SPECIAL ARTICLE

STATISTICAL DATA ON SCHIZOPHRENIA IN TURKEY

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The intention of this paper is to present certain statistical data on schizophrenia in Turkey and to attempt to stimulate research into the state of schizophrenia in Turkey today. No previous paper has been published on this subject although the symptoms of schizophrenia in its early stages were discussed by the author and Dr. Adasal in a paper published in 1957.[1] The present paper will cover 189 cases of schizophrenia collected in Ankara between 1944 and 1950. A subsequent paper will correlate this material with data recorded during the years 1956 - 1962. It is obvious that complete and final deductions cannot be made from this amount of data but it is felt that the present inquiry is a necessary beginning to what will doubtless prove to be a lengthy investigation.

The 189 cases which are the basis of the material to be presented here were drawn from among the patients admitted to the Department of Psychiatry, Medical Faculty of Ankara, and the Department of Psychiatry and Neurology, Gülhane Military Medical Academy. During the period under review both departments were headed by a single director and jointly served as a training, diagnostic and short-term therapeutic center. The short-term nature of the therapy offered can be seen from the fact that the average hospital stay of the schizophrenic patient at that time was 32.51 days.

Diagnoses of the patients concerned were made by a small group of staff members under the control of the director and thus reflect a diagnostic panel approach rather than individual diagnoses. The concept of schizophrenia employed by the group was that which stemmed from the ideas of Kraepelin, as modified by Bleuler, and the presence of an accessory symptom[2] was considered sufficient for a diagnosis.

Certain problems presented themselves in connection with this study : The first is the universal disunity which exists with regard to psychiatric diagnostic criteria. The author is well aware of this lack of unanimity both on the basis of his own experience, in the

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field since 1948 and during a 1959 - 1961 stay in the United States, as well as from the publications of others.[3, 4, 5] The second problem is the fact that the patients on whom this material is based were far from being a homogeneous group since the scarcity of mental institutions in Turkey ruled out the possibility of selecting patients. The third problem concerns the difficulty of establishing criteria for evaluating treatment results since there were no objective methods to evaluate. Treatment procedures consisted variously of the induction of convulsions by E.C.T. or pentylenetetrazol and insulin coma therapy. None of the 189 patients received any modern psychopharmacological drugs. All these problems should be kept in mind in considering the data presented here.

The ratio of male to female patients among our 189 cases was 8.45:1. Although some authors state that the incidence of schizophrenia is higher in the male than in the female[6] the abnormally high ratio found in our patients is attributable in part to hospital policy and in part to social custom. Only one fifth of the available hospital beds was reserved for women during the period under discussion and the number of female patients was further reduced by the fact that Turkish families are prone to keep psychotic female members at home, unless they are very disturbed, and this again protects them from the contact with society at large which might tend to exacerbate the symptoms.

TABLE 1

SEX DISTRIBUTION OF THE FOUR CLASSICAL TYPES OF SCHIZOPHRENIA IN A GROUP OF 189 TURKISH PATIENTS

	Both Sexes	Per Cent	Female	Per Cent	Male	Per Cent
Simple Form	51	26.9	1	5	50	29.5
Paranoid Form	66	34.9	4	20	62	36.6
Catatonic Form	27	14.2	6	30	21	12.4
Hebephrenic Form	45	23.8	9	45	36	21.3
Total	189	99.8	20	100	169	99.8

As can be seen in table 1 the paranoid type of schizophrenia is most common among males, followed by the simple, hebephrenic and catatonic types in that order. The hebephrenic type appears more frequently among females, followed by the catatonic, paranoid and simple types.

TABLE 2

MARITAL STATUS OF SCHIZOPHRENIC PATIENTS

	Both Sexes	Per Cent	Female	Per Cent	Male	Per Cent
Single	158	83.6	7	35	151	89.3
Married	23	12.1	9	45	14	8.2
Widowed or Divorced	8	4.2	4	20	4	2.3
Total	189	99.9	20	100	169	99.8

Bachelors are in the majority among male patients and married women among the female patients. The relatively early marriages of Turkish women and the fact that the disease usually appears in young adulthood probably explain this seeming discrepancy.

The median age at onset of the disease seems to be slightly higher in women than in men and this situation has been noted by other investigators.[2,6] Table 3 gives both the age of onset and the age of admission of schizophrenic patients by sex.

TABLE 3

AGE OF PATIENTS AT ONSET OF DISEASE AND ON ADMISSION

	Age of Onset	Youngest	Oldest	Age of Admission	Youngest	Oldest
Male	22 34	10	35	25.13	15	43
Female	25.35	17	36	29.53	17	55
Both Sexes	22.66	10	36	25.57	15	55

There seems to be little significant sex difference in the length of hospitalization of these patients. Table 4 indicates average periods of hospitalization.

TABLE 4

AVERAGE PERIOD OF HOSPITALIZATION

(In Days)

	Average Hospitalization	Shortest	Longest
Male	32.96	2	162
Female	28.63	15	51
Both Sexes	32.51	2	162

The impact of short term therapy on this group of patients is summarized in table 5.

TABLE 5

RESULTS OF SHORT TERM THERAPY

	Male	Per Cent	Female	Per Cent	Both Sexes	Per Cent
Recovered	6	3.5	1	5	7	3.7
Improved	59	34.9	9	45	68	35.9
Unimproved	104	61.5	10	50	114	60.3
Total	169	99.9	20	100	189	99.9

Table 6 indicates the types of treatment employed with various patients. Since a fairly large group of patients was discharged early, for various reasons, and received no treatment the figures presented in table 5 do not give a comprehensive picture of treatment results.

TABLE 6

TYPES OF TREATMENT EMPLOYED

	Number of Patients	Per Cent
Insulin Coma	22	11.6
E.C.T.	78	41.2
Pentylenetetrazol Induced Convulsion	4	2.1
None	85	44.9

The urban-rural ratio of patients is presented in table 7. Occupied areas with less than 10,000 inhabitants are called rural areas, towns of under 50,000 are classed as small towns or semi-rural areas. If patients coming from rural and semi-rural areas are added together we find that this accounts for 44.3 per cent of the total number of patients. Since, according to the 1950 census,[7] 74.8 per cent of the total population of Turkey lived in rural areas at that time these figures would tend to support the view of some authors that schizophrenia is more prevalent in urban populations than in rural. However it is not felt that this is necessarily the case in Turkey where it is difficult for rural people to reach treatment centers, causing the figures to be somewhat one-sided.

TABLE 7

THE URBAN-RURAL RATIO OF PATIENTS

	Number of Patients	Per Cent
Towns over 100,000 population	80	42.5
Towns between 50,000 - 100,000	25	13.2
Towns between 10,000 - 50,000	58	30.6
Places under 10,000 population	26	13.7

Conclusions

1. In a group of 189 Turkish schizophrenics it was found that the average age at onset, and sex differences with regard to age at onset, agreed with the results of other investigators.

2. A marked difference in the distribution of the varying clinical types of schizophrenia was noted between the sexes. It is suggested that comparison of these results with later findings should prove of interest. If the same sex discrepancies are found to exist in recent analyses it is felt that this will offer considerable insight into the pathogenesis of the disease.

3. This study is based on treatment employed just prior to the introduction of the new psychopharmacological drugs. It is felt that comparison of this material with material based on later treatment techniques will provide enlightening data.

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