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# VALIDATION OF A LIABILITY SYNDROME FOR SCHIZOPHRENIA (´SCHIZOTAXIA´) AND EFFECTS OF LOW DOSE RISPERIDONE ON NEUROCOGNITIVE, CLINICAL AND SOCIAL FUNCTIONING: RESULTS FROM THE CHANGSHA STUDY

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Introduction: The Changsha study identifies adult, non-psychotic relatives of patients with schizophrenia who show deficits in neurocognitive, social, clinical and other dimensions, and who meet proposed diagnostic criteria for a liability syndrome for schizophrenia ('schizotaxia').
Objectives: To define and validate schizotaxia.
Aims: To develop and validate diagnostic criteria for schizoaxia, and to reduce its symptoms using risperidone.
Methods: We investigated whether a low dose (2.0 mg) of risperidone, a second generation antipsychotic medication, could attenuate negative symptoms, neurocognitive deficits, and other measures of clinical and social function in subjects who met our research criteria for schizotaxia. One hundred eighty nine relatives were assessed at the Mental Health Institute, Second Xiangya Hospital, in Changsha, China. Eighty six of these individuals met criteria for schizotaxia, and 36 agreed to enter a 6-week, double-blind, placebo-controlled protocol.
Results: ANCOVAs using age and gender as covariates showed significant improvement in the risperidone group (n=20) on neurocognitive function (Wisconsin Card Sorting Test Total Errors and Perseverative Errors) and on a self-report measure of social function (Social Adjustment Scale), compared to the placebo-control group (n=16). Effect sizes were small to medium. Notably, risperidone effect sizes were larger (medium to large) in a subset of subjects (risperidone=15; placebo=10) whose membership in the schizotaxic group was confirmed by cluster analysis.
Conclusions: The results are generally consistent with previous open-label investigations of risperidone administration in subjects with schizotaxia, and provide evidence that significant neurocognitive and clinical problems are amenable to remediation in non-psychotic relatives of people with schizophrenia.

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