EDITORIAL

NEW STRIDES IN SCHIZOPHRENIA RESEARCH

The observation that schizophrenic patients in developing countries tend to remit earlier, have longer periods of symptom remission and less disability (Leff et al., 1992) has been hailed as one of the most important findings in schizophrenia research in the last two decades. The participation of the Agra Center in the International Pilot Study of Schizophrenia which led to the above observation, has been a milestone in psychiatric research in India. This and other projects such as "Determinants of the Outcome of Severe Mental Disorder" and the ICMR study on "Factors affecting Course and Outcome of Schizophrenia" have given a tremendous boost to schizophrenia research in this country. This interest in unravelling the mystery of schizophrenia has been maintained by many research groups and individual investigators in different parts of the country. This issue of the journal has made an attempt to focus attention on some of the different aspects of schizophrenia research carried out by a few of these researchers.

The incidence of schizophrenia is a matter of prime importance because any differentials or constants in incidence rates may be pointers to causal factors. Results of the WHO ten country study which is the largest cross-cultural data base in schizophrenia to date, show that there is a relatively narrow band of variation in the incidence of schizophrenia across cultures, and that the risk is equal in men and women (Jablensky, 1993). The lack of Indian studies on the incidence of schizophrenia was hitherto seen as a major lacuna in our literature. Hence, the two studies on incidence published in this issue are of great significance. The study from Chandigarh by Wig et al. report an incidence of 4.4/10,000 in the rural area and 3.8/10,000 in the urban area with an overall rate of 3.9 per 10,000 when a broad definition of schizophrenia is used. Though these rates are higher than those reported from other collaborating centers, the incidence rate is significantly reduced to 0.9 and 1.2 in urban and rural areas respectively, when the narrower Category diagnosis is used, thereby indicating that in the catchment areas of Chandigarh there is a high incidence of a schizophrenia-like illness, even though all of them may not be "core" schizophrenia. The study by Rajkumar et al. in two urban slums in Madras using a door to door survey and leakage study, report an incidence of 0.35 per thousand, similar to the Chandigarh finding using a broad definition. The importance of these two findings in our understanding of the etiological factors in schizophrenia and planning of mental health services are obvious.

Neuropsychological studies on schizophrenics have revealed widespread deficits. Attention deficits in schizophrenia have been explained on the basis of Broadbents filter theory (McGhie & Chapman, 1961; Frith, 1979) which postulates that schizophrenics have an inability to inhibit irrelevant information from gaining attentional resources and entering conscious awareness, which in turn leads to insufficient attentional processing of relevant data. Ananathanarayanan et al. report the presence of deficits in information processing in out-patient schizophrenics even during clinical remission.

As psychiatrists, while we have always been interested in developing more and more effective methods to help schizophrenic patients cope with their symptoms and disabilities, we seldom take the trouble to find out what patients do on their own to cope with their problems. This is an area which has gained some attention in the recent years, and studies suggest that the majority of patients use one or more active coping strategies to deal with a range of symptoms arising from the disorder (Wiedl & Schottner, 1991; Muller et al., 1992). Raghuram reports on the presence of a wide variety of coping techniques used by schizophrenics, the most important ones being behavioral and cognitive strategies and modifications in level of socialization to deal with psychotic symptoms and seeking help from outside to deal with non-psychotic symptoms. An understanding of the patient's own coping mechanism can facilitate the development of more effective techniques which strengthen the range and efficacy of these coping strategies.

We cannot escape the fact that a significant percentage of schizophrenic patients end up with various types of disabilities. Yet, some recent studies (Carone et al., 1991; Tsoi et al., 1991; Lee et al., 1990) have shown that in contrast to the natural history of patient samples from the pre-neuroleptic era, progressive deterioration is not at present a central tendency in the course and outcome of schizophrenia. In this issue, Thara and Rajkumar report that in their six year follow-up study of a cohort of patients, the rate of disability is low, three year course of disability stable, and fluctuations minimal. The observations that disability was related not to the number of relapses, but rather, to the time of commencement of treatment after the onset of illness and that the highest disability was noticed in the area of occupational functioning are of great importance in the planning of rehabilitation services.

In spite of all our efforts to keep schizophrenic patients in the community, a certain number of them do require institutionalization. This leads to special problems which need to be addressed in the planning of hospital services. The high prevalence of physical illnesses in institutionalized patients have always been a matter of great concern (Kuruvilla, 1973; Koranyi, 1979; Sagar et al., 1992). The finding of Choudhury et al. that institutionalized schizophrenics have a higher risk of hepatitis B infection in comparison to outpatients and normal controls is an issue which should prompt us to take remedial steps to reduce nosocomial infections. The steady rise in the num-
ber of persons having HIV infection makes such steps even more imperative. It is heartening to see that a number of research studies on schizophrenia are going in our country and that many of these are concerned with clinically relevant issues.

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