FOLLOW-UP STUDIES ON CIRCULAR MANIC-DEPRESSIVE REACTIONS OCCURRING IN THE YOUNG*

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INTRODUCTION

MANIC-DEPRESSIVE psychosis is a mental disease known to man under various nomenclature for several thousand years. In the Book of Samuel, King Saul is described as afflicted with madness and melancholy. Hippocrates described a state of unrest which today would be recognized as "hypomania." However, until Emil Kraepelin correlated the seemingly opposite states of disordered affect as variations in a single disease, manic-depressive psychosis as we know it today was not universally accepted as "a single morbid process."

Manic-depressive psychosis has been considered a psychiatric illness most frequently occurring initially in the third and fourth decades of life. Women so diagnosed usually outnumber men two to one, and among national groups those of Hebrew origin seem to show the highest percentage at first admission.

At the New York Hospital-Westchester Division, the following signs and symptoms are looked for as criteria for the diagnosis of manic-depressive psychosis. The following criteria in disturbances in the fields of ideas, feelings and motility form the basis for the diagnosis of the manic state.

A. Ideational disturbances should be characterized by:
   1. Overproductivity and overtalkativeness
   2. Flight of ideas
   3. Distractibility
   4. Clang association, rhyming and punning
   5. Ideas of exaggerated self-importance

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B. Emotional disturbances should show:
   1. Extreme sense of well-being
   2. Irritability
   3. Affect appropriate to ideas expressed
   4. Elation

C. Psychomotor disturbances such as:
   Overactivity and
   pressure to execute all ideation must be evident.

The depressed phase includes outstanding depression of spirits with mental and motor retardation and inhibition. Suicidal preoccupations persist and in some cases a mood of uneasiness and anxiety appears. The ideation is hopeless and self-depreciatory.

Apparent delusions and hallucinations associated with expressions of unreality feelings are considered in the light of environmental stimuli. If these appear to be related to exogenous influences rather than endogenously excited as in schizophrenia, it is felt that a diagnosis of a disorder of affect is tenable when the previously mentioned requirements for such a diagnosis have been met.

The present investigation was undertaken because it has been noted that some patients initially considered to be suffering from manic-depressive psychosis appear to develop symptoms more clearly related to the schizophrenic process with the passage of time. This seemed more significant if the primary derangement occurred in youth. Thus this study has been purposely confined to the evaluation of young males and females showing essentially typical psychiatric symptoms and dynamics characteristic of this affective disorder prior to admission and while under treatment.

Methods and Materials

Forty-three women and 17 men were studied and evaluated. Their ages ranged from 15 to 22, with an average for the total group of 18. All were admitted to the New York Hospital-Westchester Division for the first time between the years 1930 and 1949. The maximum follow-up period was 25 years and the minimum five. With the exception of two married women and one graduate nurse, all were either high school or college students.

1. Seventy-five per cent of all patients studied showed positive family histories of hospitalized mental illnesses, suicides or alcoholism

in the antecedents or collaterals. Although these data may have been significant as predisposing factors in the initial occurrence of psychopathology, they seemed unrelated to the eventual course of the disease.

2. At the time of initial admission, only eight of the women and five of the men were in an underactive, depressive state. There was only one overt suicidal attempt for each sex. All the others were overactive, overtalkative, boisterous, destructive or assaultive.

3. During the time interval encompassing this study, the diagnostic criteria used at our hospital have continued to be essentially consistent. In the early 1930's the number of patients diagnosed manic-depressive psychosis averaged about one-third of the total admissions while dementia praecox accounted for one-fifth. Today the manic-depressive reactions average one-fourth of total admissions while schizophrenia accounts for one-third. This raises a number of questions as to the relative frequency of manic-depressive psychosis today as compared to 25 years ago. Other hospitals have noted a similar shift in the proportion. The causes for this alteration as yet remain speculative.

4. Diagnostic consideration of this group indicated that approximately one-half of the men appeared to show schizophrenic coloring or tendencies but in view of the continuing cyclical nature of their disease with predominant disorder of affect, they were classified manic-depressive psychosis. Among the selected women patients, one-fourth were felt to have schizophrenic tendencies but the consensus of the staff was a diagnosis of manic-depressive psychosis. Thus all 60 patients after exhaustive evaluation and careful observation during their hospital course were considered to be diagnostically manic-depressive psychosis. All had a history of mood swings lasting one to four years, without quiescent intervals of more than passing duration. In the hospital the mood showed a reversal so that each patient was under treatment in both phases of the manic-depressive cycle. This was possible because the average length of hospitalization was eight months.

5. Evaluation of the pre-psychotic personalities of the 60 patients according to the criteria by Lewis and Piotrowski indicated that 11 of the 17 males and 17 of 43 female patients showed pre-psychotic schizoid manifestations. The others were essentially of extroverted albeit dependent character.

6. To complete the survey, somatotypes were considered. Of the 43 female patients studied, 22 were thought to be pyknic in habitus, nine

were asthenic, ten athletic and two dysplastic. Of the male patients, two were pyknic in somatotype, seven asthenic, six athletic and two dysplastic.

7. Racially, one-third of the patients were of Hebrew extraction, about one-half were of Anglo-Saxon descent, three were Irish and three Italian.

These three factors, often considered to be significant in the etiology of manic-depressive psychoses, namely racial origin, somatotype and pre-psychotic personality, while possibly having a bearing on the initial break with reality, appeared to have little correlation to the eventual course of psychopathology in this study group.

Follow-Up

Letters of the questionnaire type were sent to families, hospitals, individual physicians and the patients themselves requesting information regarding recurrence of emotional difficulties, educational advancement, marital status and present adjustment. Replies of varying value were received from 55 of the 60 patients under consideration.

Evaluation of the 17 male patients on the basis of follow-up reports showed that two had required subsequent hospitalization and then had exhibited characteristic symptoms of catatonic schizophrenia. At the present time they are not hospitalized but are making only marginal adjustments.

Seven men have continued to have mood swings and are still under psychiatric care, three in the hospital.

Three patients are fully recovered after 20 years and have had no recurrence of their original difficulties. All are carrying on qualified professional careers and making valuable contributions to the community.

No information could be obtained about two of the study group, and three questionnaires sent out were opened and returned with no answers, pre-supposing a marginal adjustment. Other sources indicate that further psychiatric care was needed.

The two patients subsequently diagnosed dementia praecox, catatonic type, had shown pre-psychotic personalities of the extroverted type prior to admission to this hospital but one was characteristically manic-depressive during treatment and the other showed signs of blocking and delusions of a sexual nature in the depressed phase yet was

uniformly elated and overtalkative with flight of ideas in the manic phase.

The seven patients who have continued to have mood swings were about evenly divided as to personality make-up but only one showed schizophrenic coloring during his mental illness at the New York Hospital. Two of the three who have recovered and adjusted exhibited some schizophrenic signs during their illness but the third was typically manic-depressive with a cyclothymic personality. Of the remaining five patients, a typical versus an atypical illness was about evenly divided.

P.W. was 18 at the time of admission to our hospital. His father had committed suicide; the maternal grandfather had died in a mental hospital. He suffered from a chronic depression. The patient was described as a sensitive but not an introspective person.

His illness began with a change in behavior characterized by argumentativeness, disobedience and extreme selfishness. This was followed by a period of quiet submissiveness. The immediate cause of hospitalization was a rapid increase of overactivity and aggressive, boisterous, excited behavior. He remained at the New York Hospital for three months, at which time he was transferred to a public hospital. At the present time, 21 years later, he remains hospitalized, has definite mood cycles and is considered to have a circular manic-depressive reaction.

H.D. was 16 at the time of admission to our hospital. A maternal grandfather was hospitalized for a manic-depressive psychosis. The patient was described as a quiet, girl-shy, solitary individual.

His illness began with self-criticism, anorexia, suicidal preoccupations following which he became exceedingly overactive. At the time of admission to the New York Hospital he was seclusive, thought his uncles were dead and that he was being forced to eat their flesh. He was originally diagnosed as a dementia praecox but subsequently became elated, boisterous, aggressive, with flight of ideas, and his diagnosis was changed to that of a circular manic-depressive. He remained in our hospital for eight months, regained his equilibrium and has had no recurrence of his difficulties since that time. At the present writing, some 15 years later, he is a successful attorney.

Of the 43 women studied and followed, seven were considered to have recovered from their difficulties. None have had any emotional instability for at least five years. Three have had no recurrence of symptoms since leaving our hospital ten, 15 and 23 years ago. The

other four needed further care and treatment. Two were later considered to be ill with catatonic dementia praecox with typical dissociative phenomena and feelings of unreality. The revised diagnosis was made while they were hospitalized at least eight years following treatment at this hospital. Two of those who recovered continued to have mood swings of lessening intensity requiring further psychiatric care but they have had no difficulties in more than half a decade.

Twenty women continue to have a typical cyclical disturbance requiring further care and treatment and as of their last hospitalization are still considered to be manic-depressive. Although the symptoms exhibited while at our hospital were felt to be affective in nature, analysis of these individuals indicates that eight were of schizoid character and showed schizophrenic coloring in their initial illness.

At the present time, seven patients included in this study must now be placed in the schizophrenic group. Two of these remain in a hospital and are characteristically withdrawn, hallucinated and deteriorated. They have been classified as dementia praecox, catatonic type. Two, as previously mentioned, had the diagnosis changed to dementia praecox, catatonic type, but are now considered recovered. Three have required further treatment, are now considered schizophrenic and although not presently hospitalized, are making only marginal adjustments. Four patients have been under continuous hospital care elsewhere since discharge from our hospital. Two, who have already been mentioned, are now schizophrenic and the other two are still classified as having circular manic-depressive reactions. Three of the four were typically manic-depressive on initial admission; the other, now a deteriorated dementia praecox, showed such tendencies when first taken ill.

No information could be obtained on three patients included in the study. The other eight are apparently not presently in a hospital or under psychiatric care but information obtained is too limited to determine diagnostic criteria.

C.V. was 17 at the time of her admission to the New York Hospital-Westchester Division. Her family history was essentially negative although an aunt was upset at puberty. The patient was described as humorless and self-conscious with feelings of inferiority. Because of menstrual difficulties, she had been given ovarian hormones and iodine, and had become depressed, then overactive and irritable with an enormous appetite. On admission she was restless, overtalkative, flighty,

distractible, exalted and erotic. After several months' treatment at this hospital she was transferred to a public hospital 20 years ago and except for brief visits at home has been continuously in treatment. In the last 12 years she has been silly, smearing, hallucinating and withdrawn. Her present diagnosis is dementia praecox, catatonic type. A recent course of chlorpromazine has helped sufficiently to permit weekend visits at home.

D.H. was 17 at the time of her admission to this hospital. There is a history of depression in several maternal antecedents. Patient was described as cheerful, outgoing, oversensitive, warm-hearted but stubborn. Her first signs of illness were great overactivity at school followed by a summer of sluggish inertia. She was elated and overtalkative on admission. Subsequently there were two episodes of depression but no difficulties for ten years. She completed her college education, married and has two children.

Discussion

Sixty patients have been carefully evaluated as to family history, pre-psychotic personality, somatotype and symptomatology. Follow-up studies were obtained on all but five of the group. Ten per cent of the total number evaluated have had no recurrence of emotional difficulties since their initial admission to the New York Hospital. Four of these six, two men and two women, were considered to have shown schizophrenic coloring in their illness. Of the total number of ten who are considered as recovered, that is without noteworthy instability for at least five years, two had an episode of psychopathology subsequent to hospitalization at the New York Hospital and were diagnosed dementia praecox, catatonic type. These two are in addition to the two women already mentioned who had shown minor episodes before stabilizing. Thus six of the ten considered as recovered showed either overt schizophrenia or schizophrenic tendencies in their illness.

The 45 patients who cannot be considered entirely well in that they have continued to have episodes of illness have exhibited the following tendencies: Twenty-seven, 20 women and seven men, have continued to have manic-depressive symptoms with two to four episodes necessitating hospitalization. Seven patients have been continuously treated in a hospital, two women with dementia praecox, two with manic-depressive psychosis and three men with the latter diagnosis. Nine

patients were eventually diagnosed dementia praecox, catatonic type, seven women and two men. Two of this group are completely recovered at this time and five are making marginal adjustments outside a hospital. Two of this group, both women, are still hospitalized.

There is not sufficient information about 11 patients to draw any conclusions as to present diagnosis but they are making only marginal adjustments.

A most interesting statistic concerning the eventual course of these individuals is that of the 44 patients about whom we have detailed information, all but one are still living as of January, 1956. One who continued to have manic-depressive episodes until 1950 recently died of complications of a psychically induced anorexic state. It would appear from the inconclusive data on another 11 patients previously mentioned that they are still alive. This appears to be significant since the suicidal risk in circular reactions has been considered grave.

From the statistics cited, about one-half of the patients studied have continued to have manic-depressive difficulties. These data seem to corroborate the belief on the part of many therapists that difficulties of an affective nature occurring in adolescence have a uniformly poor prognosis. Although the small group (nine) that were subsequently considered schizophrenic did not as a group do well, nevertheless the greater percentage of the recovered group included those with this type of symptomatology. One might infer that a schizophrenic illness in youth may have a better prognosis than an affective disorder. Further evaluation of this implication needs to be confirmed by more research.

Summary

1. Sixty patients between the ages of 15 and 22 initially diagnosed manic-depressive psychosis, circular type, at the New York Hospital-Westchester Division have been followed in an attempt to determine the outcome of their difficulties.

2. Seventy-five per cent of them had positive family histories of mental instability in antecedents or collaterals and one-third of those studied showed schizoid coloring prior to or during their initial illness. None of these factors appeared to affect the eventual prognosis significantly in a statistically valid manner.

3. Nine of these individuals later developed overt schizophrenia,

all of the catatonic type.

4. Twenty-seven patients have continued to exhibit typically affective symptomatology and two more have continued to have mood swings for a few years but have had no problems in a decade.

5. No information could be obtained from five people included in the study and statistically inconclusive data were received on 11. Emotional instability was indicated but no diagnostic inferences could be drawn.

6. A most interesting statistic appears to be the apparent absence of suicide in the usually accepted sense among the group studied.

7. Ten patients may now be considered as completely recovered, and six of these have had no recurrence following their initial hospitalization.

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