An intrinsic way of multiclassification of endogenous psychoses

A follow-through investigation /Budapest 2000/ based upon Leonhard’s classification

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The classification of the endogenous psychoses is one of the most important current problems of psychiatry, from the theoretical, practical and operational viewpoints alike (4, 12, 17, 24, 29, 38, 42). On the basis of theoretical considerations not specified here in detail (22), in this investigation we examined:

1) whether the “middle-level” groups of LEONHARD’S (16, 17) classification of endogenous psychoses can be validated and
2) whether alternative classification, differing from this classification can be formed.

1. Population studied

The patients were selected from the full spectrum of endogenous psychoses, on the basis of our own Research Diagnostic Criteria (RDC) (32) developed on the basis of LEONHARD’S (1968, 1979) descriptions. Since the empirical testing of LEONHARD’S system is still in the early stages, categories of “middle-level” precision were investigated in the present study as the first step in the project “Budapest 2000”. Following this principle, the following patient groups were formed: unipolar depression (DU), bipolar manic depression psychosis (MD), cycloid psychoses (10) that have been called cyclophrenias (C) (24, 20), affect-laden paraphrenias (SP), systematic catatonias (SK) and hebephrenias (H) (21). In this study no attempt was made to further refine the subcategories (e.g. the subgroups within the unipolar depressions, the systematic schizophrenias, etc. and the so-called combined systematic forms). These limits on the study were also justified by statistical considerations: according to LEONHARD’S data too, the frequency of certain subgroups and combined forms is very low.

In selecting the patients in the different patient groups to be studied, the following considerations were taken into account:

1) females of Hungarian native language;
2) absence of physical disease and psychoorganic symptoms;
3) age 15-55 years;
4) the psychosis must be sufficiently marked to enable determination of nosological classification;
5) psychiatric hospitalization on at least one occasion;
6) the patient should be eligible for eventual discharge from hospital;
7) the patient’s catamnestic IQ should be above 70.

The latter four considerations together mean that patients of nosological types whose illness belongs in the range of middle severity (hospitalization required, but resocialization outside the institute) and who have sufficient cognitive means to conduct their everyday lives were studied.

Pairs were sought individually for patients in the C and H groups, on the basis of the following criteria:

1) Hungarian ethnic origin;
2) female;
3) absence of psychiatric treatment;
4) same social class;
5) same age (taking into account the patient’s age at the time of the index psychosis);
6) same number of years of schooling completed;
7) same occupation (in the case of students, same type of school);
8) same marital status.
This group of 54 normal control subjects (NK) does not differ significantly from the full patient population as regards family history of psychosis and personality disorder, broken family and a number of other important respects. (For further characteristics of the population studied, see: 30). The patients selected all underwent a systematic examination on two occasions: in psychotic state at the time of the index psychosis (in the first five days following hospitalization) and in the sixth year after the index psychosis. In selecting the index psychosis in patients already known to have a bipolar course of illness, every effort was made to measure the manic or agitated state if this was as marked as the depressive or inhibited stage. Reference is made to the index psychosis in the abbreviation by the inferior letter "i" (e.g. DU_i) and to the follow-up study by "kat" (e.g. DU_\text{kat}). Between the index psychosis and the follow-up assessment, the patients were generally under the supervision of the Clinic's working team for endogenous psychoses (rational psychotherapy and pharmacotherapy) so that this was generally not a simple follow-up but a follow-through (FTH) study. The time of the catamnestic assessment was selected on the basis of the following criteria:
1) best state in the sixth year following the index psychosis, on the basis of experiences of the previous five years;
2) at least two weeks must have elapsed since the last hospital treatment;

Figure 1