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Brief Reports

Depression in Schizophrenia: A Study of Prevalence and Treatment

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In an investigation of white, coloured, and black patients admitted to a psychiatric hospital, the prevalence and treatment of depression in schizophrenia was assessed and found to be 30% in group of acute, nuclear schizophrenics. While the prevalence was similar in the three groups, depression was clinically under-detected in black patients.

The presence of depression among schizophrenics has been recognised since the times of Kraeplin and Bleuler, and many clinicians feel it is an integral part of the illness (Knights & Hirsch, 1981; Planansky & Johnston, 1978). Though reports of the prevalence of depressive symptoms vary, recent evidence suggests that it is considerable (ibid and Roy *et al*, 1983), and that there is a significant suicide risk among depressed schizophrenics. As such, it warrants more attention by both clinicians and research workers (Donlon *et al*, 1976). An opportunity for a detailed examination of this phenomenon arose out of an investigation of sequentially selected acute schizophrenic patients admitted to a psychiatric hospital in Cape Town, South Africa (Teggin *et al*, 1985).

As this group included white, coloured, and black (as defined by the Population Registration Act, 1950 (as amended)) patients, it was possible to focus on the issue of depression among blacks. There is diversity of opinion about the prevalence of depression in this group; early reports (Buchan, 1969; Prince, 1968) seemed to indicate that it occurred rarely, although recent evidence contradicts this (Leff, 1973; Singer, 1975).

The aims of this investigation were to determine the prevalence of depression among a specific group of acute schizophrenics; the extent to which depression was clinically treated; and whether the black groups differed from the other two in terms of both prevalence and treatment of depression.

Method

The Present State Examination (PSE) and the CATEGO computer programme (Wing *et al*, 1974) were used both to select patients for inclusion in the present analysis and to assess their mental state. Only those schizophrenics with a CATEGO class 'S' diagnosis, i.e. characterised by either the presence of first-rank symptoms or other unequivocal symptoms of schizophrenia, were selected. Patients with coexisting organic conditions, e.g. epilepsy or drug or alcohol abuse, were excluded. Thus a circumscribed group with a clearly defined schizophrenic disorder was focused upon. The total sample comprised 56 patients (19 white, 15 coloured, and 22 black).

The PSE was conducted by a research team within three days of the patient's admission to hospital, while the patient's clinical diagnosis and management remained in the hands of the responsible clinician.

It is often difficult to distinguish between depressive symptomatology and certain symptoms of schizophrenia (Donlon *et al*, 1976; Knights & Hirsch, 1981). For example, both depressed and schizophrenic patients may exhibit inefficient thinking or social withdrawal. It was therefore decided to select a sub-set of PSE symptoms—depressed mood (symptom 23) combined with observed depression (symptom 121)—to obtain a finer indicator of depression.

Information on the treatment of depression (using antidepressants or ECT) by clinicians was obtained from an examination of the patients' hospital folders.

Results

Using the sub-set of depressed mood combined with observed depression, 30% of all the patients were found to be depressed, with no significant differences between the ethnic groups; 16% expressed suicidal ideas or acts (symptom 25).

While depression was treated by clinicians in 59% of the depressed group, further analysis revealed a significant difference between the black and the other two groups: 82% of whites and coloureds, compared with only 17% of blacks, were treated for their depression ($P<0.05$; Fisher's Exact Test). The possibility that clinicians were using other criteria (such as the vegetative symptoms of depression) to detect depression in the black patients was considered. However, as only three black patients were treated they constituted too small a group for any clear patterns to emerge.

Discussion

Despite the small sample size, this investigation had the advantage of a methodology that enabled independence of the clinical and research judgements. The prevalence of depression found in this study confirms that a substantial number of acute schizophrenics are sufficiently depressed to warrant treatment. Similarly, the relatively high rates of suicidal ideation emphasises the need for an awareness of the risk of suicide in schizophrenia. The rate of treatment of depression by clinicians is similar to

that reported by previous investigations (Knights & Hirsch, 1981).

The finding that depression occurred as frequently in black patients as in other groups confirms recent related evidence, and is an important finding with obvious clinical implications. Despite this similarity, the low percentage of depressed blacks that were treated by the clinicians warrants some discussion. As the majority of clinicians do not speak Xhosa (the language spoken by the majority of black patients in the Cape), interpreters are vital to the understanding of the patient. The shortage of interpreters in the hospital frequently results in clinicians spending limited time with the interpreter, or having to interview black patients without one. Therefore, in dealing with schizophrenic patients, clinicians are likely to focus on psychotic symptomatology and not investigate other symptoms in any depth. In addition, since many black patients may use metaphorical or somatic terms to describe feelings of depression (Gillis *et al*, 1982), it is possible that the clinicians do not attempt to elicit depressive symptoms. This study, however, illustrates that not only are depressed mood and observed depression present in black schizophrenics, but that with the use of skilled interpreters these symptoms are ascertainable.

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Electro-Oculogram Changes at the Switch in a Manic-depressive Patient

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The correlations between eye movements on the EOG of a patient with a 48 hour cycle of manic-depressive type are described. They are used to confirm the fact that his switch from one state to another occurred at the same time of night whether he was awake or asleep.