Three – Part - Division of endogenous psychoses

Ernst Franzek
The Diagnostic Dilemma

Kraepelin

Remitting

Manic-depressive illness

Permanent residual symptoms

Dementia praecox

WKL

Affective psychoses

unipolar

bipolar

Cycloid psychoses

polymorph

Schizophrenic psychoses

unsystematic

systematic

Bleuler

Manic-depressive illness

Group of schizophrenias

DSM

Affective psychoses

Schizo-affective psychoses

ICD

Schizophrenic psychoses
Synonyms of Cycloid Psychoses

- Degenerationspsychosen (Schroeder 1920)
- Zykloide Degenerationspsychosen (Kleist 1926)
- Randpsychosen (Kleist 1926)
- Schizoaffective psychoses (Kasanin 1933)
- Schizophreniform states (Langfeld 1939)
- Benign schizophreniform psychoses (Welner and Stroemgreen 1958)
- Atypical psychoses (Pauleikhoff 1957)
- Zykloide Psychosen (Leonhard 1961)
- Schizophrenieähnliche Emotionspsychosen (Labhardt 1963)
- Remitting schizophrenia (Vaillant 1964)
- Psychoses delirantes aigues (Ey et al. 1967)
- Oneiroide Emotionspsychosen (Boeters 1971)
- Reactive (psychogene) Psychosen (Stroemgreen 1972)
- Bouffée delirante (Pichot 1984)
- Remitting atypical psychoses (Remington et al. 1990)
Cycloid Psychoses
Obligatory Symptoms

Extreme anxiety accompanied by delusions of reference, by delusional perceptions and/or by delusions of persecution or ecstatic affect accompanied by ideas of calling, of being able to bring salvation for others.
Cycloid Psychoses
Obligatory Symptoms

Excitation of the thought process with pressure of speech and incoherence or inhibition of the thought process to the extremes of mutism and stupor
Cycloid Psychoses
Obligatory Symptoms

Increase of spontaneous, involuntary movements to the extreme of senseless hyperkinesia or inhibition to complete lack of spontaneous, involuntary and voluntary movements to the extreme of catatonic stupor
Cycloid Psychoses
Accessory Symptoms

- Hallucinations on different sense-organs
- Visions
- Transitory misidentification of persons and delusional perceptions
- Special interest in dead and life after death
- Instability of the mood
- Thoughts-becoming-loud
- Thought insertion
- Thought withdrawal
- Thought spreading
Symptoms Excluding the Diagnosis of Cycloid Psychoses

- Being influenced on body, thought processes, movements, feelings etc., i.e. feeling strange control about functions of one’s own self
- Voices talking to each other about the patient, commenting on patient’s thoughts and behavior
- Completely unrealistic and cultural inappropriate delusions, going far beyond the known biological boundaries and laws of nature
Leonhard´s findings on cycloid psychoses

Low vertical familial loading

Disturbed neurodevelopment as a result of prenatal insults

Acute episodes and relapses are almost always proceeded by stress

Recurrent episodes result in diminished capability to deal with stress
Is there modern research pointing to a distinction of schizophrenic and cycloid psychoses?
Probandwise concordance rates

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>MZ:</td>
<td>58 %</td>
</tr>
<tr>
<td>DZ:</td>
<td>15 %</td>
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50 same sex twin pairs, (24 MZ, 26 DZ):
Probandwise concordance rates

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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>MZ:</td>
<td>61 %</td>
</tr>
<tr>
<td>DZ:</td>
<td>22 %</td>
</tr>
</tbody>
</table>
### Unsystematic and systematic schizophrenic psychoses in twins (13 MZ, 14 DZ)

<table>
<thead>
<tr>
<th>Probandwise Concordance Monozygotic</th>
<th>Probandwise Concordance Dizygotic</th>
<th>Index for Heritability</th>
<th>MZ/DZ Quotient</th>
</tr>
</thead>
<tbody>
<tr>
<td>89 %</td>
<td>25 %</td>
<td>0.72</td>
<td>3.56</td>
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</table>
Franzek and Beckman, 1999, Psychoses of the schizophrenic spectrum in twins. Springer

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<tr>
<td>39 %</td>
<td>31 %</td>
<td>0.21</td>
<td>1.25</td>
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</table>
Monozygotic cycloid psychotic index-twins showed significantly more severe birth complications than their healthy co-twins.
Ventricular abnormalities that reflect sequels of birth complications and/or adverse events during pregnancy constitute one of the risk factors for developing a cycloid psychosis
Cycloid psychoses account for the majority of postpartum psychoses

There is a significant correlation of symptom exacerbation and the luteal-/menstrual phase in cycloid psychoses but not in (unsystematic/systematic) schizophrenia.
Significantly lower P300 amplitudes in schizophrenic patients compared to controls but no difference between controls and cycloid psychoses.
Cocaine and cannabis use can provoke dose dependent symptoms of cycloid psychoses
The psychotic symptoms caused by cocaine use appear dosage related and in a special order:

- Chaotic/catatonic behavior
- Hallucinations, often as threatening voices and noises
- Delusions of persecution with growing anxiety and panic, often misperceptions (illusions)
- Delusions of reference with scary feelings
- Suspiciousness
Is there modern research pointing to a distinction of bipolar affective disorders and cycloid psychoses?
To be studied:

45 CP..................172 relatives
32 MDI...............153 relatives
27 Controls.........106 relatives

Study design of high methodological standard, all living and traceable adult first-degree relatives were personally examined by an experienced psychiatrist blind to the diagnosis of the index person.
### Morbidity risk of endogenous psychoses in relatives:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycloid psychoses</td>
<td>10.8%</td>
</tr>
<tr>
<td>Manic-depressive illness</td>
<td>35.2%</td>
</tr>
<tr>
<td>Controls</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

(172 relatives of 45 patients with cycloid psychosis, 153 relatives of 32 patients with manic-depressive illness, 106 relatives of 27 controls)

Statistic: Method of Kaplan-Meier

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## Morbidity risk of manic-depressive illness in relatives:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Risk (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycloid psychoses</td>
<td>4.5%</td>
</tr>
<tr>
<td>Manic-depressive illness</td>
<td>31.4%</td>
</tr>
<tr>
<td>Controls</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

(172 relatives of 45 patients with cycloid psychoses, 153 relatives of 32 patients with manic-depressive illness, 106 relatives of controls)

Statistic: Method of Kaplan-Meier

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Pfuhlmann et al. 2004. *Journal of Affective Disorders, 83: 11 – 19*
Morbidity risk of cycloid psychoses in relatives:

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<th>Risk (%)</th>
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<tr>
<td>Cycloid psychoses</td>
<td>4.4 %</td>
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<tr>
<td>Manic-depressive illness</td>
<td>1.3 %</td>
</tr>
<tr>
<td>Controls</td>
<td>0 %</td>
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(172 relatives of 45 patients with cycloid psychosis, 153 relatives of 32 patients with manic-depressive illness, 106 relatives of 27 controls)

Statistic: Method of Kaplan – Meier
Very high familial loading in bipolar affective disorders

Almost no familial loading in cycloid psychoses
General Conclusion
Three Spectra of Psychoses

- Schizophrenic spectrum
- Stress-induced (cycloid) psychoses
- Affective spectrum