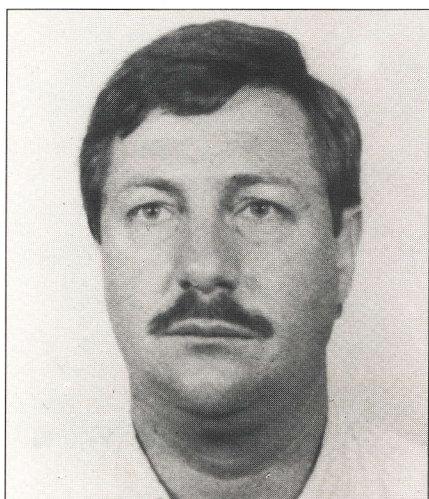


Psychiatry Revisited - Dr Felix Potocnik



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Curriculum vitae

Dr Potocnik qualified at the University of the Witwatersrand in 1975, and obtained a Diploma in Midwifery of the College of Obstetrics and Gynaecology (SA) in 1978. He obtained the FF Psych (SA) in 1984. He is currently Senior Lecturer, Dept of Psychiatry, University of Cape Town and Consultant Psychiatrist Psychogeriatric Unit, Valkenberg Hospital. He has specific interests in psychogeriatrics and Jungian Psychology, and has several publications to his credit.

Summary

In keeping with the advances in organic psychiatry, interest in the psychological aspects has flourished. The old traditional dichotomy of the organic versus the psychological has given way to the understanding that both are required. Studies done with schizophrenic patients clearly illustrate just this. Clearer diagnostic criteria for the evaluation of psychiatric patients help to improve accuracy of diagnosis and treatment. The role of possible genetic etiology is also discussed as well as the contribution of neuro-imagery.

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KEYWORDS:

Psychiatry; Psychoanalysis;
 Organic mental disorders;
 Family relationship.

Psychiatry has to some extent been de-mystified in recent years. This has been due to the increasing public awareness and acceptance of psychiatric disorders, the family practitioners' widening expertise and the attempts made by the psychiatric profession in dispelling ignorance of this subject as well as removing some of the attached stigma.

Great strides have been made over the past decade in formulating diagnostic criteria for the evaluation of the psychiatric patient. These are embodied in the American Psychiatric Association's revised third Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R).¹ Here the patient is diagnosed along 5 axes, covering (i) the clinical syndrome, (ii) personality and

specific developmental disorders, (iii) physical disorders, (iv) psychosocial stressors and (v) level of functioning.

Apart from "tightening up" psychiatry, these diagnostic criteria have led to the improved accuracy of diagnosis and with that, the correct treatment of the patient. Furthermore, the reliability and validity of research results have been enhanced and the prognosis of the patient made more meaningful. An appendix in the DSM-III-R presents clinical disorders proposed for the future inclusion in the DSM eg Premenstrual Syndrome, inviting feedback from psychiatric health workers.

The traditional dichotomy in psychiatry of the *organic* versus the *psychological* approach to mental illness has given way to the understanding that *both* are required in most instances. A good example is schizophrenia. Here, increasing evidence points to a genetic diathesis in the aetiology of the illness resulting in altered brain function and anatomy. And yet, psychotherapeutic intervention among key family members aimed at diminishing the stress from disturbed family relationships will alter the course of the illness for the patient.

This was done by measuring the quality of the expression of emotion within a family. At the time the patient was admitted to hospital the emotionally significant relative or relatives (usually parent or spouse) were interviewed covering not only the events happening at home prior to admission, but also the feelings expressed about the patient. The tape-recorded interviews were then carefully analysed and scored giving a measure of the index of expressed

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rise to a "convulsion" in the limbic system; could repeated stressors do the same? Carbamazepine is thought to increase the resting potential in the nerve cell, thereby necessitating more "kindling" for depolarization to occur and hence rendering the nerve cell or system less excitable. Carbamazepine is also thought to be effective in the treatment of cocaine dependence for possibly the same reason.⁶

... measure the quality of the expression of emotion within a family

(iii) And lastly, chronobiology or the study of cycles in man present from birth to death which are superimposed on the circadian rhythm. These cycles would possibly explain why bipolar illness tends to feature early in life and Alzheimer's disease late in life, and why a higher number of schizophrenics in the northern hemisphere tend to be born in the first three months of the year. The variations in the day-night cycle, in keeping with seasonal changes has been shown to affect the mood state of certain individuals (seasonal affective disorder). Here the individual tends to have episodes of depression in winter and elated mood swings in summer. Light is used as an effective treatment modality in some forms of recurrent mood disorders, in order to regulate circadian oscillations and to "buffer" the individual against the effects of seasonal rhythms. Light therapy is also effective in the treatment of jet lag and premenstrual syndrome.

Overall treatment emphasis, however, for mood disorders consists of pharmacological and psychological strategies aimed at enhancing stability.^{6,7}

The pharmacological approach to anxiety disorders and their relationship to depression have not yet been fully resolved. Treatments in general use are: beta-blockers, benzodiazepines, non-benzodiazepine anxiolytics, and various antidepressants. Currently, the latter two are gaining ground.

Some geneticists feel that they have located the chromosome responsible, in 36 of the 130 psychiatric diseases thought to have a possible genetic aetiology or that confer genetic susceptibility to mental illness. Examples include: Alzheimer's disease (21), Huntington's disease (4), Wilson's disease (13), Porphyria (11), Depressive disorders (11), and Bipolar disorders (27-28); while a high susceptibility for schizophrenia

Schizophrenic patients going back to a supportive family situation, need less medication and will not suffer a high relapse rate

is conferred by a gene located on chromosome (5).⁸ An x-linked form of bipolar disorder and unipolar depression (near the two genetic markers of colour-blindness and G6PD), is believed to promote the onset of the illness prior to the age of 35 years while the non x-linked form tends to be later in onset.⁹ By no means do all the researchers agree with the above, but they are

unanimous that reliable and valid diagnoses are essential for successful results in genetic linkage studies.¹⁰ At present, receptors, hormones, enzymes and proteins are being mapped genetically. It is hoped that in the future this would allow for a suitable pharmacological agent to be developed for use in the treatment of the specific disorder.

Neuroimaging is contributing to the localisation of specific and generalised brain abnormalities.

All strategies aim at enhancing stability

While, computerised axial tomography (CAT) and nuclear magnetic resonance imagery (NMRI) delineate anatomical features of the brain; positron emission tomography (PET) and single photon emission tomography (SPET) elucidate cerebral blood flow, energy patterns and metabolism. We now know that lateral ventricular enlargement in schizophrenia is selective for the temporal horn on the left side of the brain, while the hippocampus on the right side of the brain appears to be decreased in size in patients suffering from bipolar disorders.¹¹ Cerebral blood flow is decreased in the parietal lobes in Alzheimer's disease and in areas in Multi-infarct dementia, consistent with clinical findings. Mild degrees of anxiety will increase the generalised cerebral blood flow, while marked anxiety will decrease the cerebral blood flow. A decreased cerebral blood flow is also found in chronic schizophrenia and chronic depression.¹²

In keeping with the advances

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in organic psychiatry, interest in the functional or psychological aspects of psychiatry has flourished. Psychiatric professionals consisting of psychologists, social workers, nursing staff and occupational therapists among others, by far outnumber the country's 250 psychiatrists. This is in keeping with developments overseas.

Chromosomes responsible for psychiatric disease?

Classical analytical schools concerned with the works of Carl Gustav Jung, Sigmund Freud, Anna Freud and Melanie Klein, for example, continue to train psychoanalysts overseas. In South Africa the Cape of Good Hope Centre for Jungian Studies currently has 13 psychiatrists and psychologists in training as Jungian Analysts.

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