

NR22. Schizophrenia — aetiology and comorbid substance abuse

Chairmen: S Johnson, T Fahy

OBSTETRIC COMPLICATIONS AND PSYCHOPATHOLOGY IN SCHIZOPHRENIC PATIENTS

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Schizophrenics seem more likely than controls to have a history of obstetric complications (OCs). Therefore, OCs could play a significant rôle in the following onset of schizophrenia. In a previous work we found out that more severe OCs were related to an increased risk for the development of schizophrenia. Thus, in the current work we firstly subdivided schizophrenic patients on the basis of a lower or higher risk of schizophrenia as evaluated by means of the overall severity of OCs and, secondly, we compared these subgroups to make evident any psychopathological difference between subgroups.

Fifty-eight consecutively admitted chronic schizophrenic male inpatients (DSM III-R diagnostic criteria) were evaluated through the Positive and Negative Syndrome Scale (PANSS). Information retrieval concerning gestations and births was obtained from mothers by using a semi-structured interview. Existence and severity of OCs were assessed through the OCs scale by Parnas et al (1982) based upon a midwife protocol.

Higher risk subjects (total score more than 2 on the OCs scale) had a significant lower score on the General Psychopathology and Negative Subscale. Neither the age of patients nor the duration of schizophrenic disorder nor the drug dosage in chlorpromazine equivalents, when a neuroleptic was administered, were significantly different between the subgroups.

By subdividing schizophrenics on the basis of an etiological factor as OCs it possible to underline the clinical significance of an higher severity of OCs in psychopathological terms.

ALCOHOL AND DRUG COMORBIDITY IN A FIRST ONSET PSYCHOSIS COHORT

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Alcohol and drug misuse among patients with psychotic disorders is increasingly recognised and poses particular diagnostic and management challenges. Studies to date have estimated a prevalence for comorbidity lying between 15% and 65% of patients with psychosis. Many studies are of North American origin and cannot necessarily be extrapolated to European populations. These studies have rarely addressed the confounding effect of duration of illness.

We have recently completed a two year prospective study of first onset psychosis in which an inception cohort was identified from a particular catchment area. Diagnoses were assigned in terms of ICD10-DCR operational criteria and further information on substance misuse obtained from structured interviews with relatives.

Of 155 subjects for whom data on substance misuse were available, alcohol and/or drug misuse was present in over one quarter. When those with any drug use were included, this rose to almost 40%. Those with a diagnosis of schizophrenia, or acute and transient psychosis were most likely to have comorbid substance misuse. 8% of subjects received a diagnosis of substance use disorder. Those

with comorbidity were younger and more likely to be male. Misuse was less prevalent among African-Caribbean subjects.

This study confirms the high prevalence of substance misuse comorbidity in psychosis at first presentation, with important implications for detection, diagnosis and management.

CANNABIS AND SCHIZOPHRENIA — A FOLLOW-UP

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During a period of seven years 10.5% of 468 patients with a schizophrenic symptomatology who were treated for the first time at the Universitäts-Nervenlinik Homburg/Saar revealed a drug abuse. Substance abuse preceded the onset of psychotic symptoms for about five years. As compared with the complete group of schizophrenic patients those with drug abuse were six years younger at first occurrence of the disorder. They were predominantly men. More than 80% abused cannabis mainly or exclusively. The cannabis consuming patients were compared to a group of schizophrenics who had no history of alcohol or drug abuse. The control group was matched for age and sex. Cannabis abusing patients showed some characteristics in their anamnesis and psychosocial situation, but there were no differences between the two groups concerning psychopathology.

In a follow-up (on the average after 4.5 years) a majority (60%) of former cannabis consuming patients had continued their abuse or shifted to alcoholism. Psychosocial integration of most patients was poor often presenting with moderate to severe residual states. Moreover patients with on-going drug abuse exhibited more positive symptoms. Results of this study therefore confirm that cannabis abuse has an important impact on the long-term course of schizophrenia.

SCHIZOPHRENIA AND URBAN LIFE

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It has long been thought that rates of mental illness are higher in cities than elsewhere, because of crowding and resultant stress. In the case of schizophrenia, there are some exceptions to generally higher prevalence rates in industrialised cities. Factors such as migration, culture, infectious disease, demographic rates, and other social processes may affect geographical differences in rates. The excess of schizophrenia in central city areas has been given two contrasting explanations — the 'breeder' hypothesis and 'social drift'. Data on incidence from three cities are compared, but do not reveal a clear picture. Environmental factors connected with urban living are of two main types — social and non-social — which are not mutually exclusive; 'urban' living may also have a variety of meanings. Rather than 'urbanicity' being an independent aetiological factor in schizophrenia, its effect may perhaps be largely explained in terms of migration and social class.

DOES SUBSTANCE ABUSE PRECIPITATE SCHIZOPHRENIA?

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The high comorbidity of schizophrenia and substance abuse of up to 60% in chronic schizophrenic patients suggests a causal relationship between the two disorders. Some authors argued that substance abuse, particularly cannabis and amphetamine abuse, may precipitate schizophrenia, while others collected evidence that psychotropic substances are used for self-medication against schizophrenic symptoms. Studies of first-episode patients which could clarify the temporal order of first occurrences as a hint for a causal relationship are