

## EPIDEMIOLOGY OF SCHIZOPHRENIA IN CROATIA

Folnegović Šmalc V., Folnegović Z.

Already at the beginning of 20-th century the prevailing view was that the northwest territory of Croatia (Istrian peninsula and Croatian littoral) were affected by a higher prevalence of mental disease than the rest of Croatia. This was founded on data showing a far larger number of psychiatric hospital beds in those areas than in other parts of Croatia [1,2].

The first hospital statistics for 1927-1932. also indicated higher mental hospital case rates found for patients born in this part of Croatia [3].

1959/60 psychiatric facilities discharge date, as well as data concerning those patients found on the hospital census date of 15th August 1962, indicated that schizophrenia admission rates in the population of Istra and Croatian Littoral were nearly twice as high as in the rest of Croatia [4]

The conviction that there is a higher prevalence of mental cases in northwestern Croatia had stimulated epidemiological field studies. As early as the early 1930s, Geratović [5] carried out a study of schizophrenia heredity on the island of Krk.

In the 1950s the Yugoslav Academy of Science and Art from Zagreb conducted an investigation on the island of Susak (6). They also carried out a psychiatric examination of the islands population, where the prevalence for schizophrenia was very high (1,1 %) much more than in continental part of Croatia.

In the 1964. the School of Public Health from Zagreb initiated a survey of prevalence of psychosis in four communities in three different areas in Croatia. 71 of 15 inhabitants aged 20-64 years were examined. The highest rate of schizophrenia and of functional psychoses (300-303 according ICD-7) were found in the Labin community (study area), and the lowest in the Popovača- Kutina community (inland Croatia -control area). Thus these results also supported the hypothesis that there is a higher prevalence of psychoses in the study area than in other areas [6].

In order to verify the hypothesis that the prevalence of psychosis in the population of Istria and Croatian Littoral the surveys were done from 1969-1972 to establish the prevalence of psychoses and compare findings in representative samples from the study and control area population.

### The conclusion

The risk of schizophrenia development for person born in families with negative heredity is about equal. This risk is increased for persons born in a family with positive heredity depending on family aggregation. It is even greater, depending on the degree of consanguinity and in persons born in a population with a heavier hereditary load, patients with a double hereditary load, i.e., in the family and in the population, have the onset of the illness more often at a younger age, which makes reproduction diminish in these patients. Thus, in spite of their greater risk of becoming ill, an equilibrium is established among the patients with a positive hereditary loading is decreased, owing to a lower reproduction rate among these individuals. In this way, the incidence of schizophrenia is kept roughly the same and constant over generations in populations with different prevalences and different hereditary loading.

Key words: schizophrenia, risk of schizophrenia development, hereditary loading, family with positive hereditary, family aggregation, equilibrium, double hereditary load, Croatian Psychoses Registry ( the last date: 2009. year)

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