

Are There Schizophrenics for Whom Drugs May be Unnecessary or Contraindicated?¹

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Abstract. This study reports that there are schizophrenics who do relatively well long term without the routine or continuous use of antipsychotic medication. Specially selected young males undergoing an acute schizophrenic episode were followed, after hospitalization, for up to three years. While hospitalized they were assigned randomly to either placebo or chlorpromazine treatment. Many unmedicated-while-in-hospital patients showed greater long-term improvement, less pathology at follow-up, fewer rehospitalizations and better overall function in the community than patients who were given chlorpromazine while in the hospital. Factors related to post-hospital outcome were good premorbid history and short-lived paranoid characteristics. Considerations which may have an effect on the successful management of acute schizophrenic patients not on medication are mentioned. The findings underline the need for further study of how to utilize antipsychotic medication more selectively in the treatment of schizophrenia.

For most patients diagnosed as schizophrenic, antipsychotic medication is the treatment of choice. Several reports have indicated, however, that some patients do better or get along quite well long term without the use of antipsychotic medication (Sullivan, 1953; Menninger, 1959; Perry, 1962, 1976; Dabrowski and Aronson, 1964; Goldberg et al., 1965; Lehman, 1967; Mosher et al., 1974; Silverman, 1974; Rappaport, 1978). Other reports indicate that phenothiazines may have less than helpful effects on some patients (Hartlage, 1964; Goldstein, 1970; Magaro and Vojtisek, 1971).

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In this study clinical outcome was examined in young hospitalized patients after the onset of an acute schizophrenic episode and for up to three years after discharge. Of particular interest was the examination of patients who were off antipsychotic medication at follow-up but who, while hospitalized, had been assigned randomly to either a placebo or chlorpromazine medication condition.

Subjects, Procedures and Measures

Data are reported on 80 young male acute schizophrenics admitted to Agnews State Hospital (San Jose, California). Patients selected for the project met the following criteria: they were between 16 and 40 years old; they were referred from the community mental health program with a diagnosis of schizophrenia and also diagnosed independently as having an acute schizophrenic reaction at admission when examined by the hospital psychiatrist (who was not directly associated with the project) and by research personnel who evaluated patients using the Brief Psychiatric Rating Scale and a Global Assessment Scale; they had no serious adverse reaction to chlorpromazine; they had undergone no electroshock therapy within six months preceding admission; they had no gross organic impairment; they had no history of epilepsy; they had no known history of drug abuse immediately prior to admission; and they had no or few previous hospitalizations.

When a patient was accepted for the project he was assigned randomly to either a placebo or chlorpromazine condition. Over 80% were between 16 and 25 years of age, the two oldest patients were 38. Seventy-four percent had one or no previous hospitalization. Most were single and unemployed (83% and 57%, respectively).

Patient Assessment

At admission a patient received a physical and mental status examination. On that day, or the following two, trained research personnel also interviewed each patient and completed a modified form of the Brief Psychiatric Rating Scale (BPRS) by *Overall and Gorham* (1962), a Global Assessment (GA) Rating Scale, a premorbid history form based upon *Kantor's Process-Reactive Criteria* (1966) and a paranoid-nonparanoid form based upon the *Venables and O'Connor* scale (1959). At discharge and at follow-up the administration of the BPRS and GA scales was repeated.

A composite measure based primarily on elements of the BPRS was designated as the experimental measure of severity of illness (SI). Elements of the BPRS were grouped to reflect thought disturbance, emotional disturbance, and functional disturbance. These three scores were combined with a global assessment rating (GA) to yield an overall SI score that ranged between 1 and 7 representing no disturbance to extremely severe disturbance.

A clinical change index (CI) was also used. It reflects change in clinical status over time obtained by recording improvement or worsening (as a plus or minus score respectively) that occurred between admission and discharge from the project as well as between admission and last follow-up contact. Direction of change was recorded for each measure and divided

