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Shizophrenia-spectrum disorders with syndrome of sexual dysphoria

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Background and Aims: investigation of psychopathology and sexual characteristics in persons with F2 disorders and the syndrome of sexual dysphoria.

Subjects: Group 1: 78 patients (55 male and 23 female). Group 2 (controls): 85 persons with transsexualism (12 male and 73 female). Average age is 25,8 years.

Method: clinical-psychopathological, sexological, statistical

Results: In Group 1 premorbid sensitive (22,4%) and astheno-neurotic (15,8%) features seemed to prevail while in transsexuals the most common premorbid features are harmonious (53,7%) and hyperthymic (18,3%) ones. Child autistic fantasies and neurotic-like symptoms also dominated in Group 1. Only these patients had transient dysmorphophobia, vagrancy and anorexia nervosa in their past, and psychopathic-like syndrome at present (10,4%). Recurrent affective episodes and depressive disorders significantly prevailed among schizophrenic patients. In Group 1, the ideas of changing sex appeared after sensations that the body had changed and after senestho-hypochondriacal experiences. Cross-dressing and using cosmetics was already found in patients of Group 2 younger than 10 years of age. Some characteristic features of psychosexual development were found: only schizophrenic patients showed premature sexual maturation. However, this group also showed significantly disharmonious and late psychosexual development (80,6%). On the other hand, only transsexuals had disharmonious early or late somatosexual development.

Conclusions: The differences found between patients with schizophrenia-spectrum disorders and sexual dysphoria and transsexuals will contribute to differential diagnosis and analysis of different pathogenetic mechanisms of "rejecting one's sex" in different mental disorders.

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Subjective improvement and symptom change in psychosis

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Objectives: Subjective, self-rated improvement in patients with schizophrenia spectrum disorders can carry significance as a first-person account of treatment outcome, and can be of importance for the individual patient's acceptance of further treatment. This study assessed the concordance between post-treatment subjective improvement and the observed symptom change after a psychotic episode.

Method: The study sample consisted of 43 younger, primarily first- or second-episode patients. Daily symptom ratings were carried out. Observed symptom change was calculated both as pre-post differences and as symptom trajectories. Subjective improvement was assessed at the end of treatment by using the "Emotional and Behavioural Changes in Psychotherapy Questionnaire" (VEV), a retrospective measure of subjective change.

Results: The findings indicated no significant concordance between pre-post differences in symptoms and self-rated improvement, nor were final levels of symptoms related to subjective improvement. Higher initial and mean symptom levels for positive symptoms were

related to a lower degree of subjective improvement. A shorter duration of an initial trend-like improvement in psychosis was shown to be associated with greater subjective improvement.

Conclusions: Subjective assessment of improvement may differ markedly from symptom change. In psychotic episodes, more severe initial positive symptoms as well as a delayed improvement of positive symptoms may be related to a reduced subjective experience of improvement for the duration of the entire episode. The treatment of psychosis should take a possible discordance between subjective and objective change into account.

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Impact of risperidone long-acting injection versus oral antipsychotic treatments on hospitalization in schizophrenia

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Objective: Evaluate impact of risperidone long-acting injection (RLAI) versus oral antipsychotics on hospitalization outcomes for patients in the electronic Schizophrenia Treatment Adherence Registry (e-STAR) in Spain.

Methods: e-STAR is a 2-year, multi-national, prospective, observational study of patients with schizophrenia who initiated on RLAI or an oral antipsychotic. Hospitalization outcomes including number of hospitalizations and number of days in hospital were collected retrospectively (1-year) and prospectively (2 years). Changes in hospital stays and days in hospital were compared between RLAI and oral patients using linear mixed model controlling for age, gender, disease duration, and baseline antipsychotic use patterns.

Results: 1,622 patients (63.6% male, mean age 38.4±11.2 years) participated in e-STAR from Spain, 1,345 initiated on RLAI and 277 on oral antipsychotics. RLAI patients had significantly longer disease duration (12.6±9.5 years vs. 10.9±9.7 in oral patients, p<0.01). Average hospital stay at baseline was 5 days longer for RLAI than oral patients. During the study, both treatments showed reductions in mean number of hospitalizations and mean number of days in hospital. Based on the mixed-model regression, RLAI patients, compared to oral patients, had a significantly greater reduction in mean number of hospitalizations (-0.28 vs. -0.18 in followup-year1 and -0.37 vs. -0.20 in followup-year2, p<0.05) and mean number of days in hospital (-17.23 vs. -12.96 in followup-year1 and -18.75 vs. -12.99 in followup-year2, p<0.01).

Conclusions: This 2-year, prospective, observational study showed that compared to oral antipsychotics, RLAI treatment was associated with greater reduction in hospital stays and days in hospital in patients with schizophrenia.

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Clinical and functional outcomes of patients with schizophrenia treated with risperidone long-acting injection versus oral antipsychotics

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