THE RELATIVE VALUE OF TRANQUILIZING DRUGS AND SOCIAL AND PSYCHOLOGICAL THERAPIES IN CHRONIC SCHIZOPHRENIA*

BY DEXTER M. BULLARD, JR., M.D., BARBARA R. HOFFMAN, A.B., AND LESTON L. HAVENS, M.D.

The relative merits of different treatment methods in chronic schizophrenia remain largely undetermined. Recent enthusiasm for the tranquilizing drugs has been great, yet improvements have been observed in chronic schizophrenic patients without the use of drugs or other specific physical treatments, such as electric shock, insulin coma or lobotomy. For example, the Stockton study reported improvement and discharge of chronic patients treated intensively with group therapy, nursing care, occupational therapies and a rehabilitation program.

The present project has undertaken to compare the relative merits of drugs and social and psychological therapies in two different environments in the treatment of chronic schizophrenia. The questions under investigation were: Will the addition of social and psychological therapy to drug treatment increase the improvement and discharge rate, and in what ways does drug treatment affect patients treated with social and psychological therapies alone? Four groups of patients were studied. One group received drug therapy and social and psychological therapy at a small treatment center. A second group received drug therapy and limited social and psychological therapy at a large state hospital. Two other groups received social and psychological therapy without drugs, one at the small treatment center and the other at the large state hospital. The project also considered the family circumstances of these patients, the specific effect of various social therapies and the effects of a group of chronic schizophrenic patients on an acute treatment center. These studies will be reported at a later date.

The present report will deal with the changes in the two groups of patients treated with both drugs and social and psychological therapies in contrasting environments.

*Read at the 115th annual meeting of the American Psychiatric Association, Philadelphia, May 1, 1959. The investigation was supported by a research grant, MY-1690 (C2) from the National Institute of Mental Health, Public Health Service. It was sponsored by the Massachusetts Mental Health Center and the department of psychiatry, Harvard Medical School, Boston.
The subjects were 46 in-patients of Metropolitan State Hospital, Waltham, Mass. All had been diagnosed by the hospital staff as schizophrenic for the preceding five years. The specific diagnoses were as follows:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenic reaction, paranoid type</td>
<td>18</td>
</tr>
<tr>
<td>Schizophrenic reaction, catatonic type</td>
<td>8</td>
</tr>
<tr>
<td>Schizophrenic reaction, simple</td>
<td>2</td>
</tr>
<tr>
<td>Schizophrenic reaction, hebephrenic type</td>
<td>1</td>
</tr>
<tr>
<td>Schizophrenic reaction, chronic undifferentiated type</td>
<td>17</td>
</tr>
</tbody>
</table>

No patient had a diagnosis of mental deficiency or chronic brain syndrome.

The average age of the patients was 38, and all were between 25 and 50. The average length of total hospitalization was 11 years, all patients having been located at Metropolitan State Hospital continuously for the preceding five years. There were 28 women and 18 men.

**Drugs**

Each patient was treated with three drugs simultaneously: chlorpromazine, reserpine and trihexiphenidyl hydrochloride ("Artane"). The trihexiphenidyl hydrochloride was used to counteract the rigidity and tremor expected as a result of the chlorpromazine and reserpine. The combined dosage for male patients was:

- Chlorpromazine .......................... 100 mg., t.i.d
- Reserpine ............................... 1.0 mg., t.i.d.
- Trihexiphenidyl hydrochloride ......... 5.0 mg., t.i.d.

The dosage for female patients was one-half that for males. With two temporary exceptions, all drugs were administered orally.*

**Milieu and Social Therapies**

In this report, social therapies (milieu therapy) include all the nonphysical therapies available to the patient excluding psychotherapy and social casework therapy. These comprise occupational and recreational therapy, work and job-training programs.

*This treatment for male and female patients was originally used at Vermont State Hospital, where it was found effective.