

## **Issues in clinical practice and research for schizophrenia: Japan report**

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Recently there have been remarkable developments in clinical practice and research for schizophrenia in Japan.

The most significant development is renaming of the term “schizophrenia,” which was previously translated as “mind split disease.” After a comprehensive discussion by the Japanese Society of Psychiatry and Neurology since 1993, both in academic and humanistic sense, the translation was changed to “integration dysfunction syndromes” in 2002. The ministry of health and labor immediately incorporated the change in all legal documents. The quality of care has been improving thanks to this renaming.

In the clinical fields, social skill training, psychosocial education and normalization programs have been developing. Also better care management for schizophrenia has been explored through Assertive Community Treatment. Japan is carefully exploring a shift from admission focused model to community based model, avoiding an abrupt change and disturbance in care.

Research is actively done in diverse fields. In pharmacology, important issues include tardive dyskinesia, suicidal risk of newer antipsychotic agents, algorithm, metabolic syndromes and treatment for aggression. Neuroimaging studies are indicating both neurodevelopmental abnormality and ongoing degenerative change. Brain function enhancement studies suggest the heterogeneity of the disease and circuit deficits or disconnectivity in brain. There are also studies on the relationship between neuroimaging and neurophysiological indicators, near-infrared spectroscopy and neurotransmitter imaging, Neural mechanism of prosody and its deficits in schizophrenia is another focus of interest.

In neuro-physiology abnormal eye movement has been extensively investigated as possible indicator of basic disturbance. Gene studies have been identifying a few promising loci in chromosomes and some studies investigate vulnerability to relapse.

Many researches have been done on the biological bases of cognitive dysfunction, and the relationship between cognitive dysfunction and social functioning. Hopefully in the near future

there will be more effective programs to rehabilitate social functioning in schizophrenia, according to more accurate assessment on cognitive dysfunction.

The future challenges are how we can integrate research findings and clinical practice and how we can reduce stigma through scientific and humane treatment programs.