

*SIMS' SYMPTOMS IN THE MIND* has, since its first publication in , become established as the leading introductory textbook on clinical psychopathology, defining, clarifying and describing the main symptoms and syndromes of mental illness seen in clinical practice.

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**Abstract** The aim of the study was to compare the neurological soft signs NSS in schizophrenia patients with and without first rank symptoms FRS , their first degree relatives FDR , and normal controls. The study was conducted on 60 schizophrenia patients diagnosed according to ICD 10 DCR and categorized into groups with and without FRS using Schedules for Clinical Assessment in Neuropsychiatry, 30 FDRs of the study sample, and 30 normal controls matched for age, education, and handedness. All the subjects gave written informed consent. Scale for the Assessment of Positive Symptoms and Scale for the Assessment of Negative Symptoms were applied to have a comprehensive assessment of the symptoms. The correlations between NSS and clinical symptoms were relatively modest but significant. There was a weak relation between NSS and positive symptom severity. Our results indicate that NSS are more prominent in schizophrenia patients with negative symptoms and support the theory of NSS being a trait marker of schizophrenia particularly in those without FRS.

**Introduction** A prominent conceptualization of schizophrenia is as a neurodevelopmental disorder, where genes and environment interact over the course of development to determine abnormalities in neural systems that give rise to the disorder. As the brain matures through childhood, the illness is further expressed, ultimately manifesting in late adolescence and adulthood as psychotic symptomatology [ 1 , 2 ]. FRS have played an extremely important role in the recent diagnostic systems: The first rank symptoms included audible thoughts, voices arguing, voices commenting, delusional perception, somatic passivity, made affect, made impulses, made volition, thought insertion, thought withdrawal, and thought broadcasting [ 7 ]. Neurological soft signs NSS are neither indicative of dysfunction of a specific brain region nor part of a well-defined neurological syndrome. A correlation between NSS, the general severity of psychopathology, and positive schizophrenic signs in first episode schizophrenic patients was reported [ 11 ], but other authors have not corroborated the association of NSS with either the general level of psychopathology [ 12 ] or the positive or negative dimension of schizophrenia [ 13 ]. However, several lines of research indicate a relationship between NSS and the pathophysiology of schizophrenia. In comparison to controls, higher levels of NSS have been noted in first-episode [ 14 ], as well as both medicated and treatment-naive individuals with schizophrenia [ 15 ]. Rates of NSS are also elevated in individuals at high risk for schizophrenia compared to controls [ 16 ]. Furthermore, there is evidence for a genetic component to NSS, as family members of schizophrenia patients exhibit higher levels of NSS than matched control subjects [ 17 ]. Several studies have examined the relationship between NSS and schizophrenia symptoms; however, results have been equivocal. While one study found a relationship between NSS and positive symptomatology [ 11 ], other studies did not detect an association [ 13 , 18 ]. Similarly, one study found an association between NSS and negative symptoms [ 19 ], while others have found no such relationship [ 20 , 21 ]. There is some evidence indicating that NSS may be related to response to antipsychotic treatment in schizophrenia patients. One study, focusing on a first-episode sample, noted that an improvement in positive symptoms six weeks after commencing antipsychotic treatment was positively correlated with improvement in NSS [ 8 ]. In another sample of first-episode schizophrenia patients, researchers found that six months after the initial episode, improvement in total NSS was positively correlated with improvement in positive symptoms [ 9 ]. Neurological soft signs have also been found with increased frequency in relatives of those with schizophrenia. An increased prevalence of abnormal neurological signs ANS in chronic schizophrenics as compared to acute schizophrenics has been reported [ 22 ]. This may be explained by a number of considerations. First, chronic schizophrenics have had a prolonged course. Increased ANS in these subjects may be a marker for chronicity and severity of the illness. Second, chronic patients potentially have been exposed to more antipsychotic

medications, which may increase the presence and severity of ANS. Third, the severity of ANS may progress with the course of the illness independently of other factors. The presence of ANS in schizophrenia can in part be explained by a neurodevelopmental theory for the illness. Previous reports have proposed that these neurodevelopmental abnormalities may play a role either causative or additive in the pathogenesis of schizophrenia [ 23 ]. This theory is consonant with speculation that children at risk for developing schizophrenia show evidence of neurointegrative defects [ 24 ]. Only a few studies have assessed the relation between psychopathology and NSS in a sufficient number of patients [ 25 ]. NSS are classified by some authors as the trait markers of schizophrenia, while others consider them to be state markers [ 12 , 26 ]. The occurrence of NSS in the initial stage of the disease and especially the fact that they occur although less often in healthy relatives of patients with schizophrenia indicated their inclusion among trait markers [ 11 , 14 ]. On the other hand, their variable intensity over the course of the disease which relates to a clinical course and especially to recovery rate is indicative of state markers [ 27 ]. It is against this background that the present investigation was carried out to determine the occurrence of NSS in patients with schizophrenia. Deepening our understanding of NSS in schizophrenia may help to elucidate the pathophysiology of this disorder as well as improve our ability to successfully treat schizophrenia patients. The aim of this open, naturalistic study was to examine the relationship between NSS and FRS in patients with schizophrenia, their first degree relatives, and normal control. **Materials and Methods** This study was carried out with inpatients having schizophrenia at Ranchi Institute of Neuropsychiatry and Allied Sciences. This is a referral center for all acute psychiatric hospitalizations and outdoor patients within its catchment area which includes patients from states of Jharkhand, Bihar, Orissa, Chhattisgarh, and West Bengal. The protocol for the study was submitted to and approved by the institutional ethical committee. **Study Design and Sample** The subjects for this cross-sectional study were recruited by purposive sampling technique. The sample was divided into two groups of patients of schizophrenia with and without FRS 30 patients each group. All patients were in the age range of 18 years to 60 years with onset psychosis after the age of 18 years. Due to administrative reasons, only male patients could be included. For control, 30 first degree relatives of the patients of the study sample were taken. Normal controls matched for age, education, and handedness were also inducted in the study. **Procedure for Data Collection and Tools Used** Patients meeting the inclusion and exclusion criteria were assessed in detail on the semistructured sociodemographic data sheet devised for the study. FRS voices commenting or discussing, delusion that thoughts are being read, loud thoughts, thought echo, thought insertion, thought broadcast, thought commentary, thought block, thought withdrawal, replacement of will by external force somatic passivity , replaced control of actions, replaced control of affect, other experiences of replaced control impulse , and delusional perception were assessed using items from the Schedule for Clinical Assessment in Neuropsychiatry SCAN , Version 2. The entire SCAN interview consists of 1, items, spread out over 28 sections. FRS was obtained by summing the individual global item scores [ 34 , 35 ]. From the SAPS, a first rank symptom score was obtained by summing the scores of six items [ 34 , 35 ]. Additionally, from all of the available information, interviewers were asked to rate the presence or absence of the FRS. Scale for the Assessment of Positive Symptoms SAPS [ 36 ] was used to evaluate positive symptoms which include hallucinations, delusions, bizarre behavior, and formal thought disorder. Soft neurological signs were assessed using Extended Standard Neurological Assessment Instrument [ 38 – 40 ]. This instrument has 44 items, which encompasses the sensory, motor, reflexes, and cognitive domains. Both hard and soft signs have been incorporated in this instrument. Interrater reliability for the neurological assessment between the examiner and two other physicians was intraclass correlation 0. A few small modifications were done to make the instrument suitable for the Indian patients e. Global assessment functioning GAF [ 5 ] scale was also applied while interviewing the informants. Descriptive statistics was used to calculate mean, percentage, and standard deviation of the sample. Chi-square and one-sample t-test were used to compare the mean values between patients with and without FRS. Spearman Rho was used to find the correlation. Regression analyses were used to determine parameter of continuous variables. The level of significance was kept at 2-tailed. **Sociodemographic Characteristics** All the patients of schizophrenia with and without FRS, their first degree relatives FDR , and normal control were males. The sociodemographic characteristics of the sample Table 1

show the comparison of age and income between patients of schizophrenia with and without FRS, their FDR, and normal control. There is a no significant difference in age among the groups. Normal controls and FDR of patients of schizophrenia with and without FRS had significantly greater income as compared to the study population. Comparison of sociodemographic variables continuous variable: The comparison of residence and employment status between patients of schizophrenia with and without FRS Table 2 did not differ in the demographics, residence, religion, ethnicity, and marital status. There was a significant difference in employment status. Rate of unemployment was greater , Patients of schizophrenia with FRS showed higher percentage of meaningful employment , Comparison of sociodemographic characteristics categorical variables: Table 3 shows the comparison of age of onset of psychosis and duration of untreated psychosis between patients of schizophrenia with and without FRS. There was no significant difference in the two groups on these clinical variables. Results of comparison of SAPS scores between patients of schizophrenia with and without FRS show statistically significant difference in global rating of severity of hallucinations, global rating of formal thought disorder, and total SAPS score Table 3. However, there was no significant difference in global rating of delusion and global rating of bizarre behavior. The other domains of SANS did not show any significant difference. Replacement of will by external force somatic passivity , replaced control of affect, and delusional perception were each reported by 2 6. Thought echo, thought commentary, thought block, and other experiences of replaced control impulse were each reported by 1 3. The degree of freedom df is 4. Table 4 also shows the post hoc comparison between the groups. The critical value calculated was The table shows that schizophrenia patients with and without FRS scored significantly higher in total abnormality score, filtered abnormality score, soft signs, hard signs, cranial nerves, cognitive functions, reflexes, and sensory scores. Filtered hard signs, motor domain, involuntary movements, and muscle power did not show any significant differences. FDR of schizophrenia patients scored significantly less than schizophrenia patients in total abnormality score, filtered abnormality score, soft signs, and hard signs. However, only FDR of schizophrenia patients without FRS scored significantly higher than normal controls on total abnormality score, filtered abnormality score, and soft signs. Comparison of neurological soft sign NSS scores between patients of schizophrenia with and without first rank symptoms using Kruskal-Wallis test. There was no other significant correlation between total abnormality score 0â€™ , soft signs, mirror movements, cranial nerves, Domain II: There was no significant correlation between total abnormality score 0â€™ , soft signs, mirror movements, cranial nerves, Domain II: Table 6 is a linear regression model of demographic and clinical variables of schizophrenia with and without FRS. The dependent variable was motor I domain. Linear regression model of demographic and clinical variables of schizophrenia with and without first rank symptoms. Discussion The present study was driven by the renewed interest in the construct of the FRS which represents an important leakage in self-perception and should be understood as a symptom of ego disturbance or an invasion of the boundaries of self [ 42 ].

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