Diagnostic Significance of Schneiderian First Rank Symptoms

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Schizophrenia is considered to be the heartland of psychiatry and core of its clinical practice. There have been disagreements regarding its diagnostic criteria. Schneiderian first rank symptoms have been given much importance in international classification systems. Prevalence of first rank symptoms has been reported to be from 28% to 73%. This study was done to estimate the prevalence of first rank symptoms in schizophrenia in patients presenting in outpatients departments of Mayo hospital Lahore and Institute of mental health Lahore. 168 patients were studied. Fifty patients were suffering from schizophrenia. Twenty-five patients each were suffering from mania and psychotic depression. Fifty patients had neurotic disorders and 18 patients were suffering from drug-induced psychosis. ICD-10 was used as diagnostic criteria and Mellor's definitions of first rank symptoms were used. Prevalence of first rank symptoms in schizophrenia was found to be 56%. Very few patients from other diagnostic categories had first rank symptoms. Prevalence of first rank symptoms in schizophrenia is lower than reported from studies done in the West. Local criteria and instruments should be developed for use in our own population.
Key Words: schizophrenia, Schneiderian first rank symptoms, diagnosis.

Schizophrenia has been called "the cancer of psychiatry". It is the heartland of psychiatry and the core of its clinical practice [1]. Of all the major psychiatric syndromes, schizophrenia is the most difficult to define and describe. Over the past 100 years, many divergent concepts of schizophrenia have been held in different countries and by different psychiatrists [2].

Schizophrenia is characterised in general by fundamental and characteristic distortions of thinking, perception, and by inappropriate or blunted affect. Clear consciousness and intellectual capacity are usually maintained, although certain cognitive deficits may evolve during the course of time [3].

Kurt Schneider tried to make the diagnosis more reliable by identifying a group of symptoms characteristic of schizophrenia but rarely found in other disorders. He believed these 1st rank symptoms to be diagnostic of schizophrenia in the absence of course brain disease. These symptoms have been very influential and have been used in many international diagnostic systems [3].

Mellor described following 1st rank symptoms [4]:

1-Audible thoughts
2-Voices arguing
3-Voices commenting on one's actions
4-Somatic passivity
5-Thought withdrawal
6-Thought insertion
7-Thought broadcasting
8-"Made" feelings
9-"Made" impulses
10-"Made" volitional acts
11-Delusional perceptions

Prevalence of 1st rank symptoms in schizophrenia has been reported to be from 28% to 73% [5].

Aims and objectives

1. To find out the frequency of Schneider's 1st rank symptoms in schizophrenic patients presenting in psychiatry department of Mayo Hospital and Institute of Mental Health Lahore.
2. To find out the relative frequency of different 1st rank symptoms in these patients.
3. To investigate the frequency of 1st rank symptoms in disorders other than schizophrenia in the above-mentioned patients,
4. To assess the diagnostic use and practical implications of 1st rank symptoms of schizophrenia.

Patients and methods

This was a descriptive survey undertaken in the outpatient and in patient facilities of department of psychiatry Mayo Hospital and Institute of Mental Health, Lahore. Sample consisted of 168 patients presenting in the above-mentioned facilities. Diagnostic break up of these patients was as follows:

- Fifty cases of schizophrenia.
- Twenty-five cases of mania/hypomania.
- Twenty-five cases of severe depression with psychotic features.
- Eighteen cases of drug induced psychosis.
- Fifty cases of neurotic disorders.
- ICD-10 was used as diagnostic criteria for research [3]. Present state examination [6] was used as a structured interview. Mellor's definitions of 1st rank symptoms of schizophrenia were used for this study [4]. Statistical Package for Social Sciences (SPSS) was used for statistical analysis.

Results

Sixty one percent of all patients were males and thirty nine percent were females. Among neurotic patients, females outnumbered males. Among schizophrenic

patients, only one third were married. In all other groups majority of patients were married. Frequency of Schneider's first rank symptoms in various diagnostic groups was as follows:

Schizophrenia 56%
Mania/hypomania 04%
Psychotic depression 08%
Neurotic disorders 00%
Drug induced psychosis33%

Frequency of individual first rank symptoms in schizophrenia was as follows:

Audible thoughts 25%
Voices arguing 46%
Voices commenting 32%
Somatic passivity 50%
Thought withdrawal 21%
Thought insertion 29%
Thought broadcasting 21%
"Made" feelings 22%
="Made" impulses 07%
"Made" volitional acts32%
Delusional perception 04%

Discussion

This study has shown some important results. Schneider's first rank symptoms are considered very important in many international classification systems [5]. The study sample comprising of 168 subjects included a considerable variety of psychiatric diagnoses.

In this study 56% of patients suffering from schizophrenia exhibited at least one 1st rank symptom. This figure is lower than the prevalence reported in many Western studies [7]. Prevalence of first rank symptoms in this study was similar to studies reported from third world countries. Difference in the prevalence of first rank symptoms may be due to cultural and social reasons. This point needs further investigation.

Frequency of first rank symptoms in disorders other than schizophrenia in the present study were lower than reported in the literature. The difference may be due to sampling methodology or due to social and cultural reasons. This also needs further study.

When individual first rank symptoms are studied their frequencies were different from those reported in many other studies. Probably the reason was due to sampling method. In the present study acute patients were over represented as compared to other studies, which included many chronic patients.

The main limitation of the present study was that sample was not representative of general population so results cannot be generalised. This study was a cross sectional study and patients were not followed up which might have affected the results. The study should be replicated on a larger sample size. Instruments for local use should also be developed.

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