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Defining 'remission'

The article "Residual symptoms of schizophrenia: What are realistic treatment goals?" (Evidence-Based Reviews, CURRENT PSYCHIATRY, March 2017, p. 34-40) often referred to residual symptoms occurring in patients who have achieved "remission." For example, the article states that "Of the 236 patients achieving remission at discharge, 94% had at least 1 residual symptom and 69% had at least 4 residual symptoms."¹ Use of "remission" in this article is incorrect. "Remission" refers to the complete disappearance or elimination of symptoms—not treatments that are successful but incomplete in terms of eliminating symptoms of that disease.

Certainly most treatments for schizophrenia and other chronic psychiatric disorders leave some significant residual symptoms. However, the term "remission" should be reserved only for treatment that is sufficiently successful so that no significant residual symptoms remain.

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Reference

1. Schennach R, Riedel M, Obermeier M, et al. What are residual symptoms in schizophrenia spectrum disorder? Clinical description and 1-year persistence within a naturalistic trial. *Eur Arch Psychiatry Clin Neurosci.* 2015;265(2):107-116.

The authors respond

Dr. Korn makes a valid, relevant point about the correct use of the term "remission" with regard to the residual symptoms of schizophrenia. Although use of "remission" in the context of our article might seem to defy logic, our use of the term is predicated on the Consensus Criteria for remission, which allows for mild symptoms of core schizophrenia psychopathology.¹

In 2005, the Remission in Schizophrenia Working Group published an operationally defined criterion for remission using a threshold of severity for core symptoms. The Consensus Criteria aimed to provide researchers and clinicians with a well-defined method to gauge outcomes and facilitate comparisons of the effectiveness of therapy in the long-term treatment of schizophrenia.² The Consensus Criteria for remission is a highly debated and dynamic topic. Within 5 years after being published, 6 post hoc analyses tested these criteria against other remission criteria in schizophrenia.³

At the beginning of our article, we cited the naturalistic trial by Schennach et al,¹ which investigated the discrepancy between remission status using the Consensus Criteria and remaining impairments or "residual symptoms" found in remitted patients. This trial also examined these remaining symptoms that persisted in 236 remitted patients. The symptoms most commonly found were: blunted affect, conceptual disorganization, passive/apathetic social withdrawal, emotional withdrawal, lack of judgment and insight, and poor attention.¹

We agree with Dr. Korn's comment, "Certainly most treatments of schizophrenia and other chronic psychiatric disorders leave some significant residual symptoms." It is this reason why we find it difficult to eliminate symptoms of schizophrenia with currently available treatment options.

We also agree with his comment, "... the term 'remission' should be reserved only for treatment that is sufficiently successful so that no significant residual symptoms remain." Defining remission as an absolute

elimination of symptoms using currently available treatment options might not be practical for schizophrenia. This statement is based on the paucity of occurrences of complete remission or elimination of symptoms in our own patients. Therefore, in our article, we chose not to address the criteria or define the remission of schizophrenia. The primary focus was treating residual symptoms and providing realistic therapeutic goals.

In the future, we expect more effective treatment approaches, and advanced therapeutic goals will incite revisions to the remission criteria to meet even higher treatment expectations. We hope future research will focus on addressing residual symptoms, finding a potential cure for schizophrenia, and better defining the term "remission" and absolute nature for this most complex, chronic illness.

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2. Emsley R, Chiliza B, Asmal L, et al. The concepts of remission and recovery in schizophrenia. *Curr Opin Psychiatry.* 2011;24(2):114-121.
3. Lambert M, Karow A, Leucht S, et al. Remission in schizophrenia: validity, frequency, predictors, and patients' perspective 5 years later. *Dialogues Clin Neurosci.* 2010;12(3):393-407.