Schneiderian First Rank Symptoms in Schizophrenic versus Non-Schizophrenic Psychosis

By

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Abstract:

Numerous studies clearly showed the high prevalence of Schneiderian first-rank symptoms in schizophrenia and non-schizophrenic psychosis. There is a universal agreement about the diagnostic significance of theses symptoms in relation to schizophrenia. However, their discriminative value in differentiating schizophrenia from other psychotic disorders remained doubtful and the reports obtained from different studies were variable and even conflicting. ***Aim of the study:*** *This study aims Investigating the discriminative value of Schneiderian FRSs and their ability to differentiate between a group of Egyptian schizophrenic and non-schizophrenic psychosis focusing on the possible relative significance of individual symptoms.* ***Material and Method :*** *100 psychotic in-patients (from the psychiatric department of Mansoura University Hospitals) were selected for this study where they were followed up twice weekly. After control of symptoms, patients were re-interviewed and final diagnosis was given after which patients were discharged and followed up in the outpatient clinic once every 2 weeks for 6 months from the time of onset (the temporal criteria in DSM IV). At the end of the 6 months, another assessment using SANS & SAPS was done to ensure the presence or absence of the symptoms. Particular items corresponding to Schneiderian first rank symptoms were selected from SAPS and Landmark's questionnaire The indexes of diagnostic efficiency used in this study were sensitivity, specificity, positive predictive value, negative predictive value, accuracy and area under the Receiver Operating Characteristic " ROC" curve.*

Results: *The sensitivity values of Schneiderian first rank symptoms ranged from 14.29% (for made impulses) to 68.57% (for voices commenting and voices conversing). Their specificity ranged from 78.46% (for voices commenting) to 100% (for thought broadcasting, thought insertion, thought withdrawal and delusional perception). Their accuracy ranged from 41% (for made thoughts) to 78% (for voices conversing).* ***Conclusion:*** *The results of this study question the utility of FRS –in general- as a primary diagnostic approach to schizophrenia, although individual FRSs might have considerable diagnostic efficiency. Schneider's system may not be superior to other diagnostic approaches. Also, the discriminative ability of FRSs to distinguish schizophrenic from non-schizophrenic psychosis seems to be doubtful and probably needs further investigations on a larger scale and for longer periods.*

Introduction

The First rank symptoms (FRSS) as proposed by Schneider (1959) included:

1- Audible thoughts. 2- Voices arguing.
3- Commentary voices. 4- Delusional perception.
5- Somatic passivity. 6- "Made" thoughts.
7- "Made" impulses. 8- Made volitional acts.
9- Thought withdrawal. 10- Thought insertion.
11- Thought broadcasting.

Schneider (1959), states "when any of these modes of experience is undeniably present and no basic somatic illness can be found, we may make the decisive clinical diagnosis of schizophrenia". Koehler (1979) after closely analyzing the exact wording used by Schneider to describe the essence of these symptoms concluded that they are vague enough to allow for phenomenological interpretation. By examining the writings of important Anglo-American investigators of FRSs (Fish, 1962, 1967, 1969; Mellor, 1970; Taylor and Heiser, 1971; Koehler, 1979), the boundaries of these phenomena are often viewed quite differently, sometimes being defined in wider and sometimes in narrower terms and that they could be arbitrarily divided into three major phenomenological areas, which can be labeled the delusional, the passivity and the sense deception continua as follows:

• Delusional continuum; Delusional Mood (the perception –in the external world- of something "going on", odd, bizarre and with special significance and uncertainty), Delusional notion (the subject perceives something in the outside world triggering a significant