

Increasing rate of males among Hungarian schizophrenics born after 1945?

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Recent studies have demonstrated that the incidence of schizophrenia is declining, at least in Scotland, England, Wales, Ireland, Denmark, and New Zealand, and this tendency has been more marked among women (Geddes et al, 1993; Waddington and Youseff, 1994), resulting in a higher male: female ratio in younger cohorts of patients (Iacono and Beiser, 1992).

Recently we have also investigated the sex distribution of schizophrenic patients in a strictly diagnosed inpatients sample during a period between 1 January 1984 and 31 December 1996. During these 13 years, while our inpatient psychiatric department served the same catchment area (approximately 90,000 inhabitants), and the two leading psychiatrists of the department were the same, 272 inpatients (185 females and 87 males) have met the DSM-III, DSM-III-R and DSM-IV diagnoses of schizophrenia (all types combined, but schizoaffective disorder excluded). The higher number of female patients may be – at least in part – the consequence of the fact that our department admitted only females until 1989. No male schizophrenic patients in this sample was born before 1911, and five female patients were born between 1900 and 1910, yet one male but no female patients were born after 1975 (table I). Taking into account only the patients born after 1910 (ie, excluding the five female patients born before 1910) significantly more male than female schizophrenics have born between 1946 and 1976 when compared to the period of 1911–1945 (males: 49/87 = 56%, females: 49/180 = 27%, $\chi^2 = 21.37$, $df = 1$, $P < 0.001$).

The relatively higher rate of females among the older schizophrenics may be the consequence of the fact that the average duration of life is 7–8 years shorter of males in Hungary. On the other hand the relatively higher rate of males among younger schizophrenics may be the reflection – at least in part – of the 4–5 years lower age at onset and first hospitalisation in males (Angermeyer and Kühn, 1988). However, excluding patients born after 1970 (five males and three females) the difference remains significant (males: 44/82 = 54%, females:

Table I. Distribution of birth of 272 schizophrenic patients according to different birth cohorts.

Birth cohort	Males, n	Females, n	Total, n
1976–	1	0	1
1971–1975	4	3	7
1966–1970	6	3	9
1961–1965	7	5	12
1956–1960	8	11	19
1951–1955	14	9	23
1946–1950	9	18	27
1941–1945	13	21	34
1936–1940	10	29	39
1931–1935	9	26	35
1926–1930	2	19	21
1921–1925	1	19	20
1916–1920	1	11	12
1911–1915	2	6	8
1906–1910	0	3	3
1900–1905	0	2	2
	87	185	272

46/177 = 26%, $\lambda^2 = 18.92$, $df = 1$, $P < 0.001$). The rate of female: male patients born between 1911 and 1930 was 55:6 (= 9.2), between 1931 and 1950 94:41 (= 2.3) and between 1951 and 1970 28:35 (= 0.8).

In spite of the fact that our sample contains relatively few, but strictly diagnosed schizophrenic patients, these preliminary results support the findings on the gender specific decline in the rate of schizophrenia (Geddes et al, 1993; Waddington and Youseff, 1994) in Hungary too, and indicate that young Hungarian males are more likely than females to develop schizophrenia.

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