

Reconsidering evidence, focus & the effectivity of treatments for negative symptoms.

Lisette van der Meer^{1,2} and Stynke Castelein^{2,3,4}

¹ Department of Rehabilitation, Lentis Psychiatric Institute, Zuidlaren, the Netherlands

² Rob Giel Research Center, University of Groningen, University Medical Center Groningen, Groningen, the Netherlands

³ Research Department, Lentis Psychiatric Institute, Groningen, the Netherlands

⁴ Department of Clinical Psychology and Experimental Psychopathology, University of Groningen, Groningen, The Netherlands

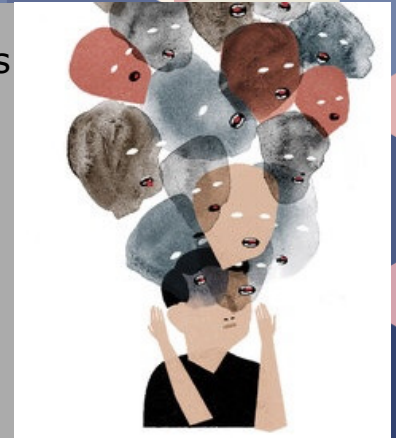


Negative symptoms

- Described since 19th century
- Regarded as primary feature of schizophrenia

Schneiderian symptoms

- Published in 1959
- Positive symptoms as "first rank symptoms"



Current evidence

- Few effective interventions for negative symptoms
- Heterogeneous construct subdivided in subdimensions
- urgent need for interventions targeting negative symptoms

Consequences

- Focus upon positive symptoms in diagnosis
- Focus upon positive symptoms in clinical trials.
- Paucity of clinical trials into negative symptoms



Have treatment options been dismissed while actually effective in subdomains of negative symptoms? We need to revisit current evidence from clinical trials targeting negative symptoms. Are you in?!