The Course and Outcomes of Episodic Endogenous Psychoses with Juvenile Onset (a follow-up study)

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A clinical follow-up study (mean follow-up period 16.8 ± 6.4 years) of 278 patients with juvenile-onset endogenous episodic psychosis (Endogenous Psychosis Episodic Type, EPET – ICD-10 F20.03, F20.23, F25) with first episodes in 1984–1995 was performed. The period of the most intense occurrence of repeated episodes occurred during the first five years from the initial episode (almost all repeat episodes in the patients occurred during this period). At the time of the follow-up study, “good” outcomes were seen in 18.7% of patients, “relatively good” in 33.8%, “relatively poor” in 30.2%, and “poor” in 17.2%. Analysis of correlations between disease course and outcome and types of manifest episode and a number of clinical-pathogenetic parameters yielded several statistically significant criteria for clinical and social prognosis. Nosological evaluation at the time of the follow-up study showed that 76.2% of patients had schizophrenia (episodic progressive in 61.1%, recurrent in 15.1%) and 28.3% had schizoaffective psychosis. Comparison of the data with results from previous analogous studies led to the conclusion that the contemporary pathomorphosis of EPET is more favorable, with trends to improvements in disease course and outcome, decreases in progression, and significant reductions in cases of transition to a chronic course.

KEY WORDS: endogenous psychosis, first episode, juvenile age, schizophrenia, schizoaffective psychosis, course, outcome.

Studies of endogenous psychoses address one of the central problems in clinical psychiatry, because of their social importance, including the high degree of disability experienced by patients. The main characteristic of the current development of medical science and the approach with the greatest potential consists of studies of the fundamental etiopathogenetic basis of diseases using state-of-the-art paraclinical methods [18, 56, 75]. However, studies of these conditions and identification of clinical-pathogenetic correlations can only be performed with access to detailed clinical-psychopathological and clinical follow-up studies of the courses and outcomes of endogenous psychoses, which accounts for the relevance of clinical follow-up studies [1, 54, 55, 63, 68, 71]. Particularly important are studies of endogenous psychoses manifest at juvenile age because of their high incidence during this age period [40, 47, 59, 60], particularly in males [52, 62, 68, 76, 77], and because of the particular need to obtain prognoses. The clinical characteristics of juvenile endogenous psychoses described by a number of researchers [11, 22, 23, 25, 27, 39, 41, 51, 66, 69], with a high level of affective symptomatology in the picture of schizophrenic psychoses, the incidence of schiziform disorders in affective psychoses, as well as the therapeutic and general pathomorphosis of mental diseases, with blurring of the boundaries between episodic and continuous psychosis, which is now recognized [5, 17, 59], identify the need to use the clinical follow-up approach to study juvenile endogenous psychoses. Most existing clinical follow-up studies have been performed using relatively small cohorts of juvenile patients, and some of them reflect the course of illness occurring in the middle of the second half of the last century, i.e., before the appearance of atypical neuroleptics, which significantly expanded the therapeutic possibilities.
The aims of the present work were to study the clinical psychopathological and clinical pathogenetic characteristics of first episodes of juvenile endogenous episodic psychoses (EPET), along with the subsequent course and outcome of the illness in these cases and to develop approaches to their treatment.

As we have already published the main results of our clinical psychopathological and clinical pathogenetic studies of first episodes, along with data on treatment [2, 7, 8, 10, 14–16, 24, 33], the main focus in the present report is on the course and outcome of EPET.

**MATERIALS AND METHODS**

Studies were performed by the Juvenile Mental Disorders Study Group (Director: Professor M. Ya. Tsutsul’kovskaya), Department for the Study of Endogenous Mental Disorders and Affective States, Scientific Center for Mental Health, Russian Academy of Medical Sciences (Director: Academician of the Russian Academy of Medical Sciences Professor A. S. Tiganov).

Follow-up studies of 278 male patients born in 1960–1979 and hospitalized with first episodes of EPET (ICD-10 F20.03, F20.23, and F25) were performed at the clinic of the Scientific Center for Mental Health, Russian Academy of Medical Sciences (formerly the All-Union Scientific Center for Mental Health, Academy of Medical Sciences of the USSR) from 1984 to 1995.1

The cohort of patients for the study was formed in accord with the following criteria: onset of illness at adolescent/juvenile age; manifest endogenous psychosis at juvenile age (16–25 years); presence during the first episode of psychotic disorders not congruent to affect; patients under observation for at least 10 years. Exclusion criteria were: presence of severe productive disorders and/or negative changes in personality at the initial stage of illness; presence of concomitant mental, somatic, or neurological pathology hindering the investigations.

Retrospective clinical psychopathological analysis of the first episodes of EPET used our previously developed typology of first episodes [14]. In accordance with this scheme, the following typological varieties of episodes were defined: catatonic episodes (group 1, 78 patients) – lucid-catatonic (subgroup 1.1, 30 patients), catatonic-hallucinatory-delusional (subgroup 1.2, 48 patients); hallucinatory-delusional episodes (group 2, 92 patients) – with predominance of acute nonsystematic interpretative delusions and verbal hallucinations (subgroup 2.1, 11 patients), with predominance of acute nonsystematic interpretative delusions and verbal hallucinations (subgroup 2.2, 32 patients), and with mixed (interpretative and sensory) delusionality (subgroup 2.3, 49 patients); affective-delusional episodes (group 3, 108 patients) – with predominance of intellectual delusional imagery (subgroup 3.1, 23 patients), with predominance of visual delusions (subgroup 3.2, 42 patients), and predominance of perceptual delusions (subgroup 3.3, 43 patients).

The mean age of the study patients at disease onset was 17.1 ± 3.6 years, while the mean age at manifestation of disease was 20.4 ± 2.7 years. The main characteristics of the dominant period in the study patients are shown in Table 1.

Clinical psychopathological, clinical follow-up, and psychometric methods were used.

Identification of the premorbid type and variety of the initial stage were performed using a typology developed in accordance with the ICD-10 by the Juvenile Mental Disorders Study Group, Department for the Study of Endogenous Mental Disorders and Affective States, Scientific Center for Mental Health, Russian Academy of Medical Sciences [26, 27, 31]. In addition, the patients’ premorbid states were assessed using the PAS (Premorbid Adjustment Scale) [67] modified for young patients with first episodes, with separate evaluation of social activity, personal relationships, educational adaptation, relationships to the opposite sex at different age periods (childhood – up to 11 years; early adolescence – 12–15 years; late adolescence – 16–18 years; and 19 years and over). Assessments were in points, from 0 (highest value) to 6 (lowest value). All points collected for each item on the scale were then summed and the result was divided by the sum of the maximum possible result for every measure of the scale. The mean premorbid evaluation was calculated as the arithmetic mean of the results for all points of the scale. Values from 0 to 0.23 were regarded as a premorbid state of high quality and values above 0.53 as a premorbid state of low quality [58]. Mean PAS values for the premorbid state for each typological variety of EPET are shown in Fig. 1.

During the period covered by our follow-up investigation, all patients grew out of the juvenile age range and age at the time of the follow-up investigation averaged 34.9 ± 6.2 years.

The main social demographic characteristics of the patients (level of education, ability to work, family position) at the moment of the follow-up study are shown in Table 2.

Assessment of the state of the patients at the moment of the follow-up study included analysis of clinical characteristics: course of disease (single-episode, regressive, “cliché” type, progressive, transition to chronic), level of negative disturbances on the Snezhnevskii scale [36], and type of remission. In addition, the GAF (Global Assessment of Functioning) scale [43] was used, providing multifactorial analysis of the patient’s clinical and social status in

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1 Scientific colleagues A. N. Barkhatova and M. A. Omel’chenko, from the Juvenile Mental Disorders Study Group, Department for the Study of Endogenous Mental Disorders and Affective States, Scientific Center for Mental Health, Russian Academy of Medical Sciences, took part in the study from 2002 to 2006.