

Psychopathological profiles of schizophrenic syndromes defined by ICD-10 and DSM-IV criteria: a comparison

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A comparison is presented of the diagnostic (criteria fulfilled) and symptomatological (symptoms manifested) profiles of clinical syndromes observed in two groups of inpatients fulfilling ICD-10 (102 of 105) or DSM-IV (92 of 105) definition of schizophrenia

Key words: schizophrenia, group therapy, psychoanalysis

Numerous studies on diagnostic criteria for schizophrenia conducted in the 1970s and 1980s indicated significant, quantitative and qualitative differences between the picture of disorders characteristic for schizophrenia in the groups created on the basis of different diagnostic criteria [7, 8, 14, 15, 17, 20]. In the population of the catchment area of our Department [21], we also detected similar quantitative differences, which influenced – though, maybe, not as strongly as we could expect – the long-term prognoses for these disorders. The results, obtained most often with the use of the criteria of RCD, ICD-9, DSM-III or DSM-III-R, Schneider's first rank symptoms or Bleuler's axial symptoms as well as variously interpreted diagnostic premises suggested by Kraepelin, were extremely interesting. This is why they became the starting point for the so-called polydiagnostic approach [6, 18, 19] indicating simultaneous application of several criteria. The conviction about the unavoidably different character of the diagnostic convention for schizophrenia as well as the artifacts that the selected convention introduced to the results of studies, e.g., in the area of hereditary determinants [17], epidemiological indices [9], course of illness [12] or outcome prediction [8, 13, 14, 15], was very strong. This dissatisfaction strongly stimulated the attempts at reaching a consensus and a solution built on empirical premises. This tendency was most strongly manifested in the two new diagnostic systems introduced in the 1990s: ICD-10 [23, 24] and DSM-IV [4], prepared on the basis of meta-analyses of the received literature, extensive debate among experts, and field research on the proposed methods of classification. Did the results of these efforts come up to the

expectations? Did they cause an increase of concordance of populations defined in accordance with these two dominating systems? Did they avert the lot of the Babel tower builders from the diagnosticians? The present study discusses the first analyses intended to answer these questions.

Aim

The aim of this study was to compare the psychopathological profiles of schizophrenic disorders in two groups of patients selected with the use of the DSM-IV and ICD-10 criteria. The analyzed problems included the diagnostic profile, i.e., the frequency of fulfilling the particular items of these criteria, and symptomatological profile, i.e. the frequency of occurrence as well as average intensity of symptoms of schizophrenia described with the use of several clinical scales.

Patients

The analysis covered disturbances observed in 105 patients hospitalized in the Department, whose disorders fulfilled the criteria of schizophrenia by ICD-10 (102 persons) or DSM-IV (90 persons). There was little prevalence of women in the group (55%). For 15% of patients hospitalization was connected with the first episode of the disorder, for 15% it happened during the chronic phase, for 4% within the residual phase, while for the majority (66%) it was a relapse (aggravation of symptoms). In 17.5% of the examined persons family history of the disorder was detected in the first-degree relatives, in 8% it did not evoke any doubts. Mean age of the patients was 40.3 years (19-72), age at onset – 28.6 years (19-52). Average duration of illness was 140 months (1-576).

Methods

The basic instrument applied for assessment of patients' mental state was the Clinical Assessment of Schizophrenic Syndromes (CASS) [22]; we used two parts of the CASS: the diagnostic questionnaire (CASS-D) arranging the diagnosis of schizophrenia with the help of the ICD-10 and DSM-IV criteria, and the 31-item scale describing and assessing the symptoms of the syndrome in detail (CASS-S). Besides, for comparison, we used three other popular instruments for assessment of schizophrenic symptoms: The Positive and Negative Syndrome Scale (PANSS) [11], the Scale of the Assessment of Positive Symptoms (SAPS) [1] and the Scale of the Assessment of Negative Symptoms (SANS) [2].

In this study we use only the data regarding the initial period of the present episode (admission to hospital). A special questionnaire was used to record the information and diagnostic evaluation. For statistical analysis we applied procedures provided in the software SPSSPC (version 8.0).

Results

Proportional coincidence of diagnoses was very high – 87 patients (83%) fulfilled both the criteria of ICD-10 and those of DSM-IV. Only three persons with the diagnosis by the DSM-IV did not satisfy the criteria of the ICD-10, while 15 persons with the diagnosis by the ICD-10 did not fulfil the criteria of the DSM-IV (most

frequently the item concerning 6-month duration). This shows that the diagnosis by the DSM-IV was narrower.

The comparison of the diagnostic profiles of the groups selected with these two criteria indicates almost complete absence of significant differences in the frequency of fulfilling particular diagnostic items included both in the ICD-10 (table 1) and the DSM-IV (table 2). The only exception is the requirement of the 6-month duration of disturbances included in the DSM-IV, which is significantly less often fulfilled by the patients with the diagnosis of schizophrenia by the ICD-10.

All other criteria referring to the characteristic symptoms, psychosocial dysfunction, exclusion of affective symptoms or somatogenic determinants do not distinguish significantly the compared groups. The differences in definitions of some symptoms cause that the frequency of their occurrence in schizophrenic disorders recognized in accord with the two systems is difficult to compare. Hallucinations may serve as an example. The broad definition in the DSM-IV indicates the occurrence rate at 57-58% (table 2). On the other hand, the more detailed description characteristic of the ICD-10 (various "voices" by 1c, "persistent hallucinations in any modality" by 2c) do not allow for a general assessment of frequency, because different kinds of hallucinations may occur in one patient.

Table 1

Frequency of fulfilling the particular ICD-10 criteria in the groups formed according to ICD-10 or DSM-IV definition of schizophrenia.

ICD-10 - diagnostic criteria of schizophrenia		Patients fulfilling the criteria of [%]	
		ICD-10 (N=102)	DSM-IV (N=90)
G1	At least one of the following presenting for most of the time in a period of 1 month	86	83
G1(f) a	thought echo (0% 0%) thought insertion or withdrawal (20% 19%) thought broadcasting (14% 12%)	22	21
G1(f) b	Delusion of control, influence, or passivity (40% 42%) (clearly referred to body or limb movements or specific thoughts, actions, or sensations) delusional perception (66% 64%)	73	72
G1(f) c	hallucinatory voices giving a running commentary on the patients' behavior (27% 27%) or discussing the patients among themselves (15% 15%) or other types of hallucinatory voices coming from some part of the body (15% 16%)	40	40
G1(f) d	Persistent delusions of other kinds that are culturally inappropriate and completely impossible (e.g. being able to control the weather or being in communication with aliens from another world)	20	22

table continued on the next page

G1(2)	At least two of the following (when present for most of the time during an episode of psychosis it is considered at least 1 month)	78	80
G1(2) a	Persistent hallucinations in any modality, when - occurring every day for at least 1 month - or when accompanied by delusions without clear affective content (also feeling or half formed) - or when accompanied with overvalued ideas	49	47
G1(2) b	Neologisms, breaks, or interjections in the train of thought resulting in incoherence or irrelevant speech	47	52
G1(2) c	Catatonic behavior such as excitement, posturing or waxy flexibility, negativism, mutism, stupor	28	28
G1(2) d	"Negative" symptoms such as marked apathy, paucity of speech and blunting or incongruity of emotional responses (not due to depression or neuroleptic medication)	72	72
(G1)	At least 1 month duration of symptoms listed in G1	100	100
G2 (1)	Exclusion of symptoms of depressive or manic episode if these are present; symptoms of schizophrenia (G1) must have been met before the disturbance of mood	100	100
G2 (2)	Disorder not attributable to organic brain disease in the sense of ICD-10 (F00-F09) and to alcohol or drug-related disorders (intoxication, withdrawal, dependence)	100	100

all differences statistically not significant (Chi² test)

Table 2

Frequency of fulfilling the particular DSM-IV criteria in two groups of patients
formed according to ICD-10 or DSM-IV definition of schizophrenia.

DSM-IV - diagnostic criteria of schizophrenia		Patients fulfilling the criteria of (%)	
		ICD-10 (N=102)	DSM-IV (N=91)
A	Two (or more) of the following - each present for a significant portion of time during 1-month period	95	100
A1	Delusions	80	80
A2	Hallucinations	58	57
A3	Disorganized speech e.g. frequent derailment or incoherence	42	47
A4	Grossly disorganized or catatonic behavior	33	35
A5	Negative symptoms i.e. affective flattening, alogia, avolition	69	72

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A*	Bizarre delusions i.e. involving phenomena that the person's culture would regard as totally implausible	43	47
A*	Hallucinations of voices commenting or discussing i.e. keeping a running commentary on the person's behavior or thoughts or conversing with each other on the person's behavior or thoughts	35	36
B	Social/occupational dysfunction (work/school, interpersonal relations, affairs)	97	100
C	*Duration of continuous signs of the disturbance at least 6 months including prodromal, active, and residual phases, at least 1 month of active phase (A) and eventually prodromal or residual phases (with negative symptoms or other in attenuated form)	89	100
D	Exclusion of mood and schizoaffective disorder either (1) affective episode (depressive, manic, or mixed) concurrently with active-phase symptoms or (2) its total duration is brief relative to the duration of the active and residual periods	97	100
E	Exclusion of substance or general medical condition i.e. due to direct physiological effects of a substance or general medical condition	100	100

*difference significant at $p < 0,01$

other differences statistically without significance

Absence of serious differences is even more distinctly noticeable in the analyses of occurrence rate and mean intensity of various symptoms that combine into the description of schizophrenic syndromes developed with the help of the applied instruments of clinical assessment (PANSS, SANS/SAPS and CASS-S). In this respect the statistical analysis did not reveal any significant differences. To illustrate this fact, we quote only the comparison of sum scores (table 3). The detailed results regarding intensity and frequency of the symptoms used in the descriptions of schizophrenic syndromes in the applied scales are presented in the Appendix (A-D)

Table 3

Mean sum scores of intensity of schizophrenic syndromes according to PANSS, SAPS, SANS and CASS-S scales in the groups of patients formed by means of the ICD-10 or DSM-IV criteria

Scales analyzed	Mean sum scores of intensity	
	ICD-10 (N=102)	DSM-IV (N=90)
PANSS		
Negative symptoms (N scale) sum score (7 symptoms)	19.68	20.41
Positive symptoms (P scale) sum score (7 symptoms)	23.62	24.66
General symptoms (G scale) sum score (16 symptoms)	43.63	45.14
Sum score (30 symptoms)	86.93	90.22
SAPS		
SAPS – sum score (4 global assessments)	9.25	9.66
SAPS – sum score (30 symptoms)	31.61	33.57
SANS		
SAPS – sum score (5 global assessments)	13.76	14.53
SAPS – sum score (20 symptoms)	46.32	48.24
CASS-S scale		
Sum score (31 symptoms)	34.57	36.66

all differences statistically not significant (Chi² test)

Discussion

In contrast to the expectations, the comparison of the diagnostic effects of selection of the DSM-IV or ICD-10 criteria proved of no importance for the diagnostic as well as symptomatological profile of disorders in the groups of patients formed with the help of these instruments. The simplest interpretation of this negative result suggests distinct similarity of the diagnostic preferences on the opposite shores of the Atlantic. This is a changed situation as compared to the more distinct differences between the groups of patients selected with the use of the previously competing criteria (ICD-9 and DSM-III-R)[3]. Such an assimilation of the populations of patients formed by these criteria might have been caused, on the one hand, by a significant simplification of symptomatological requirements in the DSM-IV (in relation to DSM-III-R) and, on the other – by the stricter discipline of diagnosis characteristic of the ICD-10 (as compared to ICD-9) both in its research version (Diagnostic Criteria for Research, DCR) and in the clinical one (Clinical Descriptions and Diagnostic Guidelines, CDDG). The criteria excluding affective disorders, though their assumptions differ in the ICD-10 and DSM-IV, actually allow for a similar proportion of these components in the picture of psychosis. It is interesting that although the ICD-10 does not include the criterion requiring a deterioration of social functioning, mean frequency of fulfillment of this criterion does not differ in the compared groups. Undoubtedly, this is regulated by other diagnostic premises correlated with functioning.

In this situation the only diagnostic premise that occurs at a significantly different rate is the 6-month duration of disturbances, retained – despite numerous debates and doubts [5, 12, 13] – in the DSM-IV. The authors of the ICD-10 did not resolve to introduce this criterion. The detected lack of differences between the symptomatological profiles of the syndrome conceived in accordance with the definitions of the DSM-IV and ICD-10 proved independent of the applied instrument of clinical description. This fact increases our confidence in the reliability of our local tool (CASS). Its application leads to the same conclusions as the application of instruments recognized as international standards (SANS/SAPS, PANSS). It is so, although some aspects of psychopathology (e.g., thought disorders, lack of insight) have been defined here differently than in the Anglo-Saxon tradition organizing the other instruments. Moreover, our instrument takes into account those aspects of psychopathology of schizophrenia which in Anglo-Saxon tradition are hardly ever stressed (e.g., disordered sense of self/ego). The obtained results require further analyses in groups with more clearly differentiated clinical characteristics. It can be expected that the differences between psychopathological profiles issuing from different diagnostic definitions may be more distinctly marked, e.g., between the groups of acute patients and chronic ones, or between those with longer and shorter duration of the disorder.

Conclusions

1. The ICD-10 and DSM-IV criteria form groups of patients characterized by highly similar diagnostic and symptomatological profiles.
2. The only diagnostic item that occurs at different frequencies in the groups of patients with the diagnosis of schizophrenia according to the ICD-10 and the DSM-IV was the criterion of 6-month duration of disturbances, which was more often fulfilled in the cases of diagnosis based on the DSM-IV.

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Appendix

A. Frequency and mean intensity of symptoms of schizophrenia syndrome as described by PANSS in two groups of patients defined according to the ICD-10 or DSM-IV criteria

PANSS: Items analyzed		Mean intensity and frequency in patients with schizophrenia diagnosis according to criteria of			
		ICD-10 [N=121]		DSM-IV [N=90]	
		mean	[SD]	mean	[SD]
P1	Delusions	4.29	0.9	4.42	0.8
P2	Conceptual disorganization	2.91	0.5	3.10	0.6
P3	Hallucinatory behavior	2.93	0.4	2.90	0.3
P4	Excitement	2.31	0.1	2.44	0.3
P5	Grandiosity	1.61	0.3	1.64	0.2
P6	Suspiciousness/paranoia	3.01	0.6	3.13	0.6
P7	Hostility	2.29	0.3	2.44	0.3
N1	Blunted affect	3.46	0.1	3.60	0.4
N2	Emotional withdrawal	3.15	0.4	3.32	0.3
N3	Poor rapport	3.64	0.3	3.19	0.6
N4	Passive/apathetic social withdrawal	3.51	0.1	3.32	0.3
N5	Difficulty in abstract thinking	2.65	0.4	2.11	0.6
N6	Lack of spontaneity and flow of conversation	3.23	0.2	3.30	0.4
N7	Stereotyped thinking	3.04	0.4	3.29	0.3
G1	Somatic concern	1.94	0.4	2.00	0.2
G2	Anxiety	3.00	0.2	3.11	0.2
G3	Guilt thinking	1.60	0.1	1.60	0.4
G4	Tension	3.34	0.4	3.50	0.4
G5	Motor arrest and posturing	2.00	0.3	2.23	0.4
G6	Depression	2.04	0.3	1.99	0.4
G7	Motor retardation	2.20	0.1	2.30	0.1
G8	Uncooperativeness	3.00	0.4	3.20	0.1
G9	Unusual thought content	3.08	0.4	3.24	0.2
G10	Disorientation	1.42	0.2	1.44	0.2
G11	Poor attention	2.94	0.3	3.09	0.2
G12	Lack of judgement and insight	4.11	0.4	4.31	0.1
G13	Disturbance of volition	2.63	0.3	2.60	0.1
G14	Poor impulse control	2.60	0.4	2.61	0.6
G15	Pre-occupation	3.11	0.3	3.00	0.3
G16	Active social avoidance	3.12	0.3	3.12	0.2
Negative symptoms (Scale) – sum score		10.60		10.48	
Positive symptoms (P scale) – sum score		33.63		34.66	
General psychopathology (G scale) – sum score		48.63		48.86	
PANSS – sum score		92.83		94.00	

all differences statistically non significant (Chi² test)

B. Frequency and mean intensity of symptoms of schizophrenia syndrome as described by SAPS in two groups of patients defined according to the ICD-10 or DSM-IV criteria

SAPS - items analyzed		Mean intensity and frequency in patients with schizophrenia diagnosis according to criteria of			
		ICD-10 (N=121)		DSM-IV (N=117)	
		mean	FSI	mean	FSI
1	auditory hallucinations	1.22	62	12.7	62
2	voices commenting	1.72	42	12.2	44
3	voices discussing	1.22	25	11.2	24
4	acoustic hallucinations	1.52	24	11.7	22
5	olfactory hallucinations	1.72	12	11.2	8
6	taste hallucinations	1.22	16	11.2	7
Hallucinations - global rating		2.21	62	12.4	66
7	persecutory delusions	2.22	12	2.42	12
8	delusions of jealousy	1.72	4	1.22	4
9	delusions of pain or guilt	1.22	2.1	1.22	7
10	grandiose delusions	1.72	2	1.22	2.4
11	religious delusions	1.72	2.6	1.4	2.6
12	erotic delusions	1.22	2.6	1.22	2.1
13	ideas and delusions of reference	1.22	2.2	1.22	2.2
14	delusions of being controlled	1.67	2.2	1.64	2.4
15	delusions of mind reading	1.57	2.2	1.52	2.2
16	thought broadcasting	1.22	2.2	1.22	2.1
17	thought insertion	1.21	2.1	1.22	2.1
18	thought withdrawal	1.57	2.2	1.52	2.2
Delusions - global rating		2.22	22	2.11	22
19	clothing and appearance	1.22	1.4	2.17	12
20	social and personal behavior	1.24	1.2	2.12	12
21	aggressive and violent behavior	1.22	2.4	1.22	2.1
22	restless and stereotyped behavior	1.52	2.1	1.22	2.2
Ekman's behavior - global rating		2.21	2.4	2.22	2.2
23	detriment (to self, to social ones)	1.72	2.2	1.24	2.2
24	formality	1.74	2.1	1.22	1.2
25	Incoherence (word salad)	1.21	2.2	1.22	2.2
26	illogicality	1.22	2.2	2.17	1.2
27	circumstantiality	1.22	2.1	1.22	2.2
28	premature speech	1.21	2.1	1.22	2.2
29	disturbable speech	1.22	2.2	1.22	2.2
30	clanging	1.71	2	1.24	1.1
Positive formal thought disorder - global rating		1.22	1.1	2.22	2.4
SAPS - summary (global ratings)		8.22		8.22	
SAPS - summary (details ratings)		21.21		22.17	

all differences statistically non significant (Chi² test)

C. Frequency and mean intensity of symptoms of schizophrenia syndrome as described by SANS in two groups of patients defined according to the ICD-10 or DSM-IV criteria

SANS: items analyzed		Mean intensity and frequency in patients with a schizophrenia diagnosis according to criteria of			
		ICD-10 (N=102)		DSM-IV (N=91)	
		mean	SD	mean	SD
1	unchanging facial expression	2.12	78	2.24	83
2	decreased spontaneous movements	1.67	67	1.74	69
3	poor or expressive gestures	1.70	69	1.78	71
4	poor eye contact	2.10	79	2.24	82
5	affective nonresponsivity	2.36	85	2.56	90
6	lack of facial inflections	1.77	70	1.98	76
Affective flattening - global rating		2.55	92	2.71	96
8	poverty of speech	2.03	71	2.08	71
9	poverty of content of speech	2.60	84	2.85	91
10	blocking	0.97	37	1.00	90
11	increased intensity of responses	1.26	50	1.37	56
Alogia - global rating		2.42	89	2.60	93
12	grooming and hygiene	2.21	76	2.44	84
13	inconsistence at work or school	3.44	95	3.51	97
14	physical anergia	2.50	84	2.56	86
Avolition/apathy - global rating		2.95	96	3.04	98
15	recreational interests and activities	3.29	95	3.40	99
16	sexual interests and activity	2.64	83	2.73	86
17	ability to feel intimacy and closeness	2.93	91	3.12	93
18	relationships with friends and peers	3.30	94	3.43	96
Anhedonia/sociality - global rating		3.28	97	3.43	99
19	social inattentiveness	2.82	89	3.04	94
20	inattentiveness during mental status testing	2.35	80	2.56	87
Attention - global rating		2.56	87	2.74	92
SANS - sumscore (global ratings)		13.75		14.53	
SANS - sumscore (detail ratings)		4532		49.24	

all differences statistically non significant (Chi² test)

D. Frequency and mean intensity of symptoms of schizophrenia syndrome as described by CASS-S in two groups of patients defined according to the ICD-10 or DSM-IV criteria

CASS-S item analyzed	Mean intensity and frequency in patients with schizophrenia diagnosis according to criteria of			
	ICD-10 (N=102)		DSM-IV (N=91)	
	mean	[%]	Mean	[%]
S1. difficulty establishing rapport	1.23	33	1.22	36
S2. delusional content	2.21	58	2.26	51
S3. delusional activity	1.66	43	1.13	42
S4. hallucinations	1.26	11	1.21	46
S5. sense of facial rearrangement	1.61	58	1.66	49
S6. sense of facial incoherence	1.61	51	1.61	51
S7. sense of loss of facial identity	1.68	44	1.59	46
S8. conceptual disorganization	1.52	54	1.66	61
S9. symbolic disorganization	1.11	42	1.18	49
S10. communicative disorganization	1.78	66	1.31	11
S11. posturing	1.49	21	1.51	29
S12. negativism	1.68	39	1.66	42
S13. "automatic" obedience	1.44	31	1.41	33
S14. impoverished thinking	1.55	44	1.66	51
S15. affective blunting	1.66	52	1.14	33
S16. loss of interests	2.25	56	2.12	56
S17. autism	1.51	16	1.66	44
S18. depressive mood	1.14	49	1.11	46
S19. dysphoric mood	1.39	62	1.18	61
S20. elevated mood	1.31	7	1.34	28
S21. retardation	1.13	44	1.14	46
S22. excitement	1.16	49	1.14	58
S23. anxiety	1.26	14	1.21	13
S24. inadequate speech	1.23	69	1.21	16
S25. inadequate affect	1.58	41	1.62	41
S26. inadequate behavior	1.26	18	1.43	11
S27. lack of politeness	1.35	58	2.28	51
S28. lack of awareness of illness	1.61	44	1.66	58
S29. unwillingness to be treated	1.24	65	1.28	18
S30. subaggressive behavior	1.34	24	1.41	21
S31. aggressive behavior	1.55	33	1.63	36
CASS-S sum score	34.51		36.66	

all differences statistically non significant (Chi² test)