Introduction: New Conceptual Aspects of Negative Symptoms

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The concept of deterioration in schizophrenia and other psychoses has a controversial tradition. Indeed, for nearly a century, Kraepelin [1] discussed the difficulty of defining a 'defect symptomatology' and pointed to the lack of agreement among the prominent psychiatrists of his time, such as Kahlbaum, Stern, Meyer and Zendig. An early review of some aspects of these controversies is provided by Oebbecke [2].

Recent advances in clinical neurosciences, psychopharmacotherapy and neuroimaging have led to a reevaluation of early observations and encouraged further development of operational criteria, new hypothesis and quantification of a psychopathological constellation defined as negative symptoms. Great advances have been made in the interpretation, comparability, follow-up evaluations, specificity and validity of different models. These are the focus of the symposium New Conceptual Aspects of Negative Symptoms held during the 9th World Congress of Psychiatry, Rio de Janeiro, Brasil, 10th June 1993. The seven scales applied in this volume to summarize new clinical and biological aspects of this research area have been the most frequently used during the past decade. The presenters are international experts in the field, in most of the cases the authors of the rating instruments and concepts. Their works presented here symbolize new developments in our understanding of negative symptoms.

A detailed overview and update of correlational studies of the Scale for Assessment of Negative Symptoms (SANS) and the Scale for Assessment of Positive Symptoms (SAPS) is provided by Andreasen et al. Dr. Crow's review of correlates of brain changes and intellectual impairment represents a qualitative step forward in understanding the concept of type II schizophrenia. The Manchester Scale is used to define negative features. Linden-mayer et al. present data on consistency and validation of a 5-factor model of schizophrenia assessed with the Positive and Negative Syndrome Scale (PANSS). Marneros et al. present data of longitudinal studies about the validity of the negative/positive dichotomy. Schroder et al. present evidence for the classification of chronic schizophrenia into three subsyndromes assessed with the Brief Psychiatric Rating Scale with respect to cerebral changes using computed tomography and positron emission tomography. The work of Mundt et al. addresses the issue of the core negative symptoms and psychopathological components underlying the negative syndrome. This paper applies the SANS, the PANSS and the Intentionalitätsskala along with other psychopathological measures. The last paper (Gerbaldo et al.) analyses the issues of prognostic and diagnostic specificity of the deficit syndrome assessed by means of the Carpenter's Schedule for Deficit Syndrome along with the SANS. In a further step the last work presents preliminary

data about correlations between primary negative symptoms and psychophysical measurements of discomfort glare.

It is my hope that the insights provided herein will strengthen our abilities to delineate more accurately the psychopathology of negative and deficit constellations and to interpret more precisely biological and pharmacological data. Perhaps further development will show that there is not just an omnipotent concept to grasp all aspects of negative symptoms, but different instruments more or less appropriate for specific questions.

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References 1 Kraepelin E: Psychiatrie, ed 8. Leipzig, Barth, 1913. 2 Oebbecke A: Vergleichende Über-sicht der Classificationen der Psy-chosen. Strassburg, Heitz & Mün-del, 1886.

6

G. Gerbaldo

Introduction