

Stressing the immune system

Numerous studies have implicated emotional stress in the development of illnesses involving deficiencies in the immune system. Now, researchers at the Mount Sinai School of Medicine in New York and the University of Vermont School of Medicine have undertaken "the first longitudinal study of the effect of a naturally occurring life stress on lymphocyte function."

The researchers, led by Mount Sinai's Steven J. Schleifer, studied six husbands of women with advanced cancer. Lymphocyte measurements were performed on the men, average age 65, for several months before and after the deaths of their spouses. The deaths occurred from less than three months to 10 months after the men entered the project.

In each of the husbands the response to laboratory stimulation of their lymphocyte cells — "a direct measure of the functional capacity of the lymphocyte" — was "markedly depressed after bereavement," suggesting that their susceptibility to immune-related disease had increased following the death of the spouse.

"The preliminary results ... cannot be accounted for by changes in the number of peripheral blood lymphocytes or lymphocyte subtypes," say the researchers. "A network of CNS [central nervous system], neurotransmitter, endocrine and other biological processes may be involved in the mediation of psychosocial effects on the immune response."

Hyperactive kids: Let them eat cookies

Ever since Ben Feingold suggested about a decade ago that elimination of artificial food colorings and flavorings from the diet could alleviate the symptoms of childhood hyperactivity, the Feingold diet has received mixed reviews—some swear by it and others say Feingold's contention is as artificial as the substances he implicates. Now numbered among the nonbelievers are Jeffrey Mattes of the Long Island Jewish-Hillside Medical Center and Rachel Gittelman of the New York State Psychiatric Institute.

The researchers studied 16 hyperactive children, all of whom had been helped by the Feingold diet, according to their parents and the "local Feingold Associations." While maintained on an otherwise-total Feingold diet, the children at various times ate identically appearing cookies of either natural substances or including nine commonly used food colorings; doses of up to 78 milligrams of coloring were added to the test cookies.

Using tests of hyperactivity and distractibility, parents, psychiatrists, psychologists, teachers and the children themselves rated the youngsters' behavior throughout the experiment. The raters were unaware of which cookies were administered to whom at any given time. "Results showed no diet effects, suggesting that children are not behaviorally affected by artificial food colorings," say the researchers. Possible explanations for the childrens' reported improvements prior to the study might have involved increased attention by the parents toward their children during the diet or simply misjudgments by the parents of the youngsters' behavior, according to Mattes. Or, he suggests, some other, currently unknown, factor may have caused the improvement.

Underestimating tardive dyskinesia

Tardive dyskinesia — involuntary twitching of facial areas and other parts of the body — is now an acknowledged side effect of treatment with antipsychotic drugs, or neuroleptics. Just how often TD occurs and at what point in treatment is not completely clear. But it is generally thought that mild forms of the disorder may be reversible.

A study of 62 schizophrenic outpatients, however, suggests that tardive dyskinesia may be more prevalent and chronic in nature than many believe. Among those tested, 22.5 percent manifested TD symptoms during their withdrawal from neuroleptics and "none of the patients had rapid spontaneous recovery [from TD] during the four weeks off drugs," report Alix C. Rey of the Maryland Psychiatric Research Center in Catonsville, Md., and William T. Carpenter Jr. of the Maryland Psychiatric Research Center. In addition, "only two patients have been treated drug free for more than six months, and both continue to show signs of TD," they report.

"The high rate of covert dyskinesia ... suggests that the prevalence of TD among medicated patients is underestimated," they say, "and that it is urgent that clinical and physiological tools be developed for early diagnosis."

Dreams and schizophrenia . . . is it art?

Poets, artists and other creative persons have often been called dreamers. It has also been said that the line between psychosis and unorthodox, creative thinking is fine, at times indistinguishable. Both of these beliefs may have some factual basis, according to a study by dream expert Ernest Hartmann of Boston. The psychiatrist studied 38 persons who volunteered in response to newspaper ads seeking persons who had at least one nightmare a week over a long period of time.

Hartmann and his colleagues found an unusually high incidence of psychiatric problems, including schizophrenia and depression (several had actually attempted suicide). And in 22 cases, close relatives had had serious breakdowns or had been institutionalized for mental illness.

But he also found that among those who work, the majority were involved in the arts. "It is . . . of interest that these persons — adult nightmare sufferers who are possibly vulnerable to schizophrenia, but cannot be considered overtly ill — almost all appear to be creative and sensitive persons," Hartmann says. "In some ways these data are consistent with the ancient notion of a relationship between artistic creativity and psychosis. We might suggest that the openness or vulnerability, and boundary problems of these persons are a clue to a substrate for both creative artistic ability and schizophrenia."

Competence in the 'cuckoo's nest'

On the heels of a Massachusetts court decision that mental institution patients have a right to refuse drugs, questions of such patients' competency to make treatment decisions have taken on new importance. Another aspect of the problem involves the person's competence to decide whether or not to participate in studies involving new drugs. Some have suggested mental patients may often place themselves at greater-than-necessary risk by agreeing to participate in such research without fully understanding the potential consequences.

In pursuing this question, researchers at Long Island Jewish-Hillside Medical Center and New York University matched the decisions of 27 locked-ward psychiatric inpatients against those of 38 hospitalized medical patients. Patients were asked whether they would agree to participate in any of six hypothetical studies — three of which would directly benefit their condition and three of which would not.

The results showed that psychiatric patients — regardless of their mental condition — were equally as prudent as the medical patients in consenting to research. Both groups tended to agree to low risk/high benefit studies more often than high risk/low benefit research.