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Syndromal Structure and Syndromokinetic Features of Delusional Syndromes in Schizophrenia and Vascular Dementia

Синдромальная структура и синдромокINETические особенности бредовых синдромов при шизофрении и сосудистой деменции

Abstract

Introduction. Comparative analysis of the syndromogenetic, syndromokinetic and syndromotaxic aspects of psychopathogenesis of delusional syndromes in the structure of paranoid schizophrenia and vascular dementia with paranoid inclusions is a priority task for further improvement of nosodescriptive and differential diagnostic methodology in the field of the psychogerontology competence.

Purpose. To systematize syndromokinetic approaches to delusional syndromes in paranoid schizophrenia and vascular dementia with paranoid inclusions.

Materials and methods. 137 patients of Communal Institution "Zaporizhzhya Regional Clinical Psychiatric Hospital" of the Zaporizhzhya Regional Council, with the diagnoses F01.3 and F20.5 according to ICD-10, were examined with clinically anamnestic and clinically psychopathologic methods.

Group 1 (G1): 79 patients with the diagnosis F01.3 on the ICD-10 criteria (mixed cortical and subcortical vascular dementia) with paranoid inclusions.

Group 2 (D2): 58 patients with the diagnosis F20.5 on the ICD-10 criteria (residual schizophrenia).

Results. The study describes syndromokinetic continua of delusional syndromes in paranoid schizophrenia with impact of organic radical and paranoid inclusions in vascular dementia. The variants of semiotic content of delusional syndromes in the structure of the studied pathology are identified, their population representation is investigated. There were distinguished the specific semiotic complexes, which can be considered as perspective targets for development of differential diagnostics methods of endogenous and organic delusional syndromes.

Conclusions. Three syndromokinesis stages were distinguished; the syndromal structure of psychopathological disorders was systematized; the syndromal variants of each syndromokinetic stage were described.

Keywords: paranoid syndrome, paraphrenic syndrome, schizophrenia, vascular dementia, syndromokinesis.

Резюме

Введение. Для совершенствования нозодисциплинарной и дифференциально-диагностической методологии в сфере компетенции психогеронтологии является приоритетной задачей

сравнительный анализ синдромогенетических, синдромокINETических, психопатогенеза и синдромотаксических аспектов бредовых синдромов в структуре параноидной шизофрении и сосудистой деменции с параноидными включениями.

Цель. Систематизировать синдромокINETические подходы к бредовым синдромам при параноидной шизофрении и сосудистой деменции с параноидными включениями.

Материалы и методы. Были обследованы с помощью клинИко-анамнестического и клинИко-психопатологического методов 137 пациентов КУ «Запорожская областная клинИческая психиатрическая больница» с диагнозами F01.3 и F20.5 в соответствии с МКБ-10.

Первая группа – 79 пациентов с диагнозом F01.3 по критериям МКБ-10 (смешанная кортикальная и подкорковая сосудистая деменция с параноидными включениями).

Вторая группа – 58 пациентов с диагнозом F20.5 по критериям МКБ-10 (остаточная шизофрения).

Результаты. Исследование описывает синдромокINETические континуумы бредовых синдромов при параноидной шизофрении с влиянием органических радикальных и параноидных включений при сосудистой деменции. Определены варианты семиотического содержания бредовых синдромов в структуре исследуемой патологии, исследована их представленность у населения. Выделены специфические семиотические комплексы, которые можно рассматривать как перспективные цели для разработки методов дифференциальной диагностики эндогенных и органических бредовых синдромов.

Выводы. Были выделены 3 синдромокINETические стадии, систематизирована синдромальная структура психопатологических расстройств, описаны синдромальные варианты каждой синдромокINETической стадии.

Ключевые слова: параноидный синдром, парафренный синдром, шизофрения, сосудистая деменция, синдромокИНЕЗ.

The problem of differential diagnosis of delusional syndromes of elderly and senile patients is one of the central problems of an actual psychogerontological clinic [1–6]. The existence of this problem is determined by syndromokinesis of delusional syndromes, which occurs on the background of progressive pathoplastic modification by an exogenous organic radical in the context of the process of organic absorption of endogenous disorders, underlying the equifinality of psychopathology [2, 4, 5]. Within the framework of this problem, we need to consider some difficulties arising when it is necessary to differentiate the initial states of endogenous-processual pathology from residual delusion, massive ontogenetically accumulated organic arrangement and initial delusional syndromes in the structure of cerebrovascular lesions, where the specificity of the spectrum of mental spheres damage, underlying the reconnaissance of the base register of mental defeat, is lost [3, 5]. In addition, this problem is complicated by the immanent similarity of affective and contextually-attributive aspects of delusional syndromes of endogenous and organic genesis of elderly and senile age. Thereby a comparative analysis of the syndromogenetic, syndromokinetic and syndromotaxic aspects of delusional syndromes psychopathogenesis in the structure of paranoid schizophrenia and vascular dementia with paranoid inclusions is a priority task for the further improvement of nosodescriptive and differential diagnostic methodology in the field of psychogerontology competence [1, 3–6].

■ PURPOSE

Was to systematize the conceptions of delusional syndromes' kinesis in paranoid schizophrenia and vascular dementia with paranoid inclusions.

■ STUDY DESIGN

The study was carried out in retrospective design on a contingent of 137 patients of Communal Institution "Zaporizhzhya Regional Clinical Psychiatric Hospital" of the Zaporizhzhya Regional Council. The contingent was formed from 2 groups of patients:

- group 1 (G1): 79 patients diagnosed F01.3 under the ICD-10 criteria (mixed cortical and subcortical vascular dementia) with paranoid inclusions. The mean age of this group was 73 ± 3.5 years, the duration of the disease was from 5 to 11 years.
- group 2 (D2): 58 patients diagnosed F20.5 under the ICD-10 criteria (residual schizophrenia). The mean age of this group was 69 ± 1.4 years, the duration of the disease was from 13 to 52 years.

■ MATERIALS AND METHODS

Clinico-anamnestic method – for verification of nosological belonging of psychopathological disorders in the examined contingent;

Clinico-psychopathological method – for systematization of productive psychopathological symptoms and verification of delusional disorders.

■ RESULTS AND DISCUSSION

A serial-chronological study of the medical documentation of examined contingent in conjunction with the comparison of the obtained results to the known concept of psychopathogenesis (by V. Magnan and K. Konrad) made it possible to form the variants of psychopathogenetic continuum for G1 and G2.

Syndromokinesis of delusional syndromes in the structure of paranoid schizophrenia (G1) is the process of progredient absorption of the symptomatology formed by its clinical filling with a specific personality defect, up to reaching the initial state accompanied by total incoherence of thought. This process does not have a generally accepted system of nomination of intermediate states. As a result of this, a conventional-diagnostic dichotomy "paraphrenic syndrome – initial state" arises. Nevertheless, the dynamic of this process allows us to establish a continual and uneven character of the symptoms reduction, and to identify the vector of some symptomocomplexes reduction.

Attributive disturbances are reduced by a progressive loss in the degree of delusional systematization and expansion of its plot up to the formation of a delusional worldview. The pretentiousness of delusion also grows due to the increase in the degree of ambivalence, pathological symbolism, contamination of concepts, reaching in its end a total subjective incomprehensibility. Thus, syndromokinesis in this case includes a spectrum of "metaparaphrenic" states, determined by the nature and proportion of the progression of personality's defect components and doesn't get to stratification on the basis of a single trait.

The continuum of syndromokinesis of delusional syndrome in the structure of paranoid schizophrenia might be reflected in the scheme

"paranoid syndrome → paraphrenic syndrome (+ organic impregnation) → metaparaphrenic states → decay of the delusional system / residual delusion".

The influence of exogenous-organic pathoplastic factors on psychopathogenesis is determined by two competing processes: the progression of personal deficiency caused by schizophrenic defect and progression of organic CNS damage. The result of this process is the expansion of the spectrum of "metaparaphrenic" states due to the inclusion of pathoplastic modification of derivate states in their number, as well as due to an increasing number of possible initial states caused by a disproportion between the dynamic of endogenous and organic radicals' progression.

Psychopathological continuum of paraphrenic syndrome with an organic impregnation should be reflected in the scheme "organic background + endogenous process / endogenous process + organic radical → paranoid syndrome with an organic impregnation → paraphrenic syndrome with an organic impregnation → initial state with incoherency".

Delusional syndromes' syndromokinesis in structure of vascular dementia is determined by a progressively increasing psychoorganic syndrome.

The dynamic of psychopathological disturbances for delusional syndrome in structure of vascular dementia is determined by progrediently progressive psychoorganic syndrome and might be reflected in the scheme "moderate cognitive-mnemonic disorders / + delusional syndrome of paranoid circle (including depressive-paranoid states) / + delirious episodes with delusional interpretation → rapid exacerbation of delusional syndrome on the background of a vascular crisis or reaching threshold of ischemical-hemorrhagic lesions of morphological substrate on the background of steadily progressing course of the disease (paranoid / paraphrenic / pseudoparalitical / Kotar's delusion) → initial state in the form of total dementia with delusional inclusions".

Thus, it is possible to distinguish 3 stages of syndromokinesis for both nosological forms:

- 1) paranoid (represented by paranoid syndrome or its equivalents);
- 2) paraphrenic (represented by paraphrenic syndrome or its equivalents);
- 3) metaparaphrenic (represented by derivatives of paraphrenic syndrome's pathoplastic modifications and initial states).

As a result of the clinical-descriptive analysis of the structure of psychopathological disorders in the examined contingent, its systematization was carried out and its syndromal structure was represented by 3 clusters corresponding to the stages of syndromokinesis, was identified (Table).

Thus, structure and psychopathological features of delusional syndromes in structure of investigated nosological forms of psychopathology are identified: in G1 paranoid phase is represented by the secondary delusion after previous delirium episodes and organic equivalent of Kandinsky – Clerambo's syndrome, it corresponded to 10 (12.66%) of patients, paraphrenic phase is represented by confabulations and expansive paraphrenia, pseudoparalitical syndrome, depressive-paranoid syndrome and Kotar's syndrome, it corresponded to 51 (64.56%) patients, metaparaphrenic phase is represented by initial state with undifferentiable delusion with severe verbal disorders, it corresponded to 18 (22.78%) patients. In G2: paranoid phase is represented by hallucinatory-paranoid syndrome and Kandinsky – Clerambo's syndrome,

The syndromal structure of psychopathological disorders in the examined contingent

Stage	Group Syndrome	G1, N=79	G2, N=58
Paranoid	Paranoid	Secondary interpretative delusion with persecutorial content on the background of delirious episodes of vascular origin – 4 (5.06%) patients	Hallucinatory-paranoid syndrome with refractory ideas of attitude or persecution – 6 (10.34%) patients
		Delusion of influence on the background of hallucinatory phenomena with phenomena of ideatory automatism (organic equivalent of Kandinsky – Clerambo’s syndrome) – 6 (7.59%) patients	Delusion of influence with ideatory automatisms (Kandinsky – Clerambo’s syndrome) – 5 (8.62%) patients
Paraphrenic	Paraphrenic	Megalomaniac delusion with massive confabulation phenomena (confabulatory paraphrenia) – 11 (13.92%) patients	Megalomaniac delusion of special significance with the messianic plot and domination of persecutory ideas and pathological-hyperthymic affective arrangement (paraphrenic syndrome) – 19 (32.76%) patients
		Megalomaniac delusion on the expansive-euphoric affective background (expansive paraphrenia) – 9 (11.39%) patients	
	affective-delusional	Megalomaniac delusion with exaggerated plot and euphoric affective background (pseudo-paralytic) – 7 (8.86%) patients	Megalomaniac delusion of special significance with exaggerated plot, an euphoric affective arrangement (paraphrenic syndrome with organic impregnation) – 12 (20.69%) patients
Megalomaniac delusion with a depressive affective background (depressive-paranoid) – 21 (26.58%) patients			
		Megalomaniac, depressive, or hypochondriac-nihilistic delusion (Kotar’s syndrome) – 3 (3.80%) patients	
Metaparaphrenic	Undifferentiable (the initial state)	Gross verbal and behavioral violations with spontaneous episodes of psychomotoric excitement (in case of delusional syndrome’s presence in the anamnesis) – 18 (22.78%) patients	The incoherence of thinking with schizophasia, incongruent behavioral phenomena, spontaneous episodes of psychomotoric excitement in case of delusional syndrome’s presence in the anamnesis and absence of the catatonic-gebephrenic spectrum’s disorders) – 16 (27.59%) patients

it corresponded to 11 (18.97%) patients, paraphrenic phase is represented by paraphrenic syndrome and its pathoplastically-modified embodiments, it corresponded to 31 (53, 45%) patients, metaparaphrenic phase is represented by initial state with undifferentiable delusion and incoherence of thinking with schizophasia, it corresponded to 16 (27.59%) patients. This determines the targets of syndromal differentiation at each stage delusional disorders’ syndromokinesis that are necessary to further improvement of the differential-diagnostic methodology.

■ CONCLUSIONS

1. Psychopathological continuums of paraphrenic syndrome with an organic impregnation were reflected in the scheme "organic background + endogenous process / endogenous process + organic radical → paranoid syndrome with an organic impregnation → paraphrenic syndrome with an organic impregnation → initial state with incoherency", and delusional syndroms in structure of vascular dementia were reflected in the scheme "moderate cognitive-mnestic disorders / + delusional syndrome of paranoid circle (including depressive-

paranoid states) / + delirious episodes with delusional interpretation → rapid exacerbation of delusional syndrome on the background of a vascular crisis or reaching threshold of ischemical-hemorrhagic lesions of morphological substrate on the background of steadily progressing course of the disease (paranoid/paraphrenic/pseudoparalitical/Kotar's delusion) → initial state in the form of total dementia with delusional inclusions".

2. Three stages of syndromokinesis were singled out; in this view, the syndromal structure of psychopathological disorders in the examined continent was systematized, and syndromal variants of each isolated stage of syndromokinesis for the investigated nosological forms were described. In G1 paranoid phase is represented by the secondary delusion after previous delirium episodes and organic equivalent of Kandinsky – Clerambo's syndrome, it corresponded to 10 (12.66%) of patients, paraphrenic phase is represented by confabulations and expansive paraphrenia, pseudoparalitical syndrome, depressive-paranoid syndrome and Kotar's syndrome, it corresponded to 51 (64.56%) patients, metaparaphrenic phase is represented by initial state with undifferentiable delusion with severe verbal disorders, it corresponded to 18 (22.78%) patients. In G2: paranoid phase is represented by hallucinatory-paranoid syndrome and Kandinsky – Clerambo's syndrome, it corresponded to 11 (18.97%) patients, paraphrenic phase is represented by paraphrenic syndrome and its pathoplastically-modified embodiments, it corresponded to 31 (53, 45%) patients, metaparaphrenic phase is represented by initial state with undifferentiable delusion and incoherence of thinking with schizophasia, it corresponded to 16 (27.59%) patients.

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