PRODROMAL SYMPTOMS AS VALID PREDICTORS OF RELAPSE IN SCHIZOPHRENIC DISORDERS

Thesis

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By

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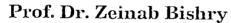
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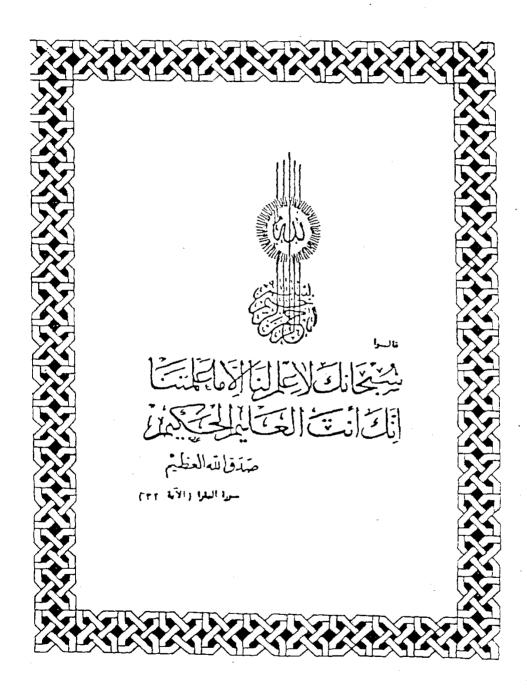
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To...

My Parents

Amany

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CONTENTS

		Page
INTRO	DUCTION	1
AIM OF	THE WORK	3
REVIEV	W OF LITERATURE	4
• N	Vatural history of schizophrenia	4
	rodroma of relapse in schizophrenia	. 22
	elapse in schizophrenia	31
• P	ossible factors influencing relapse in schizophrenia	53
• R	cole of antipsychotic drugs in relapse prevention in chizophrenia	67
• R	ole of life events in relapse in schizophrenia	126
	ole of expressed emtion (EE) in relapse in chizophrenia	144
• Ps	sychoeducational family therapy	161
• S1	ummary of management and prevention of relapse	187
SUBJEC	CTS AND METHODS	197
RESULT	rs	215
DISCUS	SION	299
	iscussion of some important issues in the review of terature	299
• Di	iscussion of the results of the present study	308
RECOM	MENDATIONS	341
SUMMA	RY	348
REFERE	ENCES	354
APPENI	DICES	354
I.	The Arabic version of the used questionnaire for	
	prodromal symptoms assessment	
II.	Arabic version of the "Social Readjustment Rating Scale"	
III.	Diagnostic values of the individual prodromal symptoms studied	
ARABIC	SUMMARY	

LIST OF FIGURES

Fig. No.	Title	Page
Ll	Schematic representation of long-term course in schizophrenia	10
T.2	The natural history of schizophrenia	11
L3	Stress-vulnerability of schizophrenia and some preventative	45
	and therapeutic interventions	
L4	A heuristic conceptual framework for possible factors in the	60
	development of schizophrenic episodes	
L5	Multivariate model for predictors of relapse and early	62
	course in schizophrenia	
L6	The health belief model of compliance	94
L7	A vulnerability model of schizophrenia	132
L8	Proposed relationship between vulnerability and stressors	136
	as influences on schizophrenia	
L9	Relapse rates from 5 studies contrasting a family	175
	intervention program with its absence	
$\mathbf{R}\mathbf{l}$	Age at onset of schizophrenic disorders in R and NR	225
R2	Total duration of hospitalization in R and NR	228
R3	Duration of non-compliance in R and NR	233
R4	Number of episodes in males (in R and NR)	242
R5	Number of episodes in females (in R and NR)	243
R6	Life events scores in R, NR and HC	249
R7	Life events scores in compliant vs non-compliant R	262
R8	Life events scores in compliant vs non-compliant NR	263

LIST OF TABLES

Tab. No.	Title	Page
L1	The six types of long-term course in schizophrenia and their	10
	frequency in the Cologne study	
L2	Patterns of course of schizophrenia in Madras Longitudinal Study	12
L3	Distribution of schizophrenic patients assessed at 5-year	13
	follow-up by pattern of course	
L4	The proportion of patients with a 'favourable' outcome in	16
	various long-term studies of schizophrenia	
L5	Factors predisposing to various aspects of outcome in	20
	schizophrenic patients	
L6	Proportion of non-relapsers	40
L7	Possible factors influencing relapse in schizophrenic	44
	patients	
L8	Relapse rate following drug discontinuation among patients	70
	in long-term remission	
L9	One-year placebo-controlled studies on the efficacy of	71
	neuroleptic relapse prevention in schizophrenia	*
Ll0	Reason for noncompliance in schizophrenic patients	82
Lll	Advantage of depot neuroleptics	107
Ll2	Clinical application of intermittent treatment	123
Ll3	Contraindications to the use of intermittent medication	124
Ll4	Criteria for a high EE rating	.146
Ll5	Factors affected and not affected by a brief family education	167
	program	
Ll6	Schematic intervention package by severity	196
SI	Characteristics of the patients in the pilot study	206
S2	Agreements and disagreements on the items of the Arabic	206
_	version of the used questionnaire	
S3	Definitions of basic predictive characteristics	214
R1	Sex distribution	215
R2	Age distribution	216
R3	Comparison regarding the age	217
R4a	Marital status	218
R4b	Statistical calculations regarding marital status	218

R5	Having children or not	219
R6	Level of education	220
R 7	Residence	221
R8a	Employment state	222
R8b	Employment grade	222
R9	Number of previous hospitalization	223
R10	Age at onset	224
RII	Age at first hospitalization	226
RI2	Number of hospitalization	226
Rl3	Total duration of hospitalization	227
Rl4	Admission state	229
RI5a	Treatment status	230
Rl5b	Compliance state	231
RI6	Duration of non-compliance	23 I
RI7a	Distribution of patients among subtypes of schizophrenia	234
Rl7b	Statistical calculation regarding the distribution among	235
	different subtypes of schizophrenia	
RI8	Distribution of different subtypes according to sex in R	236
R19	Statistical calculation regarding the distribution of different	236
	subtypes of schizophrenia according to sex in R	•
R20a	Distribution of different subtypes according to sex in NR	237
R20b	Statistical calculation of the distribution of different	238
	subtypes according to sex in NR	
R2la	Number of episodes in relation to subtype	238
R2lb	Statistical calculation regarding the number of episodes in	239
	relation to subtype	
R22a	Number of episodes in relation to sex	240
R22b	Statistical calculation regarding the number of episodes in	241
	relation to sex	
R23	Frequencies, Rank, chi-squares, P-value of life events of	245
	SRRS	
R24	Life events scores	248
R25a	Life events scores according to sex	250
R25b	Statistical calculation of life events scores according to sex	25 1
R26a	Life events scores according to marital status in R	252
R26b	Statistical calculation of life events scores according to	253
	marital status in R	
R27a	Life events scores according to marital status in NR	254

R27b	Statistical calculation of life events scores according to	255
	marital status in NR	
R28a	to marital status in HC	256
R28b	to the container of the events stores according to	257
	marital status in HC	,
R29a	in the complainte state in the	258
R29b	of ones besides in relation to compliance state in NR	259
R30a	the sempliant vs non-compliant R and NR	260
R30b	carculation regarding life events scores	261
	in compliant vs non-compliant R and NR	
R31	Frequencies, rank, chi-squares, and p-values of different	265
	prodromal symptoms in R compared to NR	
R32	Frequencies, rank, chi-squares, and p-values of different	266
	prodromal symptoms in R compared to HC	
R33	Frequencies, rank, chi-squares, and p-values of different	273
	prodromal symptoms in different subtypes of schizophrenia	
	in R	
R34	Frequencies, rank, chi-squares, and p-values of different	276
	prodromal symptoms in different subtypes of schizophrenia	
	in NR	
R35	Comparison between results of the used questionnaire in R,	278
	NR and HC	
R36	Comparison between results of the used questionnaire in R,	279
	NR and their relatives	
R37	Comparison between results of the used questionnaire in R,	280
	and the relatives in different subtypes of schizophrenia	
R38	Comparison between results of the used questionnaire in	281
	NR, and their relatives in different subtypes of	
Doo	schizophrenia	
R39a	Paranoid schizophrenics	282
R39b	Disorganized schizophrenics	282
R39c	Undifferentiated schizophrenics	283
R40	Diagnostic values of the used questionnaire in R compared	285
n e	to NR and HC	
R4I	Diagnostic values of the suggested questionnaire form if it	286
	contains the most frequent prodromal symptoms in R and	
	their relatives compared to NR or HC	

R42	Diagnostic values of the suggested questionnaire form if it	288
	contains the most frequent prodromal symptoms in R and at	
	the same time least frequent in NR or HC	
R43	Diagnostic values of the suggested questionnaire form if it	290
	contains the most frequent prodromal symptoms according	
	to relatives of R and at the same time least frequent in NR	
	or HC	
R44	Diagnostic values of the suggested questionnaire form if it	293
	contains the HS only or HS and S prodromal symptoms in R	•
	compared to NR or HC	
R45	Diagnostic values of the suggested questionnaire form if it	294
	contains the HS only or HS and S prodromal symptoms	
	according to relatives of R compared to NR or HC	
R46	Diagnostic values of the suggested questionnaire form if it	295
	contains the shared HS only or HS and S prodromal	
	symptoms according to R and their relatives compared to	
	NR or HC	
Dl	Comparison between Atlanta study and the Egyptian study	. 311
$\mathbf{D2}$	Comparison between Buffalo study and the Egyptian study	312

ABBREVIATIONS

BFM Behavioral family management
BPRS Brief Psychiatric Rating Scale

CGI Clinical Global Impression

CSE Coping Strategy Enhancement

CSF Cerebrospinal fluid
CNS Central nervous system

D2 receptors Dopaminergic receptors type 2

DA Dopamine

DS Discordant score

DSM-I Diagnostic and Statistical Manual of Mental Disorders

First Edition.

DSM-II Diagnostic and Statistical Manual of Mental Disorders

Second Edition.

DSM-III Diagnostic and Statistical Manual of Mental Disorders

hird Edition.

DSM-IIIR Diagnostic and Statistical Manual of Mental Disorders

Third Revised Edition.

DSM-IV Diagnostic and Statistical Manual of Mental Disorders

Fourth Edition.

EE Expressed emotion

EOI Emotional over-involvement
ESQ Early Sign Questionnaire

G Group

GAS Global Assessment Scale
GP General practitioner
HC Healthy control

HEE High expressed emotion

HR Heart Rate

HS Highly significant
HVA Homovanillic acid

IPSS International Pilot Study of Schizophrenia

LCU Life change unit

LEE Low expressed emotion

N or No Number

NIDS Neuroleptic induced dificit syndrome
NIMH National Institute of Mental Health

NR Non-relapsing patients

NS Non-significant

NS-SCRs Non-specific skin conductance responses

PAR Proportional attributable risk
PBI Parental Bonding Instrument

PE-MFP Psycho-educational multiple family programs

PPR Psychophysiological reactivity
PPV Positive predictive value
PV -ve Predictive value of negative
PV +ve Predictive value of positive

R Relapsing patients
RLE Recent life experiences
SCL Skin conduction latency

SRRQ Social Readjustment Rating Questionnaire

SRRS Social Readjustment Rating Scale

To Time zero

TD Tardive dyskinesia

TSS Treatment strategies study

vs Versus

WHO World Health Organization

INTRODUCTION AND AIM OF THE WORK

INTRODUCTION

It is a well known fact that relapse of schizophrenic disorders takes a toll on patients and their families and imposes a financial burden on hospitals and community resources (Davies and Drummond, 1993).

It is worth mentioning that in the last 40 years, the treatment and, above all, the prophylaxis of schizophrenic psychosis has made great progress due to the introduction of the neuroleptics and the use of psychosocial treatment strategies. Unfortunately, the potentialities inherent in neuroleptic relapse prevention are far from being fully utilized. As a consequence, the relapse rate for this severe mental illness is still three times higher than it ought to be (Kissling, 1994). However, if the unnecessarily high relapse rate for schizophrenic patients is to be reduced, the development and implementation of preventive treatment programmes must be given top priority. Significantly more time, personnels and money must be invested in relapse prevention. As is the case in many other medical problems (e.g. heart disease, diabetes), a marked reduction in the relapse rate of schizophrenia can only be achieved by comprehensive prophylactic programme involving patients, family members, and others responsible for care. They must be informed in detail about all aspects of relapse prevention, as well as being given consequent encouragement and support to actively take part in therapy. The positive effects of a psychoeducational approach on compliance and relapse rates have been demonstrated by Smith and Birchwood (1990).