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Psychiatry in Russia with Special Reference to Psychopharmacology

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ABSTRACT

The abuse of psychiatry in the former Soviet Union was discussed during the second half of the 20th century. In the 21st century, the interest to this theme has subsided, which does not mean that the problem has remained in the past. Overextended diagnostic criteria of sluggish schizophrenia affected many people having nothing to do with politics or dissent. Personality disorders, neuroses, reactive and transient derangements have been misdiagnosed and treated as schizophrenia, considered to be a lifelong process. Accordingly, patients remain registered with psycho-neurological dispensaries lifelong, which contributes to the stigma for them and their families. Diagnoses have sometimes been constructed with insufficient use of objective criteria. The vague concept of Praecoexgefühl is reappearing in the current literature, being suggested as a basis for diagnostic hypotheses. Lack of “transparent” contact with a patient has been posited as a foundation of the Praecoexgefühl. Obviously, this approach may facilitate political misuse of psychiatry. With regard to the treatment, antipsychotic drugs have been recommended for all forms of schizophrenia, including the sluggish form, shizotypal disorder and remissions, as well as for neuroses and personality disorders, which is partly at variance with the international literature. Side effects of antipsychotics are well known, some of them contributing to the stigma. Moreover, antipsychotics have been recommended for adults and adolescents diagnosed with alcohol dependence. The alcohol craving has been interpreted as a delusional phenomenon. Apart from side effects, the synergism between some antipsychotics and alcohol, aggravating liver injury, must be taken into account. With regard to alcohol-related and other dementia, it should be stressed that antipsychotic use is associated with increased risks of stroke, venous thromboembolism, myocardial infarction, heart failure, fracture and kidney injury. The over-institutionalization of patients has been common practice. Conditions in psychiatric hospitals, where the patients stay for a long time, have been primitive: overcrowding, no privacy, insufficient hygiene. The social dangerousness is an indication for hospitalization, a criterion being the risk of “damage to the interests of society”, which leaves space for individual judgment and political interpretations. The first step away from discussed drawbacks must include the broader use of international literature and the exchange of experience by means of the temporary practice of Russian psychiatrists abroad and of authorized foreign advisors in Russia.

Keywords: Antipsychotic drugs, Schizophrenia, Personality disorders, Neurosis, Alcoholism, Russia

1. Introduction

The abuse of psychiatry in the former Soviet Union (SU) was broadly discussed during the second half of the 20th century. In the 21st century, the interest to this theme has subsided, which does not mean that the problem has remained in the past. In

addition to political pressures, the causes of abuse can include low standards of training and practice, inadequate procedural quality assurance¹, limited access to foreign professional literature and poorly implemented legislation because professionals have not been trained to use the new laws² or lacking motivation to use them.

2. Case Report

A case study illustrating overdiagnosis of schizophrenia in the former SU has been reported previously³. A 16-year-old schoolboy (hereafter patient) with mild communication abnormalities was brought to the psychiatrist by his mother. Later, the patient admitted that the real goal was exemption from military service (conscription). The author observed the patient for many years, also in stressful situations and did not notice any mental abnormalities, apart from alcohol dependence that developed later on. Aside from shyness during adolescence, the only notable complaint was the statement that his “nerves were like ropes”. This was interpreted as cenesthopathy and sluggish schizophrenia was diagnosed. The concept of cenesthopathy was coined to describe unusual bodily sensations without objective findings; it is no longer in the mainstream of contemporary psychiatry^{4,5}. However, Russian literature has many publications on cenesthopathy that culminated in the singling out of cenesthopathic form of schizophrenia^{6,9}. Besides, cenesthopathy has been regarded as a symptom of “hypochondriacal” and sluggish schizophrenia. The overdiagnosis of the latter entity in Russia has been discussed previously¹⁰. It is known that some forms of adolescent turmoil may lead clinicians to diagnose a serious condition, to be confronted one day with a completely recovered patient; although severe disorders in adolescence usually do not disappear completely¹¹. The patient was prescribed a phenothiazine drug and trihexyphenidyl (known as Cyclodol in Russia). There was no proper control of the drug intake. The patient brought Cyclodol tablets to school and offered to others with the comment that it was a narcotic drug. Curious teenagers took it during lessons, which remained unnoticed by teachers. One boy suffered intoxication with a delirium-like condition after an intake of trihexyphenidyl together with alcohol¹². The patient was registered at the psycho-neurological dispensary, exempted from conscription, denied a driver’s license and directed to a specialized educational institution, where he acquired the profession of floriculturist. After that he worked in city parks. Later on, following advice of his friends and some medics, the patient switched to car repair work, completed an evening technical education, got married and reduced his alcohol consumption. The patient suffered from stigma all his life: registration at the psycho-neurological dispensary was known by surrounding people, which impaired his relationships and employment possibilities. Apparently, this contributed to the alcohol abuse.

3. Discussion

Schizophrenia has been often over diagnosed in the former SU, while the concept was broader than that used in the United States and other countries^{1,13-15}. Overextended diagnostic criteria of sluggish schizophrenia affected many people, having nothing to do with politics or dissent. Personality disorders, neuroses, reactive psychoses, transient derangements in adolescence or bouffées délirantes, were misdiagnosed and treated as schizophrenia. It can be illustrated by the following citations (verbatim from Russian): “A part of the patients with sluggish schizophrenia, after a juvenile crisis, achieved a complete social and professional adaptation, continued education and got married¹⁶” or “a majority of patients with juvenile sluggish schizophrenia become compensated¹⁷”. Schizophrenia was considered a lifelong process^{18,19}. Accordingly, patients remain registered with psycho-neurological dispensaries lifelong,

which contributes to stigma for them and their families. The procedure of cancellation of the registration has been rare and usually unsuccessful¹³. The registration can contribute to unemployment because some employers ask for a certificate from a psycho-neurological dispensary. Access to foreign professional literature has been limited, while in Russian textbooks, differential diagnosis between personality disorders, neuroses and schizophrenia has been explained vaguely, leaving space for individual judgment. For example, in the well-known textbook by Lichko⁸, the differential diagnosis between sluggish schizophrenia, neuroses and personality disorders is not discussed at all, while it is only stated that many months of observation can be needed, thus justifying prolonged institutionalization. This is not surprising: Soviet psychiatrists sometimes constructed diagnoses through words, not necessarily using objective criteria: “narrative orientation of diagnosis¹⁹”. The vague and subjective concept of Praecoxgefühl, potentially conducive to the overdiagnosis of schizophrenia, is reappearing in the current literature, being suggested as a basis for the ‘diagnostic hypotheses.’ Lack of confidential ‘transparent’ contact with a patient has been posited as a foundation of the Praecoxgefühl (Gornushenkov and Pluzhnikov 2020). Obviously, this approach may facilitate political misuse of psychiatry.

Psychopathologic phenomena typical for histrionic, dissociative, obsessive-compulsive disorders, prolonged asthenization, unusual interests and dissent have been presented as diagnostic criteria for schizophrenia^{8,20-23}. The existence of latent, asymptomatic and non-manifestative forms of the disease was postulated²⁰. Similarity between oligosymptomatic “latent” and “residual” schizophrenia was pointed out²⁴. Chapters about neuroses and personality disorders have been added to recent textbooks but descriptions are somewhat vague²⁵. Admittedly, the most recent textbook by is better than preceding ones.

In some textbooks^{26,27}, sluggish schizophrenia has been presented as a synonym of a schizotypal personality disorder according to the International Classification of Diseases (ICD). Although the 10th Revision of ICD was accepted, the Soviet-era classification has been further in use, while ICD was criticized^{28,29}. The term sluggish schizophrenia continues to be used, whereas the same Russian term vyalotekushchaya is now translated in English summaries of some articles not as sluggish but as “slow progressive”. It was pointed out by leading psychiatrists that the Soviet classification of mental disease is based on etiology and pathogenesis, supposed to be an advantage over foreign classifications based predominantly on syndromes³⁰. Note that the etio-pathogenetic approach, in conditions of insufficient knowledge on etiology and pathogenesis and lack of diagnostic tools, contributes to overdiagnosis. “Asymptomatic” or “non-manifestative” forms of schizophrenia²⁰ cannot be diagnosed by a blood test like e.g. those of syphilis.

The sluggish variety was reportedly the most common form of the disease: ~50% of all schizophrenia cases^{19,26,28}. The entity was additionally expanded by so-called schizophrenic reactions, a concept that allows diagnosing reactive conditions as “psychogenic exacerbations” of the disease that had been non-manifest prior to environmental stress²¹. Another contribution to the overextension of the entity was the doctrine about the “Nosos and Pathos” by the leading Soviet psychiatrist Andrei Snezhnevsky⁸, where the manifestative disease is called Nosos and hereditarily predisposing constitutional traits - the

Pathos of schizophrenia. According to this doctrine, the Nosos can transmute to the Pathos and vice versa. In this way, the disease is mixed up with constitution, permitting to diagnose personality disorders and constitutional traits as schizophrenia. Furthermore, anorexia and bulimia have been discussed within the scope of schizophrenia³¹. Childhood autism, introduced into Russian classifications in the late 1980s but not uniformly accepted, was sometimes classified and treated as childhood schizophrenia^{32,33}. Substantial overlap of childhood autism and schizophrenia is discussed now as before^{34,35}. Some experts should consider potential consequences of a false-positive diagnosis of schizophrenia in this country, exemplified by the Case report above.

With regard to the treatment, antipsychotic drugs have been recommended by Russian handbooks for all forms of schizophrenia, including the sluggish form, shizotypal disorder, remissions^{17,26,36} and “increasing shizoidization⁸⁷”. Moreover, antipsychotics have been recommended for neuroses and personality disorders²⁷. This is partly at variance with the international literature, where neuroleptics are discussed for resistant cases³⁷. Clinical recommendations are avoided here. Tendentious citation is sometimes used, for example: The possibility of [antipsychotics] use in patients with antisocial personality and borderline personality disorders is pointed out in the MSD Manual. The following is said in the cited source: “Typically, personality disorders are not very responsive to medications... There is no evidence that any particular treatment leads to long-term improvement [of antisocial personality disorder] ... Medications are not consistently effective for core symptoms of borderline personality disorder.” Side effects of antipsychotics are well known, including those contributing to stigmatization²⁹.

Finally, antipsychotic drugs (phenothiazines, haloperidol and others) have been recommended and applied in adults and adolescents diagnosed with alcohol dependence in the absence of psychosis³⁸⁻⁴³. The alcohol craving has been baselessly interpreted as an “altered state of consciousness”, as a paranoid or delusional phenomenon^{44,45} within the scope of “productive psychopathology⁴⁰⁷”. Accordingly, the antipsychotic medication has been recommended by authoritative handbooks^{49,40}. Apart from other potential side effects, the synergism between some antipsychotics and alcohol, aggravating liver injury, should be taken into account⁴⁶. With regard to alcohol-related dementia (and other dementia in alcohol consumers) it should be stressed that antipsychotic use compared with non-use was associated with increased risks of stroke, venous thromboembolism, myocardial infarction, heart failure, fracture, pneumonia and acute kidney injury⁴⁷. Unfounded psychopathological interpretations of alcohol consumption and overextended diagnostic criteria of alcoholism, used in Russia, have been pointed out⁴⁵.

The over-institutionalization of patients with mental disorders has been common practice². Accordingly, the Russian Federation (RF) had one of the highest levels of psychiatric beds per capita in Europe⁷. Conditions in psychiatric hospitals, where the patients stay for a long time, have been primitive: overcrowding, no privacy, insufficient hygiene. Some institutions are investing in major repairs of buildings but overcrowding persists both in wards and restrooms. The overcrowding of toilets is increased because patients use them for smoking. Usually there are no cubicles: lavatory pans and urinals are in the same crowded room⁴⁸. Furthermore, a shortage of nurses and auxiliary personnel is a

problem, while unprepared persons were sometimes employed without training or adequate instruction. In some cases, it resulted in the maltreatment of patients, supplying them with alcohol and so forth. In spite of a formal condemnation of the Soviet-era abuse of psychiatry, a tendency of its belittling can be noticed²⁸. It was stated, for example, that conceptual differences between the Soviet and Western psychiatry have been minimal, while the abuse was caused mainly by political factors⁴⁹. In fact, as discussed above, the Soviet concept of schizophrenia has been considerably broader than that used in the West. Along with the extended diagnostic criteria of the disease, a broader concept of social dangerousness has been applied^{14,15} a criterion being a risk of “damage to the interests of society⁵⁰⁷”, which leaves space for individual judgment and may include political considerations. At the same time, the social dangerousness is an indication for hospitalization⁵¹. The motivation to preserve the over-extended and vague diagnostic criteria is understandable: it is easier in everyday practice and also from the legal viewpoint to commit to inpatient care. Now, as before, the emphasis remains on medical aspects of treatment, without adequate consideration of psychosocial and occupational rehabilitation⁵².

4. Conclusion

As far as we know, the Soviet and present rulers, the party and military nomenklatura⁵³, did not allow the use of invasive procedures without indications on themselves and their relatives⁵⁴. Alcoholics from their milieu have not been compulsorily treated by drip infusions days on end being infected with viral hepatitis, neither have they drunk technical ethanol sold in vodka bottles through legally operating shops⁵⁵. The question has been discussed why psychiatry but not physical medicine is open to abuse^{49,56}. In fact, as discussed in this article, physical medicine can be abused as well, while psychiatry is open to abuse, especially in certain locations of the world, including the former SU. The first step away from it must include the broader use of the international literature and the exchange of experience by means of the temporary practice of Russian psychiatrists abroad and of authorized foreign advisors in Russia. Of note, some Soviet-era approaches to diagnostics and treatment of mental diseases were, as in medicine in general, caused by preference given by the healthcare authorities to less individualized methods applicable en masse to large contingents of patients. Today, in view of the upturn in the Russian economy, individualized evidence-based methods should be applied in accordance with international practice⁵⁷⁻⁶⁰.

5. Conflict of Interest Statement

The authors declare no conflict of interest.

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