EVIDENCE FOR SIMILAR DEVELOPMENTAL PRECURSORS OF CHRONIC AFFECTIVE ILLNESS AND SCHIZOPHRENIA IN A GENERAL POPULATION BIRTH COHORT

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Is childhood developmental deviance preceding schizophrenia diagnosis-specific? We examined associations between childhood developmental data and both chronic affective disorder and schizophrenia, in a prospectively studied national British birth cohort of 5262 individuals born in the week March 3–9th 1946. 75 cases (prevalence: 2.3%) with chronic, severe affective disorder (CAD), and 30 cases with schizophrenia or schizoaffective disorder (SZ) were identified. Significant interaction with gender was present in the associations between CAD and developmental risk factors. Attainment of motor milestones was later in female CAD cases (OR women = 1.5; 95% CI: 1.1–2.2), followed by greater risk of speech defects between the ages of 6 and 15 years (OR women = 3.6; 1.8–7.5). At ages 8, 11 and 15 years, educational test scores differentiated between CAD cases and controls, especially in girls. At ages 13 and 15, CAD cases were more likely to be rated "persistently sad and gloomy" by their teachers (OR's 2.7 & 2.5; $p < 0.05$). Similar, possibly stronger, associations were demonstrated for SZ cases. The results suggest that early social, cognitive and motor deficits are either the early manifestation of a unitary syndrome, or the manifestation of a common predisposition to severe mental illness.

SEASON AND PLACE OF BIRTH IN A SAMPLE OF 22361 PATIENTS WITH A DIAGNOSIS OF SCHIZOPHRENIA

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Objectives: Many infectious diseases are more prevalent in the autumn and winter months, and are transmitted more easily in densely populated areas. Therefore, the finding that the excess of winter birth among patients with schizophrenia is especially marked for those born in urban areas, would support the hypothesis that early exposure to infectious agents increases the risk for later schizophrenia. *Methods:* We examined associations between season of birth and population density of place of birth in a national sample of 22361 patients with schizophrenia, who were discharged from psychiatric hospitals and units in the Netherlands from 1970 to 1993. *Results:* Significant effect modification by gender was apparent, in that in women, but not in men, winter birth was associated with population density of the area of birth (OR women: 1.12, 95% CI: 1.00–1.25, P = 0.05). *Conclusions:* These data are consistent with studies linking prenatal exposure to influenza and later schizophrenia in women.

A PROPOS DE 3 CAS DE SCHIZOPHRENES RESISTANTS TRAITES PAR CLOZAPINE ET FLUOXETINE: DE L'INTERET DES DOSAGES PLASMATIQUES ET GLOBULAIRES ASSOCIES AU SUIVI CLINIQUE

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La Clozapine (Cloza) est un neuroleptique atypique utilisé pour traiter les schizophrènes résistants aux traitements conventionnels. Lors de l'évolution sous traitement, on peut constater chez les psychotiques l'apparition d'un syndrome dépressif secondaire que nous avons été amenés à traiter par la Fluoxétine (Flu), inhibiteur spécifique de la recapture de la sérotonine (SSRI) que nous pouvons doser; A l'occasion des bilans biologiques indispensables dans le cadre de la prescription de la Cloza (une fois par semaine pendant les 18 premières semaines puis au moins une fois par mois par la suite) nous avons pratiquè: des dosages plasmatiques (P) et globulaires (G) de Cloza et de son dérivé, la desmetylclozapine (Descloza) ainsi que de Flu et de son dérivé déméthylé (NFlu) (les concentrations globulaires sont représentatives des fractions libres des médicaments), des entretiens complétés par des échelles cliniques (BPRS – échelle de dépression psychotique et de qualité de vie (Heinrichs, Hanlon et Carpenter) et des EEG à intervalle régulier.

A propos de 3 cas de patients schizophrènes résistants (2 H — 1 F, 25, 33 et 43 ans), selon les critères du DSM III R, traités d'abord par Cloza seule puis, secondairement déprimés, par Cloza et Flu (20 mg/jour) associés, nous avons pu mettre en évidence: i. une dose majeure efficace de Cloza, fixe pour chacun d'entre eux (de 250 à 700 mg/j), ii. une concentration utile pour la plus faible posologie avec le minimum d'effets secondaires (200 à 700 et 100 à 400 ng/ml pour la P et G Cloza avec des rapports P. Cloza/Descloza = 1.86 ± 0.56 — G Cloza/Descloza = 1.53 ± 0.56), iii. un cas de diminution des polynucléaires neutrophiles à forte concentration de Cloza nécessitant une adaptation thérapeutique à la baisse, iiii. une mauvaise compliance au traitement (1 patient sur 3) en repérant notamment les interruptions de celui-ci à l'occasion du week end, iiiii. les modifications EEG et iiiiii. une augmentation significative des concentrations P. de Cloza et Descloza à partir du moment où le steady state de Flu est atteint. Nous avons constaté une diminution concernant d'abord les symptomes d'inhibition puis la production psychotique, avec amélioration de qualité de vie ayant permis une autonomie en dehors du suivi d'hospitalisation, avec amélioration en premier lieu des contacts et des relations interpersonnelles.

COMPONENTS OF THE SCHIZOPHRENIC SYNDROME — INFLUENCE OF DIAGNOSTIC CRITERIA AND INSTRUMENTS

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Current discussions on the number and contents of factors creating a typical schizophrenic syndrome are not conclusive. Opinions and research results differ according to many variables. Some authors accentuate the problems connected with influence of methodological choices on research findings obtained. The aim of this study was to analyse to what degree (1) diagnostic criteria used for separating the investigated group of schizophrenic patients and (2) instruments used to describe the psychopathological contents of the schizophrenic syndrome observed may influence the results of a statistical procedure applicated to study the underlying structure of the syndrome. From the population of 194 patients consecutively admitted to psychiatric department two groups was separated fulfilling the ICD-10 (N = 78) or DSM-IV (N = 68) criteria of schizophrenia. The diagnosis was satisfactory concordant (kappa = 0.85). Mental state of all patients was rated by the 30-items PANSS and 9-items (only global ratings) SANS/SAPS scales. Principal components analysis with identical method of factor extraction and rotation was then performed for both criteria and both instruments deriving groups. SANS/SAPS scales replicated the popular three-factors solution (interpreted as positive, negative, and disorganization), but only in the ICD-10-schizophrenia group. In the DSM-IV-schizophrenia group two-factors solution resulted (interpreted as positive and negative). PANSS analysis allowed to detect eight- (for DSM-IV) or seven-factors (for ICD-10) solutions. The contents of factors were rather similar, with some differences both among the factors which could be treated as specific (posi-