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Astrachan B M, Harrow M, Adler D, Brauer L, Schwartz A, Schwartz C & Tucker G. A checklist for the diagnosis of schizophrenia.
Brit. J. Psychiat. **121**:529-39, 1972.
[Dept. Psychiat., Yale Univ. Sch. Med.; Connecticut Mental Health Ctr, New Haven, CT; and Dept. Psychiat., Dartmouth Med. Sch., Hanover, NH]

A symptom checklist and scoring system, the New Haven Schizophrenia Index (NHSI), was devised to reliably differentiate schizophrenic from non-schizophrenic populations in a variety of treatment settings. The NHSI provides a relatively inclusive framework for the diagnosis of schizophrenia. [The *Science Citation Index*® (*SCI*®) and the *Social Sciences Citation Index*® (*SSCI*®) indicate that this paper has been cited in over 220 publications since 1972.]

Boris M. Astrachan
Department of Psychiatry
Yale University School of Medicine
New Haven, CT 06519

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As part of a large, grant-funded project examining psychiatric utilization review, a number of groups were formed at Yale University and the Connecticut Mental Health Center to test methods for selecting cases for clinical review. This study, under the leadership of Donald Riedel and Gerald Klerman, was one of the earliest attempts to develop criteria for peer review for psychiatric practice.[1,2] Work groups were formed to develop criteria for examining care based upon age (adolescence), a single major symptom (suicide), diagnosis (schizophrenia), and clinical services delivered to residents of a specified geographic area. The first task of the schizophrenia project group was to develop criteria to select appropriate cases for review and then to explore clinical outcome in the selected cases.

Our group brought together a number of young investigators with diverse backgrounds. Martin Harrow, now at Michael Reese Hospital, and professor of psychology at the University of Chicago, had wide experience in studying the symptoms of schizophrenia and is a careful and excellent methodologist. Carol Caton (Schwartz), now professor at Columbia University, is a sociologist and epidemiologist who designed a number of aspects of the follow-up study we undertook and has since done important studies on the treatment and course of schizophrenia. David Adler was then a medical student who worked with Harrow and is now at Tufts Medical College where he has continued his clinical work and research into the treatment of schizophrenia. Arthur Schwartz, now professor at the New Jersey Medical College at Rutgers, has done work on peer review and programmatic research. Gary Tucker, now chairman of the Department of Psychiatry at the University of Washington Medical School, Seattle, has continued a career of doing careful clinical research with schizophrenic populations, more recently focusing on language. Lee Brauer is in clinical practice but has also maintained research interests. My role was to coordinate the work of this excellent group, to facilitate the research, and to maintain our focus on the work of utilization review and peer review.

The paper was submitted to the *British Journal of Psychiatry* in preference to an American journal for two reasons. First, the English literature at that time was more likely to be interested in a paper on diagnosis than most American journals. Second, the authors, all young faculty members, believed that publishing in a prestigious European journal would provide some evidence of international recognition of their work and might be useful in pursuit of academic advancement.

We began our research at a time when a number of other groups were considering the development of diagnostic criteria for the study of schizophrenia.[3,4] Several groups adopted relatively restrictive criteria as part of a strategy to differentiate from the amorphous group of schizophrenias a relatively coherent clinical population for study. Our strategy was oriented toward the goals of utilization and peer review and was thus applicable to a wider selection of cases. We were able to demonstrate that the use of a more inclusive diagnostic scheme did provide the basis for the differentiation of a coherent patient group and for the development of programmatic research strategies.

Over the past 12 years, the questions about use of a broad diagnostic system versus a more narrow one remained unresolved. While some articles in the literature are critical of our paper for its too clinical and broad orientation,[5] others use it to suggest that there may be some danger in prematurely adopting an overly restrictive approach to diagnosis in this area and that the adoption of several diagnostic schemes is a useful research strategy.[6,7]

1. **Riedel D C, Brauer L, Brenner M H, Goldblatt P, Schwartz C, Myers J K & Klerman G.** Developing a system for utilization review and evaluation in community mental health centers *Hosp Community Psychiat* 22 229-32, 1971
2. **Riedel D C, Tischler G L & Myers J K.** *Patient care evaluation in mental health programs* Cambridge, MA Ballinger, 1974 292 p
3. **Feighner J P, Robins E, Guze S B, Woodruff R A, Winokur G & Munoz R.** Diagnostic criteria for use in psychiatric research *Arch Gen Psychiat* 26 57-63, 1972 (Cited 2,285 times).
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6. **Lewine R, Burbach D & Meltzer H.** Effect of diagnostic criteria on the ratio of male to female schizophrenic patients *Amer J Psychiat* 141:84-7, 1984
7. **Endicott J, Nee J, Fleiss J, Cohen J, Williams J B W & Simon R.** Diagnostic criteria for schizophrenia reliabilities and agreement between systems *Arch Gen Psychiat* 39 884-9, 1982

