

ON THE ROLE OF EXOGENOUS AND EXOCEREBRAL FACTORS IN THE OCCURRENCE OF PSYCHOSES IN PRESENILE AGE AND SENILITY

V. Ivanov, L. Ivanova, P. Stamboliev, L. Lekov, V. Vulchev, L. Milushev, M. Stefanova,
P. Parusheva, St. Stoyanov, M. Chakurov

With the increase of mean duration of life in man, an ever increasing medical and social importance is attached to the problem of the psychoses in pre-senile and senile age. Prophylaxis of these disorders is closely connected with the detection of exogenous and exocerebral injuries which take part in their genesis.

Clinical and dispensary observations (including an inquiry on social conditions) were carried out in 155 individuals suffering from pre-senile and senile psychoses (of them 110 with involutive, 35 with vascular and 10 — with senile psychoses), as a control served the clinical investigation and the inquiry on social conditions of 100 individuals (with no psychotic traits) in 2 senility homes (48 of them displayed cerebral arteriosclerosis and blood hypertension and 52 — without any vascular disorders). The females prevail among patients with psychoses (95:60); this difference is exclusively due to involutive psychoses. Concerning the age at onset, 70% of the involutive psychoses have occurred in the age under 60 years, whereas most of the vascular psychoses — over 60 years.

The occurrence of psychosis is immediately preceded in 71 cases (of a total of 149 cases investigated) by psychotrauma and in 30 cases — by a somatic disorder; in 12 patients there exists a simultaneous combination of psychogenic and somatic factors. Among psychogenic factors first rank in incidence rates death or severe illness of a relative (18 cases), followed by family conflicts and distress (15), occupational troubles (14), economic failures (11), stiff scare on different occasions (7), etc. Greatest was the role (in more than half of the cases) of psychotrauma in involutive psychoses, and of them — mostly in isolated paranoid syndromes (all cases), on the second hand — in the mixed (depressive-hypochondrial and depressive-paranoid) syndromes. The role of psychotrauma for the occurrence of involutive psychoses is pointed out by many authors as Steustedt Ake (although he considers involutive psychoses as endogenous disorders), D. D. Kavalaka, S. G. Jiselin, Z. Zykova, etc., and for senile psychoses — G. Kampakla, P. Kasten. Most of the authors lay stress on changes of the way of life, departure from favourite activities, income decrease.

Among somatogenic factors which immediately precede psychosis, first ranks influenza (7), followed by surgical intervention on various occasions (5) and rheumatic disorders (3). The somatogenic factors

play a most substantial role (in $\frac{1}{3}$ of the cases) for the occurrence of vascular psychoses. The role of the somatogenic factors in the genesis of involutive psychoses is pointed out by Z. Zykova and Stenstedt Ake, and for the senile psychoses — by P. Kasten. In contrast to the assertion of Z. Zykova that somatic disorders play a basic role in the paranoid form of involutive melancholy, our observations indicate that they are much more common in depressive disorders (isolated and combined, and from the latter — usually in depressive — hypochondriac syndromes). In 29 of the cases with involutive psychoses and in 5 (of 8 studied) with senile psychoses, blood hypertension and cerebral arteriosclerosis are present. In this way the number of patients suffering from vascular disorders of the CNS amounts to a total of 69, i. e. a lower percent rate in comparison with the controls; as regards involutive psychoses this difference is even more marked (approximately twice as less). The insignificant role of the vascular factor in involutive psychoses is pointed out also by L. I. Zimukova and M. M. Mirskaya. In general, the lack of somatogenic and psychogenic factors (preceding and accompanying the disorder without a vascular disorder in vascularly conditioned psychoses) is established in 31 of the patients being least frequent in involutive psychoses.

Severe somatic disorders in life (without any connection in time with the psychosis) have undergone 67 patients, acute psychotrauma — 37, chronic psychotrauma — 23, a combination of physical disorders and psychotrauma — 27 (of all 147 cases investigated). Among past somatic disorders first ranks bronchopneumonia (13 cases), followed by rheumatism (10), etc., and among psychotraumatic experiences — death or severe illness of relatives (in 31 cases), followed by economic failures (17), family troubles (8), etc. Acute psychotrauma is most commonly encountered in involutive psychoses and chronic — in vascular and senile psychoses. The combination of somatic disorders and psychotrauma is also more common in the last two groups. Of the involutive psychoses past somatic and psychogenic factors have been least recorded in the paranoid form, whereas of all psychoses these factors are usually rare in senile and common in involutive psychoses. The comparison of the injurious factors in the past with the controls reveals that acute psychotrauma is about 2,5 times as common in psychoses (and 3,5 times in involutive psychoses), whereas the difference in the remaining indices is insignificant; if the immediately preceding psychotrauma is added a 15 times higher incidence will occur in general for all, and 18 times — for presenile psychoses. The role of the somatic factors, which develop back in middle age, for the occurrence of psychoses in advanced age is pointed out also by the Psychiatric Expert Commission at the World Health Organization.

According to the character and conditions of labour and the economic and social environment (followed throughout life and occupation) the patients were divided into two categories: with favourable conditions for life and labour and with unfavourable conditions. Individuals from the second group prevail — 75% (vs. 48% in the controls). Highest is the percentage of patients who have lived in unfavourable conditions, among those with senile psychoses (9 of 10 patients), followed

by involutive psychoses (73%). The significance of economic failures for psychoses in advanced age, the accumulation of unfavourable psychotraumatic and somatic factors in the past is pointed out also by S. G. Jislin, P. Kasten, E. Greppy, A. Zillie, etc.

On the basis of our material the following conclusions may be drawn:

1. Mental trauma plays an important role in the pathogenesis of presenile psychoses (here it is 18 times as frequent as in control cases); most of the disorders being immediately preceded by psychic trauma. The chronic premorbid psychotrauma is more common in patients with vascular and senile psychoses.

2. The occurrence of psychoses conditioned by vascular disorders is related in one third of the cases to a past history of another somatic disorder.

3. Summing of psychogenic and somatogenic factors during life and immediately preceding the psychosis is most common in involutive psychoses. In control cases their percentage is considerably lower.

4. Psychoses in involutive age and senility are met with in 75% of the cases in individuals who have lived under unfavourable labour and social conditions. This percent is highest in senile psychoses (9 of 10 patients) followed by involutive psychoses (73%).

5. Psychoses conditioned by vascular damage rank second among psychoses in presenile and senile age. Vascular disorders of the CNS are detected in 26% of the patients with involutive psychoses (about twice as seldom, as compared with control cases). For that reason their role in the genesis of the disorder is considered insignificant.

6. All this indicates that for the genesis of psychoses in advanced age not only the age factor alone, but also the accumulation of unfavourable exogenous and exocerebral influences through the entire life of the individual play a role and particularly in the involutive age and senility.

Sanation of environmental and labour conditions for the population, the elevation of its economic welfare and standard of life, the removal of somatogenic and psychogenic factors would be of great importance for the prophylaxis of psychoses in presenile and senile age.

REFERENCES

1. Жислин, С. Г. Роль возрастного и соматогенного фактора в возникновении и течении некоторых форм психозов. Медгиз, Москва, 1956; 2. Зимуклова Л. И. и М. М. Мирская. — *Тр. и-та им. В. М. Бехтерева*, XXVII, 234—243, Ленинград, 1962;
3. Зыкова, З. Большая медицинская энциклопедия, 26, 574—588, Москва, 1962;
4. Campailla, G. — *Nervenarzt*, 33, 145—150, 1962; 5. Castaine, P. *Précis de gérontologie*. Red. L. Binet et Fr. Boulière, ch. 17, Masson et Cie, Paris, 1955; 6. Cavalca, G. G. *Riv. sperimentale di freniatria*, 84, 4, 31, 937—958, 1960; — *Ann. medicopsychologiques*, 2, 2, 400, 1961; 7. Greppi, E. et A. Zilli. — *Arch. di medicina mutualistica*, 25, 104—110, 1962; — *Ann. medicopsychologiques*, 2, 4, 604—605, 1963;
8. Stenstedt, Ake. — *Acta psychiatrica et neurologica Scand.*, suppl. 127, 34, 1959. — *Ann. medicopsychologiques*, 2, 2, 386—387, 1961.

О РОЛИ ЭКЗОГЕННЫХ И ЭКЗОЦЕРЕБРАЛЬНЫХ ФАКТОРОВ В ВОЗНИКНОВЕНИИ ПСИХОЗОВ В ПРЕДСТАРЧЕСКОМ И СТАРЧЕСКОМ ВОЗРАСТАХ

*В.л. Иванов, Л. Иванов, П. Стамболиев, Л. Леков, Л. Вулчев, Л. Милушев,
М. Стефанова, П. Пярушева, Ст. Стоянов, М. Чакиров*

РЕЗЮМЕ

Психическая травматизация играет большую роль в патогенезе пресенильных психозов (здесь она встречается 18 раз чаще, чем при контрольных случаях), причем большинство заболеваний предшествуются непосредственно психической травмой. Хроническая преморбидная психотравматизация встречается чаще у больных с сосудистыми и сенильными психозами. Возникновение обусловленных сосудами психозов связано в $\frac{1}{3}$ случаев с перенесением иного соматического заболевания. Психозы в инволютивном и старческом возрасте встречаются в 75% случаев среди людей, которые жили при тяжелых трудовых и материально-бытовых условиях. Этот процент выше всего для сенильных психозов. Сосудистые заболевания ЦНС обнаружены у 26% больных с инволютивными психозами (приблизительно в два раза реже, чем у контрольных случаев), так что они вряд ли играют какую либо существенную роль в их генезе. Для генеза психозов в более старшем возрасте имеет значение не только возрастной фактор сам по себе, а и накопление неблагоприятных и экзоцеребральных и экзогенных воздействий в течение всего жизненного пути и в особенности во время инволютивного и сенильного возрастов.