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LETTER TO THE EDITOR

Schizophrenia in Women—A Different Phenotype?

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Literature on schizophrenia in women abounds. Gender-based differences span the whole schizophrenic syndrome contours. This has been largely attributed to estrogen protection hypothesis. Here, we would try to sum up these salient differences and meanwhile highlighting its prognostic and therapeutic implications.

Incidence A meta-analysis by Aleman et al. (2003) found that the pooled male to female ratio was 1:4. This simply translates into for every three men developing schizophrenia, two women are affected. This contrasts with the dogmatic belief that schizophrenia affects both sexes equally. Early-onset schizophrenia that is below age of 18 remains male-preponderant.

Onset The mean age of onset in women is 25–35 years that is 3–4 years later than male counterpart. It has bimodality with the other peak perimenopausal.

Phenomenology Paranoid type predominates. Affective symptoms are common. Negative and cognitive domains are less affected. Good premorbid functioning. Better social adjustment. More suicidal attempts are reported. Lower substance use is noted.

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Course and Prognosis All these would portend an overall better prognostication. Fewer hospitalizations are typical and better quality of life is shown.

Treatment Women respond generally to lower antipsychotic doses. They tend to have a more favourable antipsychotic response. They are more vulnerable to metabolic and hormonal side effects as shown in CATIE study. Old women are more susceptible to TD. Add-on estrogen helped positive domain and general psychopathology in 2 RCTs by Kulkarni et al. (2015) and Akhondzadeh et al. (2003).

To extrapolate, raloxifene, SERM, has been demonstrated to improve positive symptoms. An RCT by Usall et al. (2016) of raloxifene for negative domain was positive. Another RCT by Huerta-Ramos et al. (2014) demonstrated efficacy in cognitive domain.

References

Akhondzadeh S, Nejatisafa AA, Amini H et al (2003) Adjunctive estrogen treatment in women with chronic schizophrenia: a double-blind, randomized, and placebo-controlled trial. Prog Neuropsychopharmacol Biol Psychiatry 27(6):1007–1012

Aleman A, Kahn RS, Selten JP (2003) Sex differences in the risk of schizophrenia: evidence from meta-analysis. Archives of General Psychiatry 60(6):565–571

Huerta-Ramos E, Iniesta S, Ochoa S et al (2014) Effects of raloxifene on cognition in postmenopausal women with schizophrenia: a double-blind, randomized, placebo-controlled trial. Eur Neuropsychopharm 24(2):223–231

Kulkarni J, Gavrilidis E, Wang W et al (2015) Estradiol for treatment-resistant schizophrenia: a large-scale randomized-controlled trial in women of child-bearing age. Molecular Psychiatry 20(6):695–702

Usall J, Huerta-Ramos E, Labad J et al (2016) Raloxifene as an adjunctive treatment for postmenopausal women with schizophrenia: a 24-week double-blind randomized, parallel, placebo-controlled trial. Schizophrenia Bulletin 42(2):309–317