Schizophrenia Research 124 (2010) 240–241

Contents lists available at ScienceDirect

Schizophrenia Research

journal homepage: www.elsevier.com/locate/schres

Letter to the Editors

Incidence of schizophrenia among Moroccan immigrants to the Netherlands

To the Editors,

With interest we read the report of a psychosis incidence study in the Dutch town of Utrecht (Zandi et al., 2010). The authors hypothesized that previous reports of an increased incidence of schizophrenia among Moroccan–Dutch people in the Netherlands were due to cross-cultural bias. They examined first-onset cases using a "culturally sensitive" version of the Comprehensive Assessment of Symptoms and History (CASH; Andreasen et al., 1992) and arrived at the conclusion that the first-contact incidence of schizophrenia among the Moroccan–Dutch was no longer significantly increased when this culturally sensitive instrument was applied. The purpose of this letter is to examine whether the authors have made a strong case.

The study procedures were as follows. Patients suspected of a first psychotic episode during the period May 1st 2002–May 1st 2004 were reported to a central office and interviewed twice: (1) academic psychiatrists (or residents) administered the standard Dutch version of the CASH and made a DSM-IV diagnosis; (2) the authors applied the culturally sensitive version of this instrument (CASH-CS), discussed all findings during a diagnostic meeting and made another DSM-IV diagnosis. The Relative Risks (RRs; Moroccan–Dutch versus Dutch nationals) based on the standard CASH turned out to be much higher than those based on the CASH-CS. Using information from the CASH-CS the RR of schizophrenic disorders (DSM-IV: schizophrenia, schizophrenifom disorder or schizo-affective disorder) dropped from 7.8 (95% CI 4.0–15.2) to 1.5 (0.5–4.3). The authors also observed that they could not replicate the high RR of 9.3 (95% CI 3.7–23.4) for second-generation Moroccans in The Hague (Selten et al., 2001), because not a single second-generation Moroccan was reported to the central office of the researchers. We wish to make the following comments.

Firstly, the previous epidemiological studies found an increased incidence or prevalence of schizophrenia among Moroccan–Dutch *males*, not among Moroccan–Dutch *females* (Brook & de Graaf, 1985; Selten and Sijben, 1994; Schrier et al., 2001; Selten et al., 2001; Veling et al., 2006). Since Zandi et al. reported a RR of schizophrenic disorders for Moroccan–Dutch males of 2.4 (95% CI 0.8–7.7), the 95% confidence interval of which includes the usually reported RR of about 4 to 5 for Moroccan–Dutch males, their finding is *not significantly different* from the results obtained previously. There is an interesting parallel with the sex difference in social achievement, because it is not uncommon that within the same Moroccan family the brothers are in prison and the sisters attend university (Selten et al., 2008).

Secondly, the claim of the authors "that every patient aged 15–54 who made contact with one of the mental health services in Utrecht for a suspected psychotic disorder was reported to a central office" is pretentious. This happens only in an ideal world. Since 1999 the Psychiatric Case Register-Mid Netherlands receives anonymized information on patients who attend any of the in- or out-patient facilities for mental health care in the town of Utrecht and its surroundings. During the 5-year period 2002–2006 *fourteen* second-generation Moroccan citizens of Utrecht (11 males and 3 females) were reported to the registry for a non-affective psychotic disorder (DSM-IV: schizophrenia, schizophreniform disorder, schizo-affective disorder, delusional disorder, brief psychotic disorder, psychotic disorder not otherwise specified). Since these patients were young and had received no psychiatric treatment during the period 1999–2001, they were likely to suffer from a first episode. Using this information and population denominators of Utrecht we arrived at an age-adjusted RR of 7.7 (95% CI 3.8–15.7) for second-generation Moroccan males and of 4.2 (1.1–15.5) for second-generation Moroccan females (details of analysis in Selten et al., submitted for publication). The possibility that the authors missed potential cases is further supported by the lower rate of psychotic disorders for Dutch nationals in Utrecht (1.4 per 10,000) than in The Hague (2.2 per 10,000; 95% CI 1.7–2.7 per 10,000; Selten et al., 2001).

We do not differ in opinion with the authors that knowledge of the cultural background is required for a proper interpretation of the patient's complaints. The apparent over-diagnosis of psychotic symptoms and under-diagnosis of depressive symptoms on the part of academic psychiatrists (or residents) may be explained in part by their failure to interview relatives (clearly illustrated by vignette 1) and to discuss findings during a diagnostic meeting. Both the interview with relatives and the diagnostic meeting were standard elements of the incidence study in The Hague (Selten et al., 2001; Veling et al., 2006).

We conclude (i) that Zandi et al. have failed to undermine the validity of the findings of an increased incidence of schizophrenia among Moroccan–Dutch males, and (ii) that their non-replication of the increased risk for second-generation Moroccan–Dutch is due to a failure to include them in their study.

0920-9964/$ – see front matter
doi:10.1016/j.schres.2010.08.010

References

Andreasen, N.C., Flaum, M., Arndt, S., 1992. The comprehensive assessment of symptoms and history. Arch Gen Pychiatry 43, 421–429.
Brook, O.H., de Graaf, A.C., 1985. Admissions of immigrants to Dutch mental hospitals. Tijdschr. Psychiatr. 27, 190–192.
Schrier, A.C., van de Wetering, B.J.M., Mulder, P.G.H., Selten, J.P., 2001. Point prevalence of schizophrenia in immigrant groups in Rotterdam: data from out-patient facilities. Eur Psychiatr. 16, 162–166.
Selten, J.P., Sijben, A.E.S., 1994. First admission rates for schizophrenia in immigrants to the Netherlands. Soc. Psychiatry Psychiatr. Epidemiol. 29, 71–77.
Selten, J.P., Veen, N.D., Feller, W., Blom, J.D., Schols, D., Camoenië, W., Oolders, J., van der Velden, M., Hoek, H.W., Vladar Rivero, V.M., van der Graaf, Y., Kahn, R.S., 2001. Incidence of psychotic disorders in immigrant groups to the Netherlands. Br. J. Psychiatry 178, 367–372.
Selten, J.P., Blom, J.D., van der Tweel, I., Veling, W., Leliefeld, B., Hoek, H.W., 2008. Psychosis risk for parents and siblings of Dutch and Moroccan–Dutch patients with non-affective psychotic disorder. Schizophr. Res. 104, 274–278.
Selten, J.P., Laan, W., Kupka, R., Smeets, H.M., van Os, J. Risk of psychiatric treatment for mood disorders and psychotic disorders among migrants and Dutch nationals in Utrecht, the Netherlands. Submitted.
Veling, W.A., Selten, J.P., Veen, N.D., Laan, W., Blom, J.D., Hoek, H.W., 2006. Incidence of schizophrenia among ethnic minorities in the Netherlands. A four-year first-contact study. Schizophr. Res. 86, 189–194.
Zandi, T., Havenaar, J.M., Smits, M., Limburg-Okken, A.G., van Es, H., Cahn, W., Algra, A., Kahn, R.S., van den Brink, W., 2010. First-contact incidence of psychotic disorders among native Dutch and Moroccan immigrants to the Netherlands: influence of diagnostic bias. Schizophr. Res. doi:10.1016/j.schres.2010.02.1059.

J.P. Selten
Rivierduinen Institute for Mental Health Care, Leiden, The Netherlands
Department of Psychiatry and Psychology, Maastricht University Medical Centre, Maastricht, The Netherlands
Corresponding author. De School, Endegeesterstraatweg 2, 2342 AJ Oegstgeest, The Netherlands.
Tel.: +31 71 890 7200; fax: +31 71 890 7206.
E-mail address: j.selten@ggzleiden.nl.

W. Laan
Julius Center for Health Sciences and Primary Care, University Medical Centre, Box 85500, 3508 GA Utrecht, The Netherlands
E-mail address: w.laan@umcutrecht.nl.

N.D. Veen
Delfland Institute for Mental Health Care, GGZ Delfland, Box 5016, 2600 GA Delft, The Netherlands
E-mail address: n.veen@ggz-delfland.nl.

J.D. Blom
W. Veling
H.W. Hoek
Parnassia BAVO Psychiatric Institute, Lijnbaan 4, 2512 VA, The Hague, The Netherlands
E-mail addresses: w.veling@parnassia.nl (W. Veling), w.hoek@parnassia.nl (H.W. Hoek).

7 June 2010