

THE RELATIONS OF LANGUAGE IMPAIRMENT AND ALEXITHYMIA TO SCHIZOPHRENIC NEGATIVE AND POSITIVE SYMPTOMS

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Two prevalent paradigms can be found in current literature on schizophrenia: the positive-negative symptom (PS-NS) dichotomy (Andreasen 1985) and the illness-coping model (Strauss 1989). They rely on opposite etio-pathogenetical hypotheses: the former holds that PS and NS originate from distinct neurological substrates, the latter emphasizes the interplay between neurological and personological factors in the shaping of different schizophrenic symptoms. Our objective was testing the influence of personological factors on the constitution of PS or NS. In a sample of 50 DSM-III-R schizophrenic longitudinally followed-up outpatients (29 with predominant PS, 21 NS), Huber's basic-symptoms (Huber 1983) were assessed with the Frankfurter Beschwerde-Fragebogen (FBF, Söllwold 1977) as markers of schizotropic process activity. Personological (cognitive) features such as language capacity (i.e. the individual possibility of access to appropriate linguistic codes in order to understand and express one's experiences) and alexithymia (i.e. lack of words for expressing affections and the failure in distinguishing between bodily and mental experiences) were investigated with a specific FBF-subscale and with the Toronto Alexithymia Scale (Taylor 1984).

The main result was that patients with predominant NS were significantly more impaired in language capacity and presented significantly more severe alexithymia than PS ones. Our data advocate the hypothesis that among the factors influencing the tendency towards NS personological (and not only neurological) features, such as impairments of language capacity and alexithymia, play a relevant role.

GENDER DIFFERENCES AMONG FIRST-TIME SCHIZOPHRENIA PATIENTS

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In a retrospective study, 286 patients were investigated who had been hospitalized for the first time due to schizophrenic psychosis in the psychiatric clinic of the Friedrich-Schiller-University of Jena, Germany. There was no significant difference in the gender distribution (150 females and 136 males), but more-significantly, the women were on the average, at the time of the first onset of the illness, 5 years older than the men.

In comparison with the men, the women had also been better socially integrated at the time of their hospitalization. They were considerably more often married, widowed or divorced than their male counterparts, whereas fewer of the men had any such relationships up to the time of their hospitalization. According to occupation, a greater number of the female first-time patients belonged to the lower middle class, whereas the males were more often members of the upper-lower class. A comparison of indications specific to the illness, such as symptoms during the first hospitalization, the duration of stationary treatment, and the frequency of repeat hospital visits, showed no differences according to gender. These results consequently indicate a large degree of correspondence to the average older and better socially integrated than men at the time of the onset of their illness, whereas no significant gender-specific differences were seen in the further course of the illness.

ON THE FLEXIBILITY OF COGNITIVE PROCESSES IN SCHIZOPHRENIA

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Cognitive disturbances are frequently considered as the most specific marks of schizophrenia. These disturbances are discovered in the areas of automatic as well as of controlled information processing. There are still few works studying the latter domain, including such an important characteristic of mentally healthy personality as self-awareness. The goal of our study was to examine the ability of self-awareness and its ties with other cognitive processes. The methods comprised the Value-ranking Test of M. Rokeach (1973), the Method of Fixed Set of D. Uznadze (1966) and the recently constructed Cognitive Set Flexibility Test (Surguladze, 1995). Here the set implies the individual's mode of reactivity.

The sample included 150 patients with different types of schizophrenia (paranoid, residual) and 50 normal controls. The results of study indicate that the significant relationship exists between the individual's ability to rank own values and the dynamic properties of set. In particular, most patients with good outcome while demonstrating the dynamic (flexible) sets, were able to accomplish the value-ranking procedure, i.e. they were aware of their personal characteristics and terminal values. Patients with paranoid symptoms were characterized by diminished reflexive abilities and the lack of flexibility of sets. Normal controls had no difficulties in value-ranking procedure and mostly demonstrated flexibility of sets.

Interpreting the data obtained we could assume that the flexibility of sets as the general feature represents the functional premise of the process of self-awareness.

EFFECTS OF CLOZAPINE ON POLYSOMNOGRAPHIC MEASURES IN SCHIZOPHRENIA

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Polysomnographic studies in schizophrenia have revealed a number of abnormalities, including reduced total sleep time, increased sleep latency, shortened rapid-eye movement (REM) latency, and reduced slow-wave sleep (SWS) (Tandon et al., *Arch Gen Psychiatry* 1992, 49: 185-192). Preliminary studies indicate that neuroleptic treatment tends to "normalize" a number of these sleep parameters: specifically, neuroleptic treatment improves sleep continuity, and tends to increase REM latency (Taylor et al., *Biol Psychiatry* 1991, 30: 904-912). Clozapine is an atypical antipsychotic whose effects on sleep-EEG measures in schizophrenic patients are not known. Knowledge of clozapine's effects on sleep-EEG measures in schizophrenia may elucidate its neuropharmacological effects in schizophrenic patients and its mechanism of action. To address this question, we compared polysomnographic measures in 40 neuroleptic-treated (clozapine = 15; typical antipsychotic = 25) schizophrenic patients. Sleep findings in these two groups of antipsychotic-treated schizophrenic patients were compared to findings in healthy controls and drug-free schizophrenic patients. In contrast to patients on typical antipsychotics, clozapine-treated schizophrenic patients exhibited significantly greater REM activity and density; measures of slow-wave sleep and REM latency did not differ. The "REM-enhancing" effect of clozapine cannot be reconciled with its potent in-vitro antimuscarinic activity but is consistent with some of its clinical muscarinic effects. While the basis for the "REM-enhancing effect" of clozapine in schizophrenic patients is unclear, one possible mechanism may be its partial M-1 muscarinic agonist activity which in turn may partly explain its unique therapeutic profile (Tandon and Greden, *Arch Gen Psychiatry* 1989, 46: 745-753).