Results

Characteristics of the Sample at Start of Study.—The patients assigned to each of the four treatment groups were quite similar as to means and variances of background variables at the start of the study. The sampling technique apparently succeeded in eliminating biasing factors among the groups.

The sample for the 12-week course consisted of 20% classified as chronic disturbed, 61% as chronic nondisturbed, 7% as acute disturbed, and 12% as acute nondisturbed; for the 24-week course, 23% as chronic disturbed, 74% as chronic nondisturbed, 2% as acute disturbed, and 1% as acute nondisturbed. In all other respects, the two samples were essentially alike at start of treatment. The average patient was 36 years old, had been ill about 10 years, and had been hospitalized for over 7 years. On the MSRPP, relative to a sample of Veterans Administration psychiatric hospital patients,[11] he scored at levels of markedly more total morbidity, resistiveness, perceptual distortion, mannerisms, withdrawal, self-depreciation, and conceptual disorganization; considerably more paranoid projection and belligerence, and very slightly more retarded depression, hyperactivity, and melancholy agitation.

A further description of the average patient, based on psychiatrists' judgments, follows: The patient was more severely ill than the average patient in the hospital. His mental condition had not changed substantially for the two weeks preceding the study. While there was some risk, it was rather unlikely that he would harm himself or others. He might possibly try to leave the hospital unofficially, but, again, this was somewhat unlikely. In terms of the most realistic treatment goals, he would require a minimal degree of nursing care and would participate, though not very much, in ward activities. If he were able to be released from the hospital, it would be in the care of his family, and the probability of his return would be high. He would be either unproductive economically or only partially self-supporting.

Drop-Outs and Side-Reactions.—The number of patients who were dropped from the study or reported to have developed untoward symptoms during it did not vary significantly among the four groups in the initial 12-week course or the 12 groups in the cross-over study.

Of the 805 subjects selected for the study and placed on medication, 67 (8%) had to be withdrawn in the first 12 weeks for the following reasons: increased disturbance, 18, of whom 10 received a tranquilizer; medication refused, 12, of whom 9 were in the tranquilizer groups; side-effects, 8, and an unrelated physical illness, 4. In 9 the patient selection was incorrect (overage, lobotomy); 14 were discharged from the hospital before the study was completed (5, absent without leave; 1, transferred; 1, trial visit; 7, no reason given). In two cases the reason for withdrawal was not stated.

Of 528 patients who started on the second 12 weeks, 39 (7.4%) were withdrawn before treatment was completed. Administrative reasons accounted for dropping all these patients but one.

Only 27 (3%) patients of the total original sample were reported to have developed side-effects in the first 12 weeks: extrapyramidal syndrome, 6 (1 with phenobarbital); excessive drowsiness, 9 (1 with phenobarbital and 2 with placebo); dermatitis, 6 (3 with phenobarbital); vertigo, 2 (1 with phenobarbital); leukopenia, 3 (2 with phenobarbital), and jaundice (1 with phenobarbital). Side-effects were severe enough in eight patients for them to be dropped from the study; seven had been receiving a tranquilizer. One of these seven developed leukopenia; five, extrapyramidal syndrome; one, dermatitis; and another, who received phenobarbital, a rash. Two cases of excessive drowsiness were the only instances of side-effects reported from the placebo group. Nine (4.5%) of the phenobarbital patients had noticeable side-effects. In the promazine group there were 5 (2.5%), and in the chlorpromazine group, 11 (5%).