A Clinical Guide for the Treatment of Schizophrenia

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Edited by

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To Barbara, Jonathan, and Adam –

They provide a reason to work, and

pleasure when the work is done.

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Preface

Research on the nature and treatment of schizophrenia has undergone a revival and metamorphosis in the last decade. For a long while, the field had been moribund, weighed down by an unreliable diagnostic system, pessimism about the possibility of new discoveries, and a dearth of research funds. A number of factors have seemingly coalesced to change this situation, with the result that the field is now alive with excitement and optimism.

Four factors seem to have played important roles in the resurgence of interest. First, prior to the publication of DSM-III in 1980 there was no reliable diagnostic system for the disorder. Previous definitions were overly general and imprecise. Consequently, the label "schizophrenia" applied to a very heterogeneous group of severely disturbed patients. It was rarely clear whether two investigators had studied comparable samples, making it impossible to determine if new findings were generalizable or if failures to replicate were due to the unreliability of the results or the fact that the investigators had studied different disorders. DSM-III has not totally resolved this problem, but it has allowed scientists to reliably identify a much more homogeneous group. As a result, it is now possible to integrate the results of different studies, making it much more likely that we can make important advances.

The second important factor was the development of new technologies that promised to help uncover the nature and etiology of the disorder. The field was plagued by pessimism through the early 1970s as research seemed to be at a stalemate. This has changed in the last 10 years with the development and increasing availability of new brain-imaging procedures. Technological advances, such as new-generation CAT scans, PET, and MRI, as well as technology for measuring regional cerebral blood flow, have dramatically increased our ability to understand brain functioning. These procedures are making it possible to directly test previous hypotheses, such as the dopamine theory, as well as facilitating the development of new models.

The ability to "see" inside the brain and to measure its functioning more directly promises to unlock the neurological keys to the disorder.

The third factor was the development of new approaches to psychosocial treatment. The psychoanalytic and family models that had dominated the field in the 1960s had proven to be useless in the treatment of schizophrenia. Coupled with the realization that neuroleptics had only limited effectiveness, there was considerable pessimism about the prospect of treating the disorder. This situation began to change in the late 1970s as evidence began to accumulate on the effectivenss of new strategies, including social-skills training and some innovative forms of family therapy. It became apparent that psychosocial treatment was not sufficient by itself, but that it could play a vital role in the treatment process.

The fourth factor was more economic and political than scientific. Until recently, schizophrenia, and mental illness in general, has been something of a pariah in our society. One result of this negative societal reaction has been substantial underfunding for research and treatment. This situation began to change in the late 1970s, due in large part to the development of the National Alliance for the Mentally Ill (NAMI). Families of mentally retarded citizens have been an effective lobbying force for decades and have done much to generate public and private funds and secure legal rights for their handicapped relatives. The development of NAMI has now set the stage for a similar increase in public attention, acceptance, and financial support for the mentally ill. In just a few years, they have become a powerful force on both the national and the local level. Among the most immediate and important effects of their support is a substantial increase in research funds available for work on schizophrenia. In fact, schizophrenia has become one of the primary priority areas for the National Institute of Mental Health, the major source of research dollars in the United States.

The issues discussed above might not all seem to bear directly on the subject of this book: new developments in the treatment of schizophrenia. But there would not be enough new developments if it were not for that combination of circumstances. For the most part, the treatment strategies described in this volume are based on new information about the nature of the disorder, its etiology, its course, and the special aspects of the disorder that determine treatment needs. Neither the treatment procedures themselves nor the more basic research that stimulated them would have eventuated without a resurgence of enthusiasm and resources. Regrettably, this book does not provide the "final" answers about treatment of schizophrenia. It does not provide any miracle cures or promise definitive help for every patient. However, it does provide a state-of-the-art picture. It outlines programs that can be of help to a great many patients, and it also identifies limitations and misuses of some popular current strategies. The procedures

discussed in this book offer the best that is available until the next major breakthrough.

This book is a product of a great many people. I would like to thank my contributors, who were kind enough to share their expertise. As always, Eliot Werner from Plenum Press made it easy to produce a first-class product. Last, but certainly not least, is Florence Levito. Nothing comes out of my office that does not depend upon her at some level.

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