APPENDIX VIII

CLASSIFICATIONS OF SCHIZPHRENIAS

Frequently employed classifications of schizophrenias are present in Tables I-IV in chronological order of their development.

Table I

1. Cure
2. Cure with defect
3. Simple deterioration
4. Imbecility with confusion of speech
5. Hallucinatory deterioration
6. Hallucinatory insanity
7. Dementia paranoids
8. Flighty, silly deterioration
9. Dull, apathetic dementia

Kraepelin's (1919) nine different end-states of schizophrenia. (Based on Kraepelin E: Dementia Praecox and Paraphrenia. Translated by R.M. Barclay, Edinburgh, Livingston, 1919).

Table II

I. Symptomatological criteria – Significant clues for a diagnosis of schizophrenia are (if no sign of organic brain disorder, infectious or intoxication can be demonstrated):

a. Changes in personality, which manifest as emotional blunting, loss of initiative, and peculiar behavior, (in hebephrenia, these changes are the main clues for the diagnosis).
b. In catatonia patient's history as well as periods of restlessness and stupor (with negativism, oily facies, catalepsy, special negative symptoms, etc.).
c. In paranoid psychoses essential manifestations are split personality, depersonalization, derealization and/or primary delusions.
d. Chronic hallucinations

II. Course criterion – A final decision about diagnosis cannot be made before a follow up period of at least five years has shown a chronic course of the disease.

Schizophrenic (Unfavorable prognostic factors)	Schizophreniform (Favorable prognostic factors)
1. An emotionally and intellectually poor premorbid personality	An emotionally and intellectually premorbid personality
2. No demonstrable precipitatory factors	Demonstrable precipitatory factors
3. Insidious onset	Acute onset
4. Symptoms of autism and emotional blunting. Particularly unfavorable prognostic factors are depersonalization and derealization with clear consciousness	Mixed clinical picture, manic-depressive traits, cloudiness, symptoms of organic and psychogenic origin, and lacking of blunted affect
5. An unfavorable environment before and after the outbreak of the disease	A favorable environment before and after the outbreak of the disease

Langfeldt's (1937, 1939) criteria for schizophrenic psychoses with an unfavorable outcome and schizophreniform psychoses with a favorable outcome. (Based on Langfeldt G: The Prognosis in Schizophrenia and the Factors Influencing the Course of the Disease. Munksgaard, Copenhagen, 1937 and Oxford University Press, London, Oxford University Press, London, 1939; and Langfeldt G: The Schizophreniform States. Munksgaard, Copenhagen, 1939, Oxford University Press, London, 1939. Adapted from Berner P, Gabriel E, Katschnig H, Kieffer W, Koehler K, Lenz G and Simhandl Ch: Diagnostic Criteria for Schizophrenia and Affective Psychoses, World Psychiatric Association, 1983).

Table III

1. Continuous schizophrenia

    a. Sluggish form (latent, pseudoneurotic, pseudopsyhcopathic, paranoid)
    b. Malignant juvenile (hebephrenic, malignant catatonic, malignant juvenile paranoid)
    c. Moderately progressive (delusional and hallucinatory schizophrenia with an onset of middle age)

2. Periodic (recurrent) schizophrenia

    a. With a prevalence of cneroid-catatonic episodes
    b. With a prevalence of circular-affective episodes
    c. With a mixed and changeable structure of episodes

3. Shift-like progressive schizophrenia

    a. With a sluggish pseudoneurotic development and affective cyclothymic episodes
    b. Moderately progressive – with a sluggish pseudopsychopathic development, distinct paranoid disturbance in intervals and affective delusional episodes.
    c. Crude – progressive juvenile forms with pseudopsychopathic, delusional disturbances in intervals and catatonohebephenic episodes.

Snezhnewski's (1966) classification of schizophrenias. (Based on Nadzharow RA: The clinical aspect of biological investigation of the pathogenesis of schizophrenia. Transactions of Symposium on Biological Research in Schizophrenia, Moscow, 1967. Adapted from Berner P, Gabriel E, Katschnig H, Kieffer W, Koehler K, Lenz G and Simhandl Ch: Diagnostic Criteria for Schizophrenic and Affective Psychoses. World Psychiatric Association, 1983).

Table IV

	Type I Syndrome	Type II Syndrome
1. Symptoms	Positive symptoms Delusions Hallucinations Thought disorder	Negative symptoms Affective flattening Poverty of speech Loss of volition
2. Type of Illness	Acute schizophrenia	Chronic schizophrenia
3. Response to neuroleptics	Good	Poor
4. Intellectual impairment	Absent	Sometimes present
5. Outcome	Reversible	Irreversible (?)
6. Pathological process	Increased dopamine receptors	Cell loss and structural changes in the brain

Crow's (1980) Type I and Type II Syndromes; differential characteristics. (Based on Crow TJ: Molecular pathology of schizophrenia: more than one disease process? Brit. Med. J. 280: 66-68, 1980).