

Of the 489 patients who completed the 24-week course, 15 (3.1%) developed, in the second 12 weeks, untoward symptoms, most as the result of intercurrent illness. Side-effects attributable to treatment occurred as follows: One patient had leukopenia, and one, convulsive seizures, while receiving promazine after 12 weeks of phenobarbital; one had edema of the hands and eyes while receiving chlorpromazine after 12 weeks of placebo.

One side-effect which was peculiar to the tranquilizing drugs was weight gain during treatment. In each case in which chlorpromazine or promazine was compared with the control medications, weight gain was significantly greater (statistically) with the tranquilizer drugs. This relationship occurred when the drugs were used continually or only during one or the other period of treatment.

*Changes in Total Morbidity and Specific Symptoms During Treatment.*—In assessing the effects of the drugs, either when given

alone or in sequence, comparisons were made on the basis of the MSRPP total morbidity score and in regard to specific symptoms of psychopathology, aberrant behavior, or prognostic estimates gathered from the MSRPP and the Clinical Estimate of Psychiatric Status. Only results statistically significant at the 5% level will be presented. Of the 600 contrasts herein considered, 110 were found significant.

The experimental design permitted comparisons to be made between the four treatments administered for 12 weeks to fairly large groups of patients and between 12 treatment groups of smaller size after 24 weeks of consecutive treatment. Figure 2 shows changes which occurred in the total morbidity scores of patients treated for 12 weeks. Chlorpromazine was more effective in reducing morbidity than promazine, phenobarbital, or placebo. Promazine was superior to each of the two control medications. The latter two did not differ from each other.

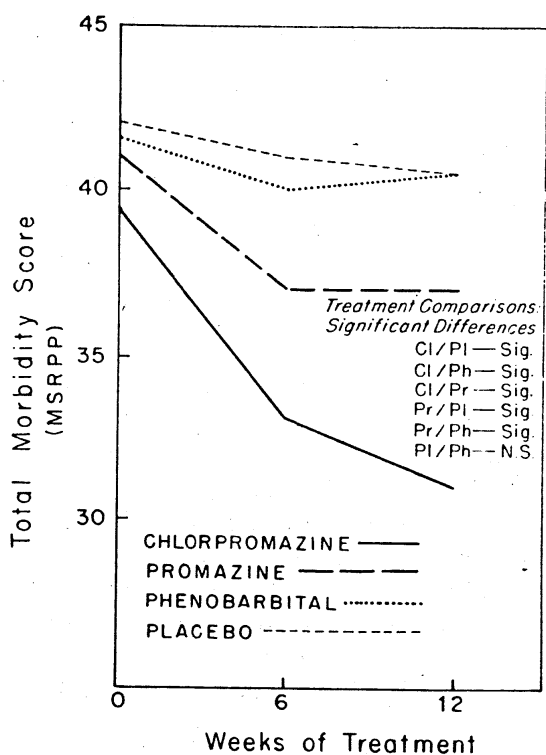


Fig. 2.—Changes in total morbidity scores during initial 12-week period of drug therapy.

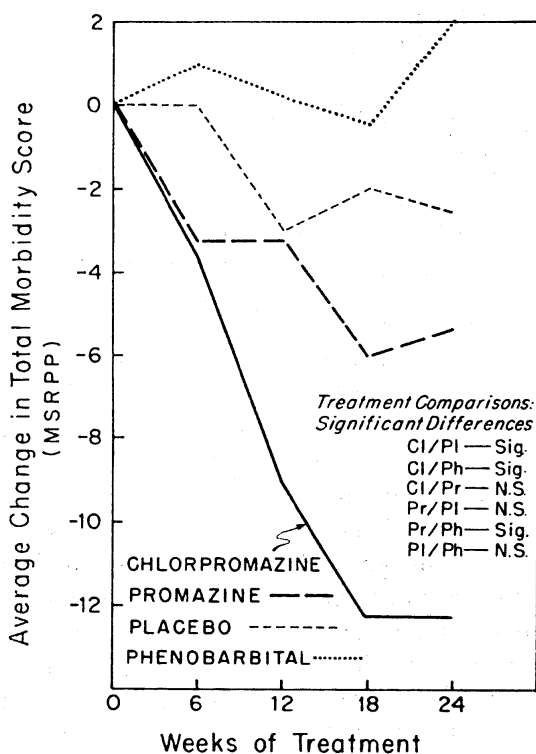


Fig. 3.—Changes in total morbidity scores in patients treated consecutively for 24 weeks with a single drug.