

# This Week's Citation Classic™

Hogarty G E, Goldberg S C & the Collaborative Study Group. Drug and sociotherapy in the aftercare of schizophrenic patients: one-year relapse rates.

*Arch. Gen. Psychiat.* 28:54-64, 1973.

[Social Science Res., Friends Medical Science Res. Ctr., Inc., Baltimore, and Psychopharmacology Br., Natl. Inst. Mental Health, Rockville, MD]

Following hospital discharge, 374 schizophrenic patients admitted to three participating clinics were randomly assigned to one of four treatment groups: placebo alone, placebo and a special therapy, drug alone, and drug plus social therapy. Patients were treated under these controlled conditions for two years or until relapse. Differential relapse rates were reported. [The *Science Citation Index*® (SCI®) and the *Social Sciences Citation Index*® (SSCI®) indicate that this paper has been cited in over 205 publications since 1973.]

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"When this study was first conceived in the late 1960s, enthusiasm for the community treatment of the seriously ill schizophrenic patient had already crested. While the number of resident schizophrenic patients in public mental hospitals was decreasing dramatically, relapse and rehospitalization were increasing proportionately. Maintenance neuroleptic treatment seemed to forestall relapse, but rates differed widely among centers and investigators. Psychosocial forms of aftercare treatment had rarely been subject to experimental control, and most reports in the literature read like uncritical theater reviews. No aftercare study had controlled for both drug and psychosocial treatment in the posthospital maintenance of these patients. Prevention of relapse and enhancement of personal and social adjustment were the two important outcome criteria, parameters which continue to be the subject of our investigations to this day.

"What I find somewhat perplexing is that this very preliminary report on relapse rates in the first year has been so widely cited. In the following year,<sup>1,2</sup> for example, and in subsequent years,<sup>3,4</sup>

our final results which describe the effects of drug and psychosocial treatment on relapse and adjustment over the entire two-year period were published. While drug was enormously superior to placebo in forestalling a relapse, nonetheless nearly 50 percent of patients eventually relapsed on drug in two years. (Subsequent studies, which assured the receipt of medication via parenteral administration, yielded similarly high relapse rates, precipitating research for predictors of relapse other than drug noncompliance.<sup>5</sup>) Further, certain schizophrenic patients who were exposed to our intensive efforts at social restoration seemed to relapse earlier. For those who 'survived' on social therapy and placebo, their adjustment was markedly impaired relative to patients able to survive on placebo alone! The combination of drug and social therapy ultimately proved to be the treatment of choice.

"To me, this study has served as a testimonial to the dedication, motivation, personal sacrifice, and suffering of over 30 staff and nearly 400 patients and their families. The cost involved in undertaking these long-term maintenance trials, both human and financial, probably accounts for their rare appearance in the literature. The exacting price of this early study created something of a moral charge not only to publish and implement results whenever possible, but to build on these early gains and failures through continued, systematic study.

"In the decade since this study first appeared, other investigations have also indicated that certain schizophrenic patients might be sensitive to the overstimulation of their therapeutic environment...while other investigations have shown that overstimulation from the natural environment is aversive as well.<sup>6</sup> These observations, coupled with an extensive literature in psychophysiology, indicate that many schizophrenic patients might have profound deficits in the regulation of sensory input which could be exploited in the form of psychotic relapse by environmental stimuli. This model of pathogenesis has contributed to the development of a new series of investigations which utilize a more rational prescription of drug and psychological treatment in the long-term maintenance of schizophrenic disorders."<sup>6</sup>

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