

Let's get physical

A survey of patients in California's public mental health system finds that about 15 percent of the sample have previously undetected physical diseases that were unknown to mental health workers.

In addition to newly discovered diseases among the 300 patients surveyed, more than half of them had a physical disease for which only some were receiving treatment. Only about half of the physical diseases under treatment were recorded in the patients' mental health record, say psychiatrist Lorrin M. Koran and colleagues at Stanford University.

Undetected physical disease, they note, often makes mental disorders worse but does not usually cause them.

A schizophrenia-alcohol link

Clinicians often encounter schizophrenic patients who also abuse alcohol, but these patients have rarely been studied systematically.

One attempt to evaluate the problem is reported by Michael Irwin and colleagues at the University of California at Los Angeles. In a 48-hour period, they studied 41 consecutively admitted schizophrenic patients. An alcohol and drug history was taken and the patients were given the Michigan Alcohol Screening Test (MAST). Responses to this questionnaire revealed that 59 percent of the patients had had alcohol-related blackouts and loss of memory, 44 percent had engaged in assaultive behavior or been arrested in conjunction with drinking, 17 percent had liver disease attributed to alcohol and 51 percent had an alcoholic parent. About three-quarters of the patients met criteria for alcoholism.

Ten of the 25 items on the MAST questionnaire appear to be particularly sensitive to a patient's alcoholism, says Irwin. These items appear to be a valid screening tool to identify schizophrenic patients with alcohol problems.

Antianxiety drugs: Handle with care

Benzodiazepines, or antianxiety drugs, are used by about one in ten adults, but investigators are just beginning to chart their long-term effects on the brain.

Little is known about the effectiveness of benzodiazepines when they are used for more than six months, says psychiatrist David J. Greenblatt of Tufts University Medical School in Boston. Adverse effects such as sedation and "spaciness" are hard to predict since a patient's expectations, prior drug experience and the clinical setting can all modify reactions to antianxiety drugs.

A disturbingly consistent side effect occurs, however, when patients are abruptly taken off benzodiazepines, says Guy Chouinard of the Allan Memorial Institute in Montreal. Up to three-quarters of the subjects he and his co-workers have studied in these instances develop "rebound anxiety," in which anxiety symptoms return with even greater severity. This reaction is more likely with benzodiazepines that are quickly absorbed into the bloodstream and are used in high doses, he adds.

Perceptual problems, including an extreme sensitivity to light and sound, are common among long-term users of antianxiety drugs whose prescriptions are stopped, says English psychiatrist Malcolm Lader of the University of London. Among 100 such patients, he and his co-workers recorded complaints of perceptual difficulties up to two years after cessation of drug administration for 20 percent of the sample.

In experiments at the Sleep Disorders Center in Cincinnati, scientists have observed significant amnesia among patients taking some benzodiazepines. But these effects are hard to measure, says psychologist Martin B. Scharf. "How do you know you have amnesia for new events?" he asks. "It's hard to tell unless there are gross effects."

Many new benzodiazepines are being developed, adds Scharf. When they are approved for use, clinical decisions to medicate anxious patients will become even more complicated.

Family support protects patients

Supportive family communication, rather than family conflict, appears to be a good predictor of whether a discharged psychiatric patient will need to be rehospitalized, according to a study by Stanford University researchers.

David Spiegel and Terry Wissler say that high levels of "expressiveness" uncovered by a self-report scale administered to 108 psychiatric inpatients and their families was correlated with significantly fewer days of rehospitalization at three months and one year after discharge.

The scale, says Spiegel, measures a family's willingness to solve problems cooperatively and engage in open but not intrusive dialogue. While patients who reported more family expressiveness had fewer rehospitalizations, family ratings of conflict did not predict which patients would get worse.

The patients' diagnoses included schizophrenia, major depression and alcohol and drug abuse. Spiegel plans to examine whether the family expressiveness scale can consistently predict the course of illness for patients discharged with these diagnoses.

Movement disorders and aging

Elderly persons who have medical and neurological conditions appear to be at a greater risk of developing involuntary movement disorders than their healthy age-mates, especially if they are taking antipsychotic medication.

In a large sample of the elderly, Jeffrey Lieberman of Long Island Jewish-Hillside Medical Center and colleagues find significant abnormal movements, or tardive dyskinesia, in 1.2 percent of 400 healthy subjects, 4.8 percent of 291 patients with chronic medical problems who have not taken antipsychotic drugs, 16.5 percent of similar medical patients being treated with the drugs and 66.7 percent of 90 psychiatric patients in an institution who have taken antipsychotic medication for at least several years. Common symptoms are rigidity, tremors and facial tics.

Untreated medical patients may have more movement disorders than healthy persons because of brain damage or other neurological problems, says Lieberman. These conditions are added risks for elderly persons receiving antipsychotic drugs. The large number of movement disorders among psychiatric patients suggests that age, length of drug treatment and unresponsiveness to treatment work together to create movement disorders, he adds.

Antidepressants: Depressed by stress

A preliminary study indicates that psychological or social stress can interfere with the effectiveness of antidepressant drug treatment for severely depressed patients.

James H. Kocsis and co-workers at the Payne Whitney Clinic in New York City report that moderate to severe psychosocial stress was present in 16 of 22 patients with major depression who were not helped by an antidepressant drug. Only 5 of 23 depressed patients who responded to drug therapy experienced the same levels of stress. Categories of psychosocial stress included disruption of family or social network, death of a close relative or spouse, job or family problems and family illness.

Further confirmation of this finding, say the investigators, will mean that severely depressed patients experiencing high levels of psychosocial stress can be targeted for a combined program of drug treatment and psychotherapy.