).

An unusual neuropeptide, a fragment of DNA, produced by restriction enzymes, has been observed which seems to be transmitted in a Mendelian fashion in schizophrenic families. It was found in 67% of chronic schizophrenic patients and in 38% of bipolar patients, but three of these were schizoaffective and all had family histories of schizophrenia (L. E. Delisi, NIMH, Bethesda).

Twin studies argue for both familial and sporadic cases of schizophrenia, the latter occurring with evidence of structural brain changes and dilated cerebral ventricles, (A. Reveley and R. Murray, Maudsley Hospital and M. Reveley, the London Hospital) in which case there is a poor response to neuroleptics (L. L. Bigelow, NIMH, Washington).

The disabling late onset movement disorder, tardive dyskinesia, strongly correlates with negative symptoms, characterised by apathy and indifference, (J. L. Waddington, Royal College of Surgeons, Ireland and T. R. E. Barnes, Horton and Charing Cross) and relapses are more common in this group (J. M. Kane, Jewish Hillside Hospital, Long Island, NY).

Negative symptoms are difficult to identify and can be confused with depression and the Parkinsonian side effects of medication. The independent validity of negative and positive symptoms was questioned using statistical procedures (W. Maier, University of Mainz).

Using active case finding, there is a similar prevalence of nuclear symptoms in 12 countries (0.27%–0.55%) but a greater variability if wider criteria are adopted (0.56%–1.74%), with an excess of exogenous insults in the nuclear group, such as an increase in a history of epilepsy until the age of 12 (A. Jablensky, WHO). This finding has been challenged sampling over wider areas, with less reliable data, and it was pointed out that there is no disease which is uniformly distributed and that variability in distribution is often a clue to aetiology (F. Torrey, NIMH, Washington).

Appointments

Dr Hugh Freeman has been appointed an Honorary Professor by the Department of Sociology and Anthropology at Salford University.

Dr Peter McGuffin has been appointed to the post of Professor of Psychological Medicine at the University of Wales, Cardiff.

Dr Ben Sacks has been appointed Professor of Mental Handicap at Charing Cross Hospital, London.