Women and schizophrenia

This comprehensive review of a complex area is as much about women as it is about schizophrenia, encompassing the biological, endocrinological, epidemiological, reproductive, psychological and social aspects of schizophrenia as experienced by women. Femaleness impacts significantly on the onset and nature of schizophrenia suffered by women: the female brain develops more rapidly than the male; estrogens produce antipsychotic effects; the female brain ages differently from the male, with a massive preponderance of female very-late-onset schizophrenia which may be related to a relative excess of dopamine D₂ receptors.

An international multidisciplinary team of clinicians and mental health researchers review past and current literature, assess the sex-specific issues and evaluate their therapeutic, clinical and social implications for more appropriate and effective treatments of schizophrenia in women now and in the future. This book is essential reading for all clinicians, practitioners and researchers involved with mental health and also with women’s health.

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I am delighted to recommend this highly readable book. Firstly, it is an extremely important subject. Secondly, I learnt a lot from the nine chapters, and I have no doubt that others will do the same. Thirdly, and more parochially, two of the editors (D.C. and J.McG.) are former members of my own department whose subsequent work on schizophrenia I have followed with great interest.

Why write (or read) a book on schizophrenia in women when there are no similar books on schizophrenia in men? The answer is that the prototypical patient with a diagnosis of schizophrenia is male, and most studies of people with schizophrenia have contained many more men than women. Indeed, there has been a recent trend in some fields, such as functional neuroimaging, to study only males (in an effort to reduce heterogeneity). The result is that many discussions and recommendations about schizophrenia are in fact about schizophrenia in males.

Of course, there remains considerable controversy about the very existence of schizophrenia as a distinct entity. Even Kraepelin, who invented the concept (initially termed dementia praecox), later expressed the view that schizophrenia was merely a provisional category, and that the dichotomous classification of psychosis might some day be replaced by a better system. Unfortunately, we have not yet reached that point. In the meantime, therefore, in the search for more knowledge, there is a lot to be said for investigating those facts about schizophrenia which appear to be most consistent across cultures; and among these, differences between male and female sufferers are pre-eminent.

Dr Castle and his colleagues throw a penetrating light on the data showing that females with a diagnosis of schizophrenia have, on average, better childhood function, a later onset of illness, and a better response to
treatment than their male counterparts. Why? Are the schizophrenia-like disorders that afflict men and women essentially different? Do, for example, many females who receive a diagnosis of schizophrenia really suffer from an illness which is driven by mood disturbance and in which the schizophrenic symptoms are secondary phenomena? Alternatively, is it that women in general, and not just women diagnosed as having schizophrenia, tend to have fewer negative behaviours, more comprehensible speech, and more social skill than their male counterparts? Readers will not be presented with a definitive answer but they will see a clear presentation of the different points of view, and can make up their own minds.

The editors also introduce a number of relatively new topics. These include the question of whether hormone replacement therapy has a place in the treatment of women with onset of schizophrenia later in life. Secondly, the important public health issue of ensuring that women with schizophrenia have the best possible antenatal and perinatal care lest the increased genetic risk of their offspring is compounded by cerebral insult. Finally, the increasingly common question of how best to help mothers with schizophrenia to provide an optimum upbringing for their children.

I wish I had thought of the idea of a book on this important but neglected topic. Sadly, I didn’t, but reading this one is the next best thing!

Robin MacGregor Murray
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Preface

This book is as much about women as it is about schizophrenia. It takes as its premise the notion that understanding differences between women and men in terms of biological, psychological and social domains can inform our understanding of gender differences in schizophrenia, but more broadly schizophrenia as a disorder. Specifically, those particular vulnerabilities and strengths which women show, relative to men, are explored and brought to bear on an exploration of gender differences in schizophrenia.

For example, the fact that the female brain develops more rapidly than that of the male, leaving it less vulnerable to early developmental insult, could explain the relative protection of females from the severe early dementia praecox type of schizophrenia, postulated to be consequent upon neurodevelopmental damage. On the other hand, the antidopaminergic properties of estrogens are explored in some detail, and the animal and clinical experiments showing this to translate into antipsychotic effects are reviewed. This lays the ground for consideration of a possible protective effect of female sex hormones against the onset of schizophrenia in premenopausal women. The price is paid once estrogen levels fall at the menopause, and a second peak of onset of schizophrenia is seen in females at this age. This has important potential therapeutic implications.

Further, the fact that female brains age differently from those of males is important in explaining the massive female preponderance in a very-late schizophrenia (late paraphrenia, usually with an onset after the age of 60). Differential rates of loss of dopamine D2 receptors between the sexes, with females beginning life with a relative deficit, but having a relative excess in later life, are of particular importance here, and might also account for the particular vulnerability of elderly women to tardive dyskinesia upon exposure to neuroleptic medication.
The book also serves to outline the psychosocial context of women with schizophrenia. Inevitably the views presented here are largely reflective of the situation in so-called developed or industrialized countries, but issues such as marriage (or its equivalent) and childbirth are part of all human societies. Increasingly it is important for the male-dominated medical profession to be aware of women’s issues in these domains, as the recognition thereof will allow more appropriate, accessible, acceptable and ultimately effective interventions to be brought to bear to help women with schizophrenia. We trust this book will assist in this process.

David J. Castle
August 1999