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Symposia

S1 *New frontiers of psychotherapy research: a quest for the future*

THE SYMPTOM-ORIENTED APPROACH TO THE DIAGNOSIS OF SCHIZOPHRENIA: A PROMISING RESEARCH STRATEGY?

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Introduction: To diagnose schizophrenia, commonly used classifications require the presence of one or sometimes a number of Schneider's first rank symptoms or Bleuler's fundamental symptoms contained in a polythetic criterion. This entails the risk of establishing aetiopathogenetically heterogeneous samples since most of the first rank and at least some of the symptoms Bleuler suspected to be fundamental may be unspecific elaborations of different basic disturbances.
Method: Attempts to split the schizophrenic symptomatology into subsyndromes represent progress toward establishing more homogeneous entities. But since these syndromes are likely also to incorporate symptoms which have no specific, but only a frequency relationship with a particular basic disturbance, research on subgroups must be complemented by studies referring to precise symptoms. The selection of these can be facilitated through the polydiagnostic approach which allows the singling out of those signs characterising cases meeting the prediction chosen for a particular study and thus raise the suspicion that they could be fundamental symptoms in the sense of Bleuler.
Results: Our polydiagnostic studies showed that formal thought disorders have a high predictive validity in regard to illness course and are related to a particular genetic predisposition. Recent research by Spitzer indicates that formal thought disorders may be caused by particular memory deficiencies and thus related to a precise basic dysfunction.
Conclusions: These findings allow the supposition that formal thought disorders represent fundamental symptoms of a particular disorder. Further investigations should scrutinize whether the observed neuropsychological deficiencies can also be observed in patients who do not exhibit clinically seizable thought disorders but develop them later. This could lead to the identification of a precise mediating vulnerability factor and could clarify whether some primary negative symptoms have their roots in the same dysfunction. The results obtained in regard to formal thought disorders illustrate that actiopathogenetic research applying refined methods is more promising if it refers to particular symptoms and not to diagnostic categories.

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THE DSM-IV OPERATIONAL DIAGNOSTIC CRITERIA FOR SCHIZOPHRENIA: AN OVERVIEW AND A CRITIQUE

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The DSM-IV definition of schizophrenia is 1) a symptomatological criterion (requiring the presence of at least two of the following symptoms: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behaviour, negative symptoms such as affective flattening, alogia or avolition); 2) a chronological criterion (requiring that the above symptoms persist for at least one month, and that "continuous signs of the disturbance persist for at least six months"); 3) a functional criterion (requiring a decline in social functioning); 4) an exclusion criterion (requiring that schizoaffective disorder and mood disorder with psychotic features have been ruled out, and that the syndrome is not due to the direct physiological effects of a substance or a general medical condition).

The first three of these criteria are not sufficient to characterize schizophrenia as a syndrome: in fact the symptomatological criterion can be fulfilled by several patients with major depression (delusions + avolition) or with mania (hallucinations + disorganized speech), or with dementia (disorganized behaviour + avolition), or with a confusional syndrome (hallucinations + disorganized behaviour); the chronological criteria is fulfilled by several patients with major depression or dementia; the functional criteria is met by many patients with major depression, mania, dementia, or a confusional syndrome. Hence, the exclusion criterion becomes decisive for the diagnosis.

This is unacceptable from the epistemiological viewpoint: if schizophrenia is presented as a syndrome (not a disease) and this is the case in the DSM-IV, an etiological exclusion criterion cannot be decisive for the diagnosis. By introducing such a criterion it is implied that, in the presence of the same psychotic syndrome, if the etiology can be identified, the diagnosis cannot be schizophrenia, whereas if the etiology cannot be identified the diagnosis is not "idiopathic psychosis" but schizophrenia.

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