Dear Editor,

We read with great enthusiasm the article titled “Insight and Social Functioning in Deficit and Nondeficit Schizophrenia” published in your journal in issue 2014;25(3):157-62 (Köşger et al. 2014). First, we congratulate the authors that performed this valuable study. When the article was evaluated, “The Schedule for the Deficit Syndrome (SDS)” was used to determine the groups with and without deficit syndrome (Kirkpatrick et al. 1993a). Both Kirkpatrick et al. and the author of the study stated that using only the SDS was insufficient for the determination of the deficit syndrome (Kirkpatrick et al. 2001, Köşger et al. 2014). When the studies were conducted with a similar group of examined patients, groups with and without deficit syndrome in schizophrenia were determined by using the (i) Positive and Negative Syndrome Scale (PANSS) and (ii) by making a series of calculations (Dickerson et al. 2006, Kay et al. 1987). Proxy for the Deficit Syndrome (PDS) was calculated as PDS = blunted affect - (guilt + anxiety + depression + hostility) in a sample study (Kirkpatrick et al. 1993b). We suggest that these types of calculations would be more comprehensive and more objective in the determination of the deficit syndrome. An important finding supports our suggestion, since the author determined a higher positive symptom score in the group with deficit syndrome. Although the authors tried to explain the reasons for this result with cross-sectional evaluation of patients in terms of positive symptoms, the inability to identify the groups was more significant in forming this result. Another finding that supports our proposed approach was the identification that 42.0% of the enrolled schizophrenia patients had deficit syndrome. This ratio was determined to be 24-27% in studies with a similar patient group (Dickerson et al. 2006, Cascella et al. 2008). Our approach would take into consideration the schizophrenia patients with deficiency syndrome that were not been identified because they were only evaluated by SDS in this study.

Abdullah Bolu,
MD, Aircrew’s Health Research and Training Center, Eskisehir, Turkey
e-mail: abdullah_bolu@yahoo.com

Süleyman Akarsu,
MD, Aksaz Naval Hospital, Mugla, Turkey

REFERENCES