PRODROMAL SYMPTOMS AS VALID PREDICTORS OF RELAPSE IN SCHIZOPHRENIC DISORDERS

Thesis

Submitted for Partial Fulfillment of
M.D. Degree
in
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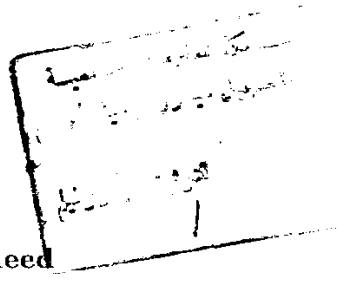


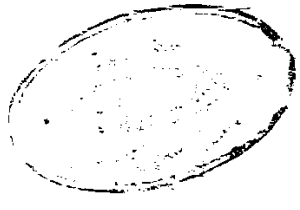
By
Amany Haroun El-Rasheed Abd El-Hameed

Supervised by

Prof. Dr. Ahmed Okasha
Professor of Psychiatry
Faculty of Medicine
Ain Shams University

Prof. Dr. Zeinab Bishry
Professor of Psychiatry
Faculty of Medicine
Ain Shams University

Prof. Dr. Mohamed Rifaat El-Fiki
Professor of Psychiatry
Faculty of Medicine
Ain Shams University



Faculty of Medicine
Ain Shams University
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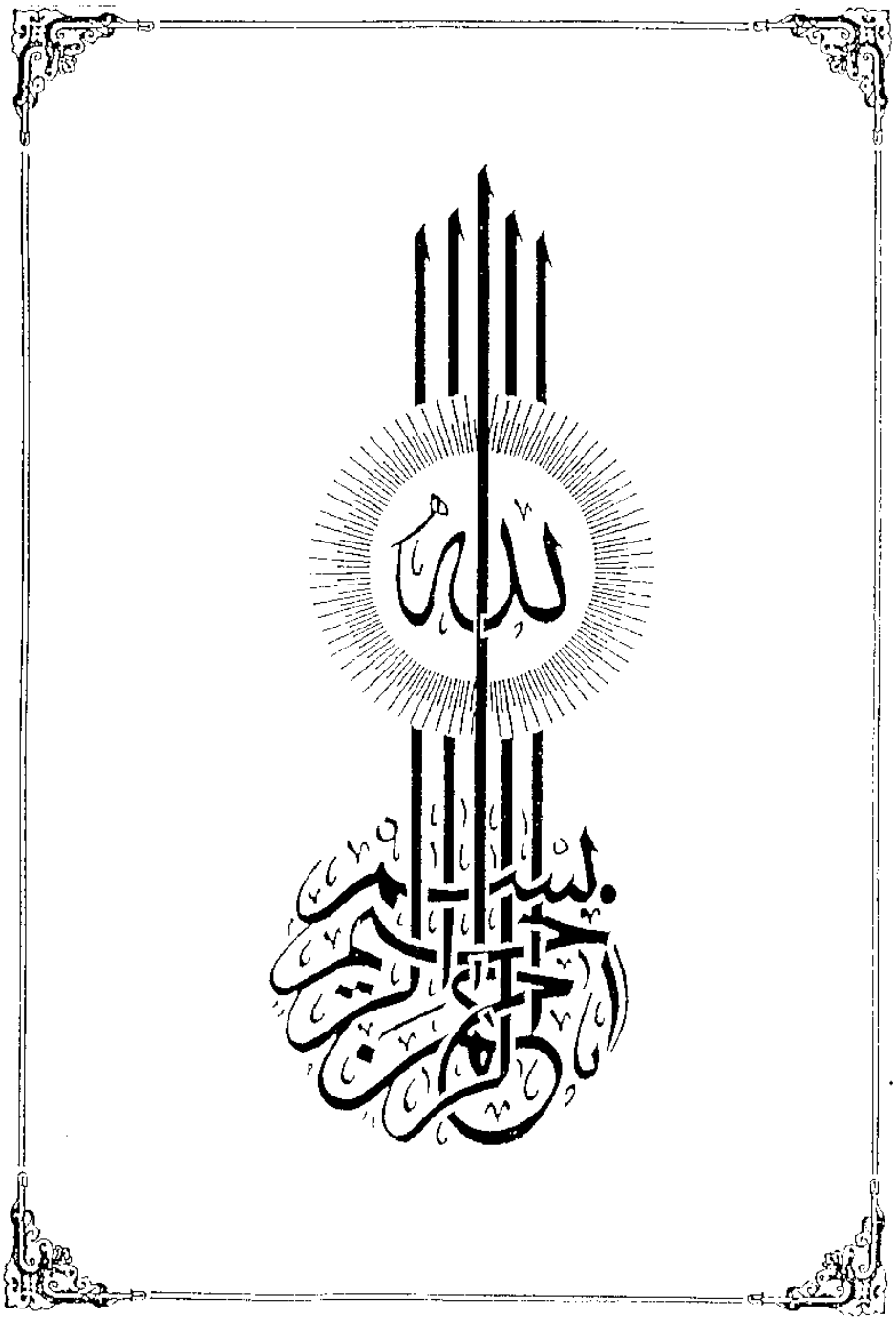
قالوا

سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا
إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ

صدق الله العظيم

سورة البقرة (الآية ٣٢)



To...

My Parents

Amany

Acknowledgement

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Amany Haroun

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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 Third 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
T0	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).