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# YEAR BOOK®

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## YEAR BOOK OF PSYCHIATRY AND APPLIED MENTAL HEALTH® 1990

TALBOTT  
A. FRANCES  
R. FRANCES  
FREEDMAN  
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SCHOWALTER  
YUDOFKY

1990

# The Year Book of PSYCHIATRY AND APPLIED MENTAL HEALTH®

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## Journals Represented

Year Book Medical Publishers subscribes to and surveys nearly 850 U.S. and foreign medical and allied health journals. From these journals, the Editors select the articles to be abstracted. Journals represented in this YEAR BOOK are listed below.

Acta Psychiatrica Scandinavica  
Administration and Policy in Mental Health  
Alabama Journal of Medical Sciences  
American Heart Journal  
American Journal of Diseases of Children  
American Journal of Epidemiology  
American Journal of Human Genetics  
American Journal of Mental Retardation  
American Journal of Occupational Therapy  
American Journal of Orthopsychiatry  
American Journal of Psychology  
American Journal of Psychiatry  
American Journal of Public Health  
American Psychologist  
Annals of Allergy  
Annals of Neurology  
Annals of Plastic Surgery  
Archives of General Psychiatry  
Archives of Internal Medicine  
Archives of Neurology  
Archives of Physical Medicine and Rehabilitation  
Australian and New Zealand Journal of Medicine  
Australian and New Zealand Journal of Psychiatry  
Behavior Research and Therapy  
Biological Psychiatry  
Brain—Journal of Neurology  
British Journal of Medical Psychology  
British Journal of Psychiatry  
British Journal of Urology  
British Medical Journal  
Bulletin of the American Academy of Psychiatry and the Law  
Bulletin of the Menninger Clinic  
Canadian Journal of Psychiatry  
Child Development  
Community Mental Health Journal  
Comprehensive Psychiatry  
Convulsive Therapy  
Family Practice  
Family Process  
General Hospital Psychiatry  
Gerontologist  
Hospital and Community Psychiatry  
International Journal of Eating Disorders  
International Journal of Geriatric Psychiatry  
Journal of Advanced Nursing  
Journal of Affective Disorders  
Journal of Autism and Developmental Disorders  
Journal of Child and Adolescent Psychiatry



Journal of Clinical Epidemiology  
Journal of Clinical Psychiatry  
Journal of Clinical Psychopharmacology  
Journal of Consulting and Clinical Psychology  
Journal of Emergency Medicine  
Journal of Gerontology  
Journal of Health and Social Behavior  
Journal of Learning Disabilities  
Journal of Marital and Family Therapy  
Journal of Mental Deficiency Research  
Journal of Nervous and Mental Disease  
Journal of Neural Transmission  
Journal of Neurology, Neurosurgery and Psychiatry  
Journal of Neuropsychiatry  
Journal of Neuroscience  
Journal of Occupational Medicine  
Journal of Pediatrics  
Journal of Pharmacology and Experimental Therapeutics  
Journal of Psychiatric Research  
Journal of Psychosomatic Research  
Journal of Rheumatology  
Journal of the American Academy of Child and Adolescent Psychiatry  
Journal of the American Geriatrics Society  
Journal of the American Medical Association  
Journal of the Royal College of Surgeons of Edinburgh  
Journal of Studies on Alcohol  
Lancet  
Life Sciences  
Mayo Clinic Proceedings  
Medical Care  
Nature  
Neurology  
New England Journal of Medicine  
New Zealand Medical Journal  
Nursing Research  
Pediatrics  
Progress in Neuro-Psychopharmacology and Biological Psychiatry  
Psychiatry  
Psychiatry Research  
Psychological Medicine  
Psychoneuroendocrinology  
Psychopharmacology  
Psychosomatic Medicine  
Psychosomatics  
Revue Neurologique  
Scandinavian Journal of Work Environment and Health  
Schizophrenia Bulletin  
Science  
Social Casework  
Southern Medical Journal

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## STANDARDIZED ABBREVIATIONS

Many times throughout this edition, the *Diagnostic and Statistical Manual of Mental Disorders*, ed III (or ed III–revised) is mentioned. Rather than spell out this title in full each time it is used, we have chosen to use the abbreviation *DSM-III* (or *DSM-III-R*) instead.

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## Publisher's Preface

Once again we have the occasion to heartily welcome two new YEAR BOOK OF PSYCHIATRY AND APPLIED MENTAL HEALTH board members, Richard Frances, M.D., and Stuart Yudofsky, M.D. Dr. Frances, professor of Clinical Psychiatry and vice chairman and director of residency training at the University of Medicine and Dentistry of New Jersey, selected and commented on material related to alcohol and drug abuse. Dr. Yudofsky, professor and chairman of the Department of Psychiatry at the University of Chicago, selected and commented on material related to clinical psychiatry.

Also, we would like to thank Allen Frances, M.D., for his excellent contribution to the 1989 and 1990 editions of the YEAR BOOK. Samuel Perry, M.D., at the Payne-Whitney clinic in New York, will join the board with the 1991 edition and select and comment on the material related to Psychotherapy in Dr. Allen Frances' place. We wish the best to both.

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## Introduction

This has been an exciting year in psychiatry, a year during which *Nature* published a report of several families demonstrating the same chromosome 5 link to schizophrenia, and the year when clozapine became available for the treatment of persons with schizophrenia. It was also the year in which more studies derived from the Epidemiological Catchment Area Study were published. But probably most significant, it was a year in which the increased sophistication and breadth of research in a variety of areas became obvious. These include such disparate areas as neurotransmitters and mental health services.

This has also been a year when the editorship of the chapter in this YEAR BOOK on clinical psychiatry passed from Herbert Weiner to Stuart Yudofsky; when Richard Frances began his editorship of the chapter on alcohol and drug abuse; and when Allen Frances announced his intention to resign from the Board of Editors because of other pressing commitments (primarily shepherding *DSM-IV* to completion).

Dr. Yudofsky is a renowned authority on head injury and the treatment of aggression. He is co-editor of both the *Textbook of Neuropsychiatry* and the *APPI Textbook of Psychiatry*, and currently serves as Professor and Chairman of the Department of Psychiatry at the University of Chicago. Dr. Richard Frances, a national authority on alcohol and drug abuse, is the co-author of *A Concise Guide to Treatment of Alcoholism and Addictions* and 58 other publications. He also serves as Professor and Vice-Chairman of the Department of Psychiatry at the New Jersey Medical School. Dr. Samuel Perry, who will join our board with the 1991 edition, is associated with the Payne-Whitney clinic in New York City. All three are welcome additions to our hard-working group.

John A. Talbott, M.D.

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# 1 Biologic Psychiatry

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## Introduction

The high quality of papers in the area of biological psychiatry reflects the maturation of this field of inquiry in the past several decades. This is especially noticeable in the area of schizophrenia research, in which the lag time between basic science advances and application to clinical research has become exceedingly small. Research into the role of various neurotransmitters in schizophrenia, from the venerable dopamine to revivals of interest in serotonin, and to newcomers such as the sigma opiate, glutamate, and adenosine systems, is beginning to do justice to the complexity of this disorder. As our understanding of the interactions between neurotransmitter systems increases, we can begin to make provocative linkages between multiple neurotransmitters that may help to explain why there could be, for example, both increased and decreased dopaminergic activity in different brain regions. Glutamate and serotonin, which modulate dopaminergic activity, may be critical for understanding the apparent dopamine abnormalities in schizophrenia. The net result of neuropsychological, neuropathological, and brain imaging studies has been to broaden the focus in schizophrenia research from overemphasis on a frontal lobe deficit to the temporal lobe as well, while studies of laterality abnormalities continue to demonstrate positive results. Increasing sophistication in magnetic resonance imaging and positron emission tomographic scanning now makes it much easier to conduct studies of the human brain. No specific biologic markers for schizophrenia have yet been found. Specific eye tracking deficits have not been validated, nor has chromosome 5 linkage in schizophrenia been confirmed. The major advance in treatment, clozapine, may provide leads as to the biology of schizophrenia.

Research in affective disorders still concentrates heavily on the hypothalamo-pituitary-adrenal (HPA) axis. Because of the lack of specificity of the dexamethasone suppression test (DST) as originally described, investigators have developed much more sophisticated ways to carry out this test (e.g., to include dexamethasone levels) and to analyse the data. More importantly, new methods of studying the HPA axis have been developed. The corticotropin releasing factor challenge, although again not specific, has helped to identify the etiology of the DST abnormality and the overactivity of the HPA axis in general. The role of serotonin in depression is being clarified through studies with the precursor tryptophan, neuroendocrine challenge studies, and studies of the cerebrospinal fluid.

In research concerning depression, anxiety, Alzheimer's disease, and schizophrenia, interest in subtypes of various receptors has emerged as an

important focus. This specificity provides an opportunity for drug development and also contributes to understanding the nature of the neurotransmitter abnormality in a given disorder. Excessive amounts of activity at a D-1 receptor might cancel out the effect of excessive D-2 receptor stimulation if these receptors occur on the same cell because the D-1 and D-2 receptors have opposing effects on second messengers. The 5-HT<sub>2</sub> receptor has emerged as one of critical importance in schizophrenia, depression, and obsessive-compulsive disorder.

Much may be expected from brain imaging in the near future. Single-photon emission computed tomography may represent a low-cost means to image blood flow and receptor mechanisms. There is already evidence in Alzheimer's disease that it is a clinically useful tool. In the next few years this may also be true for schizophrenia and affective disorders.

Herbert Y. Meltzer, M.D.

## Schizophrenia

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### **Neurotransmitters, Receptors and Neuropeptides in Post-Mortem Brains of Chronic Schizophrenic Patients**

Toru M, Watanabe S, Shibuya H, Nishikawa T, Noda K, Mitsushio H, Ichikawa H, Kurumaji A, Takashima M, Mataga N, Ogawa A (Shinshu Univ, Matsumoto; Kiyose Hosp, Tokyo; Tokyo Med and Dental Univ; Natl Ctr of Neurology and Psychiatry, Tokyo)

*Acta Psychiatr Scand* 78:121–137, August 1988

1–1

Antipsychotic drugs that relieve symptoms in acute states of schizophrenia are generally ineffective in chronic states of the disease, which may involve other etiologic factors. To study the etiology of chronic schizophrenia, certain neurotransmitters, metabolites, enzymes, receptors, and neuropeptides were sought in postmortem brain specimens obtained from 14 chronic schizophrenic patients and 10 controls.

The concentration of homovanillic acid was significantly increased in the putamen and in the substantia nigra of schizophrenics, especially those who were taking antipsychotic drugs at the time of death. There was significantly greater tyrosine hydroxylase activity in the caudate and putamen of schizophrenics, and in 10 the mean B<sub>max</sub> value of <sup>3</sup>H-piperone binding to the putamen was 2.2 times higher than in controls.

The value of substance P was significantly greater in the substantia nigra, the orbitofrontal cortex, and in the cornu Ammonis of the hippocampus among schizophrenic patients. The concentration of methionine-enkephalin was also increased in 3 areas of the prefrontal cortex of schizophrenics.

In these chronic schizophrenics central dopaminergic hyperactivity coexisted with supersensitive dopamine receptors. Thus dopaminergic hyperactivity exists not only in the acute manifestations of schizophrenia but in the chronic state as well.



► It is often stated that there is no direct evidence for dopaminergic hyperactivity in schizophrenia. This study is an unusually comprehensive postmortem study of schizophrenia, examining dopamine, homovanillic acid (HVA), tyrosine hydroxylase, and  $^3\text{H}$ -spiperone binding (D-2 receptor density) as well as other neurochemicals, in a variety of brain regions in both recently nonmedicated and medicated schizophrenics. Evidence for increased dopamine metabolism and D-2 density in subcortical regions was found. A positive correlation between tyrosine hydroxylase activity and the HVA concentration suggests that these measures do provide a measure of brain dopaminergic activity. Unfortunately, the dopamine system in the medial frontal cortex was not examined. However, increased glutamic acid-sensitive  $^3\text{H}$ -kainic acid binding was found, a possible index of abnormality in the excitatory amino acid system in this region. No differences in glutamate concentration in the medial frontal cortex were found. However, a negative correlation between these 2 measures was observed, suggesting that the increased number of  $^3\text{H}$ -kainic acid sites may be related to hypofunction of the glutaminergic system. It has been reported that dopamine inhibits the release of glutamic acid from striatal slices and cortico-striatal terminals. Consistent with this, a negative correlation was found between tyrosine hydroxylase in the putamen and glutamic acid concentration in the dorsal medial nucleus of the thalamus.—H.Y. Meltzer, M.D.

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**The NMDA Antagonist MK-801 Causes Marked Locomotor Stimulation in Monoamine-Depleted Mice**

Carlsson M, Carlsson A (Univ of Göteborg, Sweden)  
*J Neural Transm* 75:221–226, 1989

1–2

It has been proposed that a corticostriatohalamocortical negative feedback loop exists in which activation of the mesencephalostratial dopaminergic pathway would increase cortical stimulation and activation of the glutamatergic corticostriatal pathway would decrease alertness. A corollary of this hypothesis—that both enhanced activity of corticostriatal glutamatergic neurons and decreased activity of dopaminergic mesencephalostratial neurons will produce similar hypokinetic, sedative, and mood-lowering effects—was studied. Male mice were given reserpine, 10 mg/kg, and  $\alpha$ -methyl-para-tyrosine ( $\alpha$ -MT), 250 mg/kg, followed by either saline or the selective, noncompetitive N-methyl-D-aspartate (NMDA) antagonist MK-801 ([(+)-5-methyl-10,11-dihydroxy-5H-dibenzo(a,d)cyclohepten-5,10-imine]hydrogen maleate). Their motor activity was then measured.

Mice that received MK-801 exhibited dose-dependent motor activity, whereas mice that received no MK-801 displayed no locomotion. Haloperidol, 1 mg/kg, had no effect on locomotion in MK-801-stimulated mice. Also, MK-801 produced intensive sniffing, Straub tail, hindleg ataxia, and increased irritability, with the highest dosages causing convulsions.

These data provide evidence that the NMDA antagonist MK-801 stimulates motor activity in monoamine-depleted mice. This effect appears to