A STUDY OF THE MENTAL STATUS OF SCHIZOPHRENICS HOSPITALIZED FOR OVER 25 YEARS INTO THEIR SENIUM

BY MORRIS D. RIEMER, M. D.

One observes, in the course of mental disturbances, various phases of illness. The neuroses have sudden exacerbations, extreme fluctuations of mood, different types of activity or inactivity and increases or decreases in anxiety. The manic-depressive psychoses display cyclic changes and periods of apparent recovery and quiescence. Dementia praecox presents characteristic episodes and intervals in the psychic picture and behavior pattern. The organic psychoses also appear in prodromal, active and convalescent stages; this is particularly evident in general paresis, in the senile and in the alcoholic psychoses.

Since shock treatment has been in use, the usual phases of the cyclic schizophrenic illnesses have changed considerably. An attack is thereby abruptly interrupted, with apparent subsidence of the acute symptoms. To some, it has seemed that regression is much more marked than formerly in any recurrent attacks. Hypochondriacal complaints appear oftener.

A large percentage of today's patients leave the hospital after they have overcome their acute psychotic attacks—they may remain on the outside for a varying period of years and return from time to time when they have recurrent episodes. Another group of patients, because of intercurrent infection, injury, age, suicidal acts or poor physical condition, die in the hospital or at home. Finally, there is a considerable number of patients whose illnesses become chronic, necessitating continued institutionalization.

This last group is the subject of the present study, which is confined to schizophrenics who have remained in the hospital for over 25 years without leaving at any time, so that they have been available for continuous check-up. Despite the fact that the clinical picture changes but little in these patients, the inspection of the total period of hospitalization and the progression of the disease during that time are most interesting. There is, for one thing, an opportunity to determine whether their schizophrenic psychoses are superseded by senile or other organic mental disturbances.

This survey involves the study of 100 schizophrenics. Equal numbers of each sex were selected. These patients have been at
Brooklyn State Hospital continuously for over 25 years and have reached the senile period. All are more than 65 years of age.

These patients were examined carefully to determine the mental picture they presented after this long hospitalization, and to find whether any specific or gross changes had taken place. For this purpose, follow-up studies during many years past, and case records and notes were correlated with the current clinical picture. Sixty-five per cent of these individuals who showed delusional ideas at the time of hospital admission continued to entertain their abnormal mental content throughout the hospital residence, and at the time of their last interviews, displayed but little change in their attitudes, emotional reactions and ideational responses. Of this large group, none evinces any sensorial impairment.

About one-half of the 100 patients had originally been diagnosed paranoid dementia praecox, and had shown the characteristic, well-preserved personality of this disorder. After 25 years or more of hospital residence, they show the same facade of hostility and paranoid aggression in their manner and behavior. The well-preserved personality has remained throughout the many years of their hospital residences. They, likewise, retain their whole retinue of systematized and unsystematized delusional formations.

Twenty per cent of the entire group, upon study, appear to have shown signs of severe regression immediately after hospital admission; another 10 per cent did not display this until a few years afterward. It is to be noted therefore, that although regression should not be confused with deterioration, the former appeared within a short time after admission and not during the senium.

Most careful testing of the sensorial state of all of these patients reveals no outstanding memory or other sensorial impairment. The sensorial state of the regressed patients is naturally most difficult to determine and may appear to be defective. The defective sensorium, however, is not the characteristic one observed in the senile period; that is, the patients do not show impairment of recent memory and a relatively well-preserved remote memory. The difficulty with these schizophrenic patients in their sensorial responses is one of preoccupation.

Careful study of all these patients does not reveal any evidence of the typical childishness of the senile patient nor is the emotional instability and lability of the arteriosclerotic seen. Other features usually found in the senile psychoses, such as excessive hoarding,