Kronfol Z (1989): Positive and negative symptoms in schizophrenic and the dexamethasone suppression test. Biol Psych 25:788–792.

Wing JA (1961): A simple and reliable subclassification of schizophrenia. *J Nerv Ment Dis* 107:862–865.

Response

To the Editor:

We appreciate Keshavan et al.'s interest in our article and are intrigued by their failure to replicate our findings with regard to the association of post-dexamethasone cortisol levels with negative symptom severity in medication-free schizophrenic patients. Though the samples in both studies appear comparable (at least 2-weeks medication-free SADS/RDC schizophrenic inpatients with roughly equal global severity), a closer examination suggests that there may have been significant differences between these samples:

1. The rates of baseline DST nonsuppression noted by Keshavan et al. were 11% in contrast to the 35% noted in our study. The 10 previous investigations of DST in medication-free schizophrenic patients reported rates of 18%–73%, with half of these reporting rates higher than our 35% and the other half reporting lower rates. Thus, the rates of DST nonsuppression reported by Keshavan et al. are very low when compared with previous studies, including ours.
2. The mean severity of baseline negative symptoms as measured by the BPRS was 6.7 ± 2.9 in their sample as compared to 12.5 ± 3.8 in our sample. Furthermore, the change in global severity (BPRS Total change of 10.7 versus 23.5) and change in negative symptoms (BPRS Negative change of 2.3 versus 5.4) with treatment was significantly lower in their sample as compared with ours. All these differences are statistically significant at the 5% level.

As their sample differed significantly from ours with regard to negative symptom severity and rates of DST nonsuppression, a discrepancy with regard to the relationship between these variables could be expected. As we had suggested that a common mechanism such as stress/cholinergic excess/?? may underly both negative symptoms and the increased DST nonsuppression in the acute phase of schizophrenia, a reduction in the severity of either (or both as in Keshavan et al.'s sample) would obscure this relationship by decreasing the signal-to-noise ratio. Incidentally, in a larger sample of 40 medication-free schizophrenic inpatients (Mazzara et al. 1989), we continue to observe a 35% rate of nonsuppression (14 of 40) and a relationship between negative symptom severity and postdexamethasone cortisol ($r = 0.38$, $p < 0.02$). Though the association is statistically significant, it is important to note that this relationship explains only 14% of the variance.

The frequency and nature of HPA dysregulation in schizophrenia, its relationship with negative symptoms and other aspects of schizophrenic symptomatology, and the mechanisms underlying this phenomenon are unclear, and future studies will hopefully shed further light on this important issue.

Cheryl Mazzara
Kenneth R. Silk
John F. Greden

Department of Psychiatry
University of Michigan Medical Center
Ann Arbor, MI 48109-0120

Reference

Mazzara C, Tandon R, Hariharan M, Greden JF (1989): DST in schizophrenic patients before and during neuroleptic treatment: Association with symptomatology and ventricular enlargement. Biol Psychiatry 25(7A):41A–42A.