

Study on Long-term Prognosis of Schizophrenia after the Introduction of Long-acting Antipsychotic drugs by Personal Examination

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1994 Fiscal Year Final Research Report Summary

Study on Long-term Prognosis of Schizophrenia after the Introduction of Long-acting Antipsychotic drugs by Personal Examination

Research Project

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Allocation Type

Single-year Grants

Research Field

Psychiatric science

Research Institution

Kanazawa University

Principal Investigator

FURUTA Hisakazu Kanazawa University School of Medicine, Department of Neuropsychiatry, Assistant Professor, 医学部・附属病院, 講師 (80190156)

Co-Investigator(Kenkyū-buntansha)

KIBA Seiko Kanazawa University School of Medicine, Department of Neuropsychiatry, Instructo, 医学部, 助手 (50110614)
KAWASAKI Yasuhiro Kanazawa University School of Medicine, Department of Neuropsychiatry, Instructo, 医学部・附属病院, 助手 (80242519)
HIGASHIMA Masato Kanazawa University School of Medicine, Department of Neuropsychiatry, Instructo, 医学部・附属病院, 助手 (00173146)
KOBAYASHI Katsuji Kanazawa University School of Medicine, Department of Neuropsychiatry, Instructo, 医学部・附属病院, 助手 (50221239)

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Research Abstract

We investigated the long-term prognosis of patients with schizophrenia who were first hospitalized at the Department of Neuropsychiatry of Kanazawa University Hospital between 1978 and 1992, and compared them with the results of the surveys that were carried out in the past by using the same criteria in our department. Furthermore, we examined the prognosis of the patients who were treated by the long-acting antipsychotic drug (haloperidol decanoate) that came to be used clinically from 1987. The investigation was done by means of personal interview.

The subjects were 62 patients, 35 male and 27 female, and the present average age was 32.6 \pm 9.3 years. The remission rate of all the patients, including complete remission and partial remission, was 58%. It was almost equal to the previous two reports after the introduction of pharmacotherapy. The remission rate tended to decrease in the group of patients that had the longest clinical course over 12 years. The remission rate was lower in the group of patients with the hebephrenic type in comparison with the catatonic type and the paranoid type. Generally, the outcome at the time of the first discharge from the hospital tended to correspond with the present state of the patient as the long-term prognosis. In addition, there were four patients who were treated by the long-acting antipsychotic drug. In these cases, one patient had complete remission and three patients showed partial remission, and two of the four patients had long clinical course over 12 years. However, there was no case of the hebephrenic type, although there was one case of the catatonic type and three cases were of the paranoid type. Therefore, we need larger samples to evaluate the contribution of the long-acting antipsychotic drug to the long-term prognosis of patients with schizophrenia.

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