

The Natural History of Mania, Depression, and Schizophrenia

by George Winokur, M.D., and Ming T. Tsuang, M.D., Ph.D. Washington, D.C., American Psychiatric Press, 1996, 372 pages, \$42.50.

The 1990s have been a decade of rapid change for psychiatry as well as the entire medical community. Increasing external pressures from managed care companies and other third-party payers have led to dramatic shifts in practice standards. More rapid means of diagnostic assessment, follow-up, and treatment institution, as well as ultra-brief hospital stays, are becoming the new standard of care. Unfortunately, these realities have pressed many practitioners, and perhaps even more regrettably so, many students of the mental health and behavioral sciences, into taking a symptom-checklist and content-only approach to diagnosis, thus leaving longitudinal course and the evolution of signs, symptoms, and syndromes over time to take a distant back seat. In this volume, destined to be a classic, Winokur and Tsuang persuasively assert the need to actively attend to this progression of changes over long periods of time, based on a scientifically solid methodological approach.

The book is an all-encompassing chronology of the Iowa 500 Study and its findings, which span more than two decades. In the early 1970s, extensive chart material of patients admitted to the University of Iowa Psychiatric Hospital in the 1930s and early 1940s was reviewed, and 525 patients (200 schizophrenics, 100 manics, and 225 depressives) were selected by Feighner criteria; 160 control subjects were also selected. Follow-up chart material was reviewed, and then probands and their first-degree relatives were tracked and evaluated using a single structured interview. Obviously, the "major significance of this project was the potential for outlining homogenous disorders or syndromes within the general rubric of affective disorders and schizophrenia" in the context of a naturalistic study, since for the majority of cases, the early course was not impacted by effective treatments as none were available. The authors have taken the uncommon organizational approach of presenting in temporal sequence the background, initiation, methods, and many findings of the study.

Initial chapters provide a relevant introduction to the study as well as historical precedents. A review of many epidemiologic and long-term follow-up studies is thorough, without being overly detailed. Following chapters delineate background findings in the affective disorders and schizophrenia, as well as review genetic studies in the major functional psychoses. Chapter 5 focuses primarily on methodological concerns. These early chapters set the stage for the impressive panoply of findings in upcoming sections.

Chapter 6 is an interesting interlude that provides verbatim transcriptions of interviews between physicians and patients during index hospitalizations. Most occurred in the mid-to-late 1930s. These are captivating due to the form and content of patients' responses as well as the physicians' interviewing tech-

niques and the discussions between professionals regarding diagnostic possibilities.

Ensuing chapters outline an impressive array of the study's findings that have been published over the last 25 years. The breadth of these data may be overwhelming, unless the reader has had previous exposure to the results. Short-term chart follow-up findings are initially addressed, and these are especially significant in that they cover a period during which no effective treatments were available, thus providing us with "benchmark" data on the natural history of untreated patients. Family history data are next reviewed. These, as in the previous chapter, were obtained via chart reviews. Chapter 9 on "special aspects" contains an eclectic mix of data, reflecting the particular interests of many separate investigators. Topics as varied as predisposing life events, the role of affective symptoms in schizophrenia, the criteria for subtyping schizophrenia, the concept of sporadic depressive disease, among others, are covered.

The strongest section, and quite likely most important part of the book from a historic perspective, follows, outlining the clinical course and outcomes in patients after 30 to 40 years. An enormous amount of data is contained herein, with chapters focusing both on long-term outcomes of patients and on family information obtained by interviewing living relatives. Subsequent chapters address which aspects of the initial clinical picture and family history were most closely associated with the final Feighner diagnosis and establish the concept of "zero symptom schizophrenia," a clinical entity resembling residual schizophrenia. The final chapter focuses on the nosologic contributions of the study but provides, however, too short a summary. An appendix listing a full bibliography of Iowa 500 publications is an extremely useful addition.

This book presents a wealth of information on the long-term course, outcomes, diagnostic stability, and other associated findings in major affective and psychotic illnesses. It is not unexpected that with this tremendous quantity of information there are some organizational problems and that some sections may appear hastily written and even unfocused. Yet, the book is well worth reading for anyone who has an interest in the true nature of mental illness, or who desires an understanding that goes beyond the superficial symptom-checklist approach. Such is the most salient message of a historic volume that asks more questions than provides answers, leaving the reader convinced of the need for future inquiry and not the simple acceptance of current doctrine.

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