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IX. Concluding Remarks

EVE C. JOHNSTONE, C. D. FRITH, J. LEARY and D. G. C. OWENS

This report concerns 532 patients with schizophrenia. Many items of information have been recorded and the results have been quickly drawn together for publication. It is likely that more detailed analyses of the data will be conducted in time, but this publication reports the central facts derived from this extensive investigation. They can be simply stated. The disorder remains very common. Five hundred and thirty-two individuals with schizophrenia as defined by the Feighner criteria were discharged from Harrow services over 10 years. It was possible to trace the great majority of these patients. In many cases the illness was clearly associated with recurrent or persistent problems. The mean number of admissions required was 5.37 (Fig. 1) and on average patients spent 13.7 of the 120 months between 1975 and 1985 in hospital (Fig. 2).

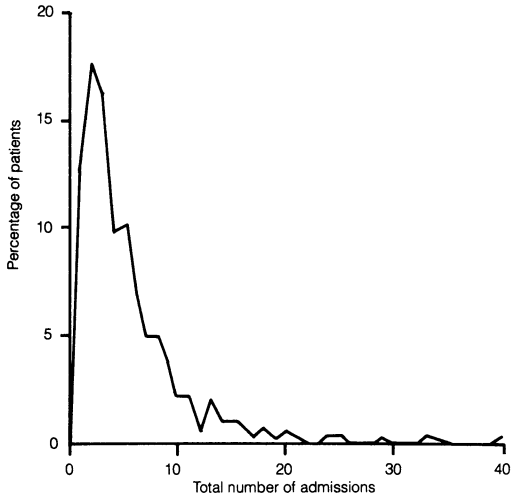


Fig. 1 Total number of admissions ($n = 526$, mean = 5.37, median = 4, mode = 2, s.e. = 0.22).

The heterogeneity of most aspects of schizophrenia was very evident from this study and not all patients fared badly, but unemployment, social difficulties and a restricted life-style were common. Many patients had continuing symptoms and a substantial number required a good deal of support from their relatives. The high rates of self-harm, suicide and early death are an unequivocal measure of the cost of this disorder. Various aspects of the behaviour of these patients brought more than 30% of those interviewed into contact with the police.

There were, however, some positive aspects of these findings. Of the 93.6% of the sample traced, almost all of them had permanent homes and only one was in prison. At our last contact, in June 1990, only 31 of the patients continued as in-patients (this figure includes the three patients in special hospitals and two others in regional secure units). Less than

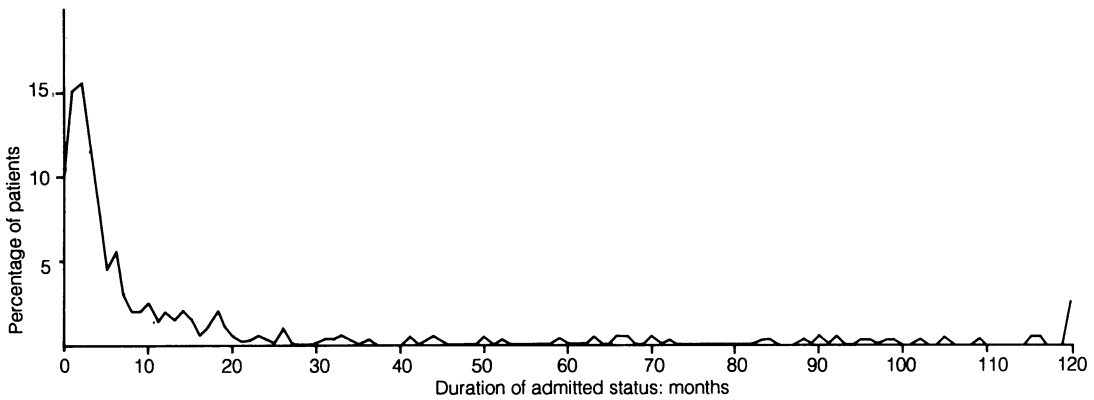


Fig. 2 Duration of admitted status ($n = 524$, mean = 13.7 months, median = 4.0 months, mode = 2.0 months, s.e. = 1.15 months).

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10% of the patients, therefore, were receiving continuing in-patient care. Less than 1% of either patients or relatives sought the patients' return to in-patient care. More than 90% of patients received medical and/or social support, and 45% were supervised by a consultant psychiatrist. This was much closer supervision than had been provided for schizophrenic patients from the same service ten years previously. This difference may account for the lesser burden of care that the relatives interviewed in the present study described. While the burden of care was less, the impairments of the patients were little changed and in some patients profound mental-state and cognitive abnormalities were demonstrated.

It may be hoped that further scrutiny of this data set may offer insights into the determinants of the variable course of schizophrenia and suggest methods of limiting its most adverse consequences.

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