

***Three – Part - Division
of
endogenous psychoses***

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The Diagnostic Dilemma

	Remitting		Permanent residual symptoms	
Kraepelin	Manic-depressive illness		Dementia praecox	
WKL	Affective psychoses		Cycloid psychoses	Schizophrenic psychoses
	unipolar	bipolar		
Bleuler	Manic-depressive illness		Group of schizophrenias	
	Affective psychoses		Schizo-affective psychoses	Schizophrenic psychoses
DSM ICD	Affective psychoses		Schizo-affective psychoses	Schizophrenic psychoses

Synonyms of Cycloid Psychoses

- *Degenerationspsychosen (Schroeder 1920)*
- *Zykloide Degenerationspsychosen (Kleist 1926)*
- *Randpsychosen (Kleist 1926)*
- *Schizoaffective psychoses (Kasanin 1933)*
- *Schizophreniform states (Langfeld 1939)*
- *Benign schizophreniform psychoses (Welner and Stroemgreen 1958)*
- *Atypical psychoses (Pauleikhoff 1957)*
- *Zykloide Psychosen (Leonhard 1961)*
- *Schizophrenieähnliche Emotionspsychosen (Labhardt 1963)*
- *Remitting schizophrenia (Vaillant 1964)*
- *Psychoses delirantes aigues (Ey et al. 1967)*
- *Oneiroide Emotionspsychosen (Boeters 1971)*
- *Reactive (psychogene) Psychosen (Stroemgreen 1972)*
- *Bouffee delirante (Pichot 1984)*
- *Remitting atypical psychoses (Remington et al. 1990)*

Cycloid Psychoses

Obligatory Symptoms

Extreme anxiety accompanied by delusions of reference, by delusional perceptions and/or by delusions of persecution or ecstatic affect accompanied by ideas of calling, of being able to bring salvation for others

Cycloid Psychoses

Obligatory Symptoms

Excitation of the thought process with pressure of speech and incoherence or inhibition of the thought process to the extremes of mutism and stupor

Cycloid Psychoses

Obligatory Symptoms

Increase of spontaneous, involuntary movements to the extreme of senseless hyperkinesia or inhibition to complete lack of spontaneous, involuntary and voluntary movements to the extreme of catatonic stupor

Cycloid Psychoses

Accessory Symptoms

- **Hallucinations on different sense-organs**
- **Visions**
- **Transitory misidentification of persons and delusional perceptions**
- **Special interest in dead and life after death**
- **Instability of the mood**
- **Thoughts-becoming-loud**
- **Thought insertion**
- **Thought withdrawal**
- **Thought spreading**

Symptoms Excluding the Diagnosis of Cycloid Psychoses

- **Being influenced on body, thought processes, movements, feelings etc., i.e. feeling strange control about functions of one's own self**
- **Voices talking to each other about the patient, commenting on patient's thoughts and behavior**
- **Completely unrealistic and cultural inappropriate delusions, going far beyond the known biological boundaries and laws of nature**

Leonhard's findings on cycloid psychoses

Low vertical familial loading

Disturbed neurodevelopment as a result of prenatal insults

Acute episodes and relapses are almost always preceded by stress

Recurrent episodes result in diminished capability to deal with stress

***Is there modern research
pointing to a distinction of
schizophrenic and cycloid
psychoses?***

Metaanalysis, 1928 – 1991 (861 MZ, 1656DZ):

Probandwise concordance rates

MZ:* **58 %*

DZ:* **15 %*

50 same sex twin pairs, (24 MZ, 26 DZ):

Probandwise concordance rates

MZ:* **61 %*

DZ:* **22 %*

Unsystematic and systematic schizophrenic psychoses in twins (13 MZ, 14 DZ)

*Probandwise
Concordance
Monozygotic*

89 %

*Probandwise
Concordance
Dizygotic*

25 %

*Index for
Heritability*

0,72

*MZ/DZ
Quotient*

3,56

Franzek and Beckmann 1998. American Journal of Psychiatry, 155: 76 – 83

Franzek and Beckman, 1999, Psychoses of the schizophrenic spectrum in twins, Springer

Cycloid psychoses in twins (11 MZ, 12 DZ)

<i><u>Probandwise Concordance Monozygotic</u></i>	<i><u>Probandwise Concordance Dizygotic</u></i>	<i>Index for Heritability</i>	<i>MZ/DZ Quotient</i>
39 %	31 %	0,21	1,25

***Monozygotic cycloid psychotic
index-twins showed significantly
more severe birth complications
than their
healthy co-twins***

Franzek and Beckmann 1998. American Journal of Psychiatry, 155: 76 – 83
Franzek and Beckman, 1999, Psychoses of the schizophrenic spectrum in twins, Springer

***Ventricular abnormalities that
reflect sequels of birth
complications and/or adverse
events during pregnancy constitute
one of the risk factors for
developing a cycloid psychosis***

***Cycloid psychoses account for
the majority of postpartum
psychoses***

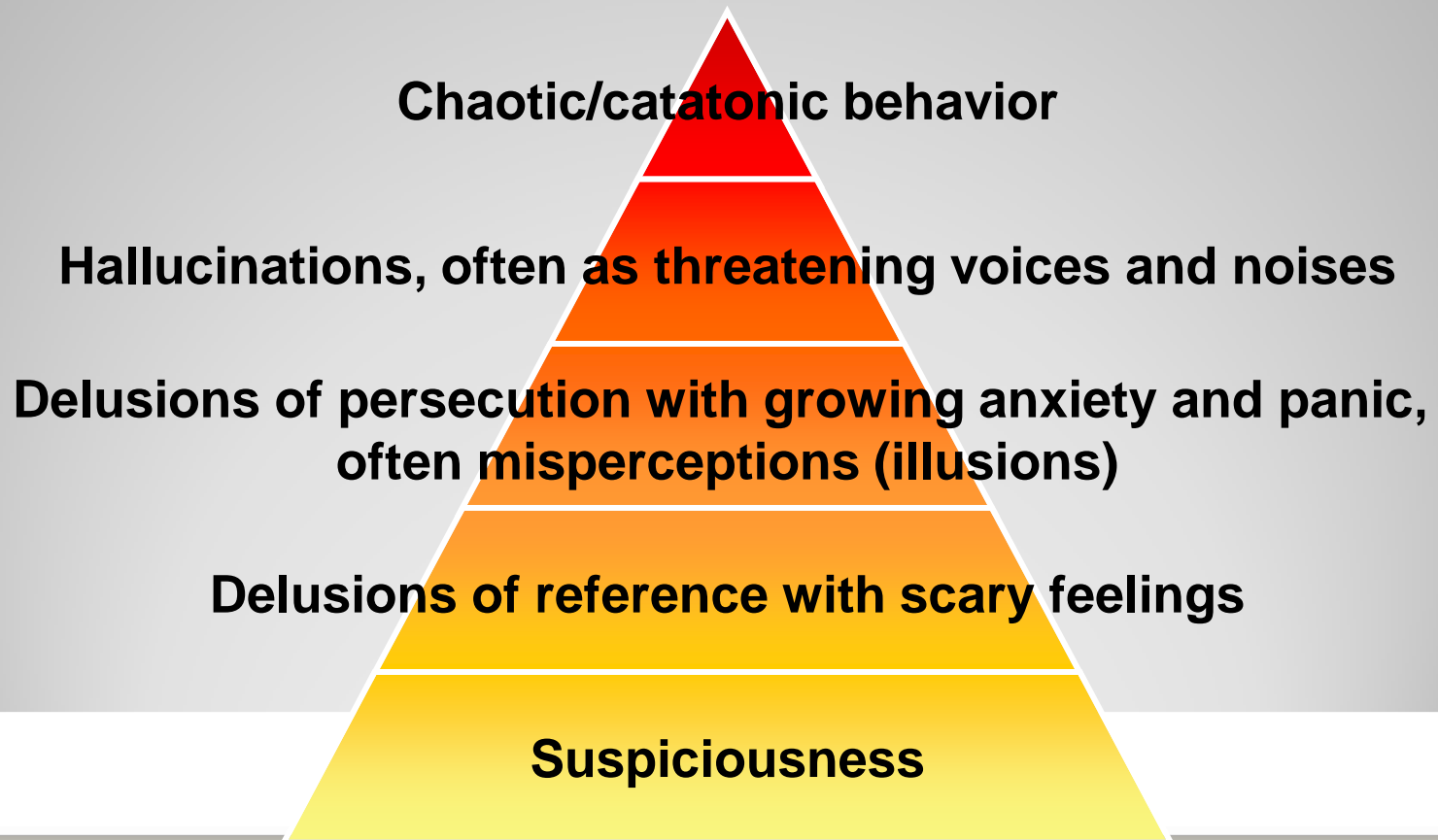
***There is a significant correlation of
symptom exacerbation and the
luteal-/menstrual phase in cycloid
psychoses but not in
(unsystematic/systematic)
schizophrenia***

***Significantly lower P300
amplitudes in schizophrenic
patients compared to controls
but
no difference between controls and
cycloid psychoses.***

***Cocaine and cannabis use
can provoke dose dependent
symptoms of cycloid psychoses***

Franzek, 2009. 17th Congress of European Psychiatrists, Lisboa

The psychotic symptoms caused by cocaine use appear dosage related and in a special order



***Is there modern research
pointing to a distinction of
bipolar affective disorders and
cycloid psychoses?***

To be studied:

45 CP.....172 relatives
32 MDI.....153 relatives
27 Controls.....106 relatives

Study design of high methodological standard, all living and traceable adult first-degree relatives were personally examined by an experienced psychiatrist blind to the diagnosis of the index person.

Morbidity risk of endogenous psychoses in relatives :

<i>Cycloid psychoses</i>	10,8 %
<i>Manic-depressive illness</i>	35,2 %
<i>Controls</i>	5,7 %

(172 relatives of 45 patients with cycloid psychosis, 153 relatives of 32 patients with manic-depressive illness, 106 relatives of 27 controls)

Statistic: Method of Kaplan-Meier

Morbidity risk of manic-depressive illness in relatives :

<i>Cycloid psychoses</i>	4,5 %
<i>Manic-depressive illness</i>	31,4 %
<i>Controls</i>	1,9 %

(172 relatives of 45 patients with cycloid psychoses, 153 relatives of 32 patients with manic-depressive illness, 106 relatives of controls)

Statistic: Method of Kaplan-Meier

Morbidity risk of cycloid psychoses in relatives:

<i>Cycloid psychoses</i>	4,4 %
<i>Manic-depressive illness</i>	1,3 %
<i>Controls</i>	0 %

(172 relatives of 45 patients with cycloid psychosis, 153 relatives of 32 patients with manic-depressive illness, 106 relatives of 27 controls)

Statistic: Method of Kaplan – Meier

Summary:

*Very high familial loading in
bipolar affective disorders*

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*Almost no familial loading in
cycloid psychoses*

General Conclusion

Three Spectra of Psychoses

