
Letter to the editor

IN RELATION TO THE SEMANTIC PRECISIONS IN SCHIZOPHRENIA

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Dear Editor:

The purpose of these lines is to comment the interesting Letter to the Editor published in the last issue of your journal and titled: "*Asignación de relevancia*" ("Assignment of relevance" in English): A proposal for translating the English term "Salience" into Spanish by Martín L. Vargas.¹

The search for a new name to designate schizophrenia was proposed several decades ago. In English this is called "renaming," and its purpose is to find a better term for the description of this disorder. Among us, already in 1987, Antonio Colodrón² had proposed the possible name "Kraepelin-Bleuler Syndrome" to refer to the disorder that occurred with the symptoms described by these authors, initially in 1898,³ and after in 1908.⁴

Very much later, Daniel Weinberger, beginning with the theory of neurodevelopment, proposed that the core in schizophrenia would be what he conceptualized as "a Genetic Disorder of the Synapse." He explained that the appearance of the psychotic symptoms would be secondary to an early neurodevelopment disorder of the brain areas, especially located in the dorsolateral prefrontal cortex.⁵

In 2003 Kapur described "*Salience*" as an essential component in schizophrenia, considering psychosis as a "*State of Aberrant Salience*,"⁶ as Vargas comments in his letter. This term has been increasingly accepted and widely used.

Beginning with an increasingly more extensive description and better knowledge of its etiopathogeny, the search for an alternative name for the disease called schizophrenia has been generated, since this term does not represent the neurobiological aspects involved in the physiopathology of the disorder. Of course, this new meaning would obviate the considerable social stigma that has historically burdened the name of schizophrenia. These factors have led to new terminological proposals that aim to better define this complex disorder and to optimize its

application in clinical use and in research. It is in this context that the constructs "A Salience Dysregulation Syndrome"⁷ and "Dopamine Dysregulation Disorder,"⁸ have been suggested, placing emphasis on the neurobiological hypotheses that support the involvement of dopamine in the conversion of the neural representation of a neutral external stimulus into an attractive or aversive entity. For this reason, the neutral external stimuli are processed aberrantly by the patients with the disease due to the functional dysfunction of the dopamine pathway.⁹

Even though different terms have been proposed for its replacement, no consensus has been reached regarding the adequacy of any of them. This absence of consensus is worsened by the lack of agreement of the professionals regarding what the best translation is. In fact, in Japan, the term *Togo Shitcho Sho* (integration-dysregulation syndrome) that has been evaluated with noticeable success as a progress in the strategies of communication of the diagnosis to the patient and that is accepted with greater facility by them is already used.¹⁰ Time will tell up to what point its implementation will reach in the clinical situation, research and its social acceptance.

To finish, we want to stress the relevance of analyzing the semantics of the nosology of schizophrenia, something that allows us to consider and seek alternatives to a new concept of this complex disease that requires solid neurobiological bases that consolidate the nosology.¹¹

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