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CLOZAPINE AND TARDIVE DYSKINESIA

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Objective: to examine drug treatment possibilities for tardive dyskinesia. In addtion the author evaluated the relationship between type and dose of antipsychotic drugs, psychiatric diagnosis, anticholinergic drugs and tardive dyskinesia.
Method: 25 subjects satisfying APA diagnostic criteria for tardive dyskinesia were selected. Previous neuroleptic treatment and antiparkinsonian agents were evaluated and types of many kinds of treatment for tardive dyskinesia were compared, the mean follow-up period being 6 years. Statisticaly analysis was performed by regression analysis and Student's t test.
Results: Clozapine demonstrated efficacy superior to that of other treatments (calcium-channel antagonists, vitamin E, and benzodiazepines). The most common psychiatric diagnosis was paranoid schizophrenia. All patients received combinations of antipsychotics, the most common combinations were fluphenazine decanoate and haloperidol, fluphenazine decanoate and perphenazine. 11 patients received anticholinergic medications.
Conclusions: Clozapine seems to be affective in reducing the severity of tardive dyskinesia. In the therapeutic management of neuroleptic induced tardive dyskinesia, benzodiazepines, vitamin E and calcium channel antagonists have all proved unsatisfactory. For a rational treatment approach, further studies are needed.

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ERYTHROCYTAL IONE TRANSPORT STUDYING IN SCHIZOPHRENIA

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Concentrations of total Ca+ in erythrocytes, erythrocytal membranes Ca, Mg-ATP-ase activity and the enzyme sensitivity to the influence of regulating factors (exogenic Ca and gemolyzate in incubating medium) were determined in 38 patients. The rate of ouabaine-sensitive and ouabaine-resistant furasemid-sensitive Na+ transport from erythrocytes as the function og intracellular Ca+ concentration was also measured. Results showed a negative correlation of weak tightness grade (NOTA= -0.29- -0.35) with increased Ca+ concentration and decreased rate of ouabaine sensitive Na+ transport in all patients observed. Negative association of avergae tightness rate (NOTA-= -0.47- -063) was detected in 12 patients while measuring the rate of ouabaine-resistant furasemid-sensitive Na+ transport from erythrocytes and Ca+ concentration in these cells. Changes in CA, Mg-ATP-ase properties manifested by increase of activating potential by 2-3 times with enlarging Ca amounts and of some enzyme inhibition in the presence of gemolyzate were observed. These changes increased as the illness progressed and emotional and volitional defects appeared. Changes of Ca homeostasis are thus significant in the development of different ionic disturbances and ionic membra-nopathy forming in patients with schizophrenia. There were no modulating effects of ouabaine-resistant furasemid-sensitive Na+ transport under the influence of psychotropic therapy which we considered to be genetically determined.

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A COMPUTER ASSISTED ANALYSIS OF LINGUISTIC PERFORMANCE IN SCHIZOPHRENIA

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Most analyses of the speech of schizophrenic patients have attempted to detect possible gaps between their language and that of normal subjects in order to evaluate a deviating grammar. This study aims to see whether the language troubles specific to schizophrenia come not from difficulties with grammar and utterance, but from trouble with enunciating and exchanging speech. A computerized textual analysis of a corpus of utterances from case-studies appears to confirm this hypothesis. The results indicate the special status of "I", the absence of thematic growth with time, and the tendency to avoid participating in dialogue.

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NEUROPSYCHIATRIC AND NEUROPSYCHOLOGIC TYPOLOGY OF FRONTO-TEMPORAL DEMENTIA

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Objective: To differentiate subtypes of primary degenerative dementia of non-Alzheimer type recently designated as "fronto-temporal dementia" including Pick's Disease.
Method: 9 right handed patients were selected (3 males, 6 females between the ages of 43 and 71 at onset) with clinical diagnosis of FTD and who had undergone detailed investigation for neuropsychiatric symptoms, neuropsychological test performances and the site of brain atrophy/hypofunction in neuro-imaging examinations (CT, MRI, SPECT, PET-FDG) and followed up for over 2 years.
Results: The typology was distinguished by (i) right frontal type with personality change and impairment of executive function; (ii) left frontal type with primary progressive non-fluent aphasia; (iii) left fronto-temporal type with personality change and progressive fluent aphasia; (iv) left temporal type with primary progressive fluent aphasia and selective impairment of semantic memory for inanimate objects; (v) right temporal type with selective progressive impairment of semanic memory for familiar persons and animate objects.

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