

Methods: The study group consisted of 64 acute schizophrenic inpatients (39 male) with a mean age of 30.3 (± 8.9) years, consecutively admitted at the Eginition Hospital, Athens, from January 1996 to October 1996. Patients were interviewed on admission on the following scales: The Calgary Depression Scale for Schizophrenia (CDSS), the Hamilton Depression Rating Scale (HDRS), the Positive and Negative Syndrome Scale (PANSS) including the PANSS-Depression subscale (PANSS-D) and the Expanded Brief Psychiatric Rating Scale-Depression subscale (EBPRS-D).

Results: The mean scores both on the CDSS and on the EBPRS-D showed no significant correlations with that of each of the seven negative symptoms-items. Both the mean HDRS score and the mean PANSS-D score were significant correlated with that of the negative item of passive/apathetic social withdrawal ($r = 0.311$ and $r = 0.313$ respectively). Besides, there was a significant correlation between the mean score on the HDRS and that of the negative item of emotional withdrawal ($r = 0.279$).

Conclusions: Only CDSS and EBPRS-D can discriminate between depression and either PANSS negative symptoms subscale score or negative items score.

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ATHENS FIRST-EPISODE SCHIZOPHRENIA STUDY: EFFICACY OF TREATMENT WITH RISPERIDONE

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Background: Risperidone (RIS) is an atypical antipsychotic drug, benzisoxazole derivative, with antagonistic action at serotonin 5-HT₂, as well as, dopamine D₂ receptors. This is the first study examining the efficacy of treatment with RIS given once daily in drug-naïve first-episode schizophrenic inpatients.

Methods: The sample included 25 drug-naïve patients suffering from schizophrenic disorder (DSM-IV criteria). They were 14 women (mean age 27.8 \pm 6.5) and 11 men (mean age 27.7 \pm 7.5). Clinical assessments consisted of the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning Scale (GAF). Ratings were recorded during the drug-naïve state (baseline) and at endpoint of the 8 weeks trial. All patients were treated openly with risperidone given once daily in the evening according to standard guidelines.

Results: Two patients who manifested high levels of impulsivity and aggression were excluded. Two subjects were characterized as risperidone non-responders and switched to haloperidol with good results. Twenty-one patients (91%) responded to risperidone treatment. The mean daily RIS dosage was 4.7 (± 2.5) mg. Among responders significant improvement was observed (baseline vs endpoint) in the score of the following parameters: PANSS total (110.61 vs 57.04, $p < 0.0001$), PANSS-positive subscale (26.71 vs 11.90, $p < 0.0001$), PANSS-negative subscale (27.42 vs 15.52, $p < 0.0001$), PANSS-general psychopathology subscale (56.47 vs 29.61, $p < 0.0001$), GAF (33.16 vs 65.00, $p < 0.0001$).

Conclusion: Risperidone given once daily proved to be effective in treating drug-naïve first-episode schizophrenic patients.

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ATHENS FIRST-EPISODE SCHIZOPHRENIA STUDY: SAFETY OF TREATMENT WITH RISPERIDONE

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Background: The conventional antipsychotic drugs are associated with a wide range of unwanted effects while the atypical antipsychotics are less liable to cause adverse reactions. The aim of this study is to examine the safety of treatment with risperidone (RIS) given once daily in drug-naïve first-episode schizophrenic patients.

Methods: The sample consisted of 25 drug-naïve schizophrenic patients (DSM-IV criteria). There were 14 women and 11 men. Their mean age was 27.8 (± 6.8) years. All patients were treated openly with risperidone given once daily. Adverse events were detected using the modified version of the UKU-Side Effects Rating Scale, the Rating Scale for Extrapyramidal Side-Effects, the Barnes Drug-Induced Akathisia Rating Scale and the Abnormal Involuntary Movement Scale.

Results: Two patients were excluded from the treatment project because of high levels of agitation and impulsivity. The mean daily dose of RIS was 4.7 (± 2.5) mg. The most common adverse reactions observed were that of the motor type. Out of the twenty-three patients, four developed parkinsonism (17%) and one akathisia (4%). The motor side-effects disappeared rapidly patients receiving biperiden or propranolol respectively. None of the patients experienced acute dystonic reactions. Four patients (17%) developed orthostatic hypotension and received etilephrine with good results. Two women complained for amenorrhea (8%). There were no drop-outs due to adverse events.

Conclusion: This open study suggests that risperidone is well-tolerated in the treatment of drug-naïve schizophrenic patients.

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SUICIDALITY AND CLINICAL SYMPTOMS IN ACUTE SCHIZOPHRENIC INPATIENTS

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Background: The increased risk of suicide among schizophrenic patients is well documented. The aim of this study is to consider the psychopathological risk factors associated with suicidal thoughts and attempts (suicidality) in acute schizophrenic inpatients.

Methods: A total of 93 schizophrenic inpatients (male 69%) defined according to DSM-IV criteria, representing consecutive admissions to the Eginition Hospital, Psychiatric Department, Athens, from October 1996 to October 1997 were included in the study. All patients were assessed using the Calgary Depression Scale for Schizophrenia (CDSS) and the Positive and Negative Symptom Scale (PANSS) on admission (during the first week). Schizophrenic patients rating 1 or more on the CDSS item 8 "suicidality" (N = 19, mean age 31.3 years, Group A) were compared with schizophrenics matched for age and sex and scoring zero on the same item (N = 19, mean age 31.2 years, Group B) in many psychopathological parameters (PANSS and CDSS items). Data were analyzed by using the SPSS package. Wilcoxon matched pairs signed-rank tests or paired t-tests were used when appropriate. Because variables that are potentially associated with suicidality are interrelated, multiple regression analysis was performed in order to assess their independent effect.

Results: Statistical analysis revealed that patients' score on the items of depression ($\beta = 0.408$, $p < 0.01$), guilt feelings ($\beta =$

0.402, $p < 0.008$), pathological guilt ($\beta = 0.603$, $p < 0.001$), self-depreciation ($\beta = 0.513$, $p < 0.01$) and motor retardation ($\beta = 0.369$, $p < 0.01$) predicted the patients' suicidality.

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APINARCOTHERAPY – NEW PROGRESSIVE METHOD OF ALCOHOL AND DRUG ADDICTION TREATMENT

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Alcohol addiction treatment is one of the biggest and most serious problem of narcology. So far if the patient had problems with alcohol usage, only one variant was possible – the total refusal and all the existing treatment was turned to this not the best and suitable way for patient because we are living in society where everything is connected with alcohol and the man that doesn't use alcohol has always to be against the society, he doesn't feel well any more and all that leads to other serious problems: hypertonia, insult, infarct, depression, psychopathy, loss of interest in life. Besides, common quantities of alcohol can have positive effect over the whole organism: removal of stress, profilaxis of heart diseases and so on. That's why all narcologists have to concentrate themselves on a possibility of usage' normalization, and the total refusal should be considered as a forced temporary stage for 1–2 years, because a long term by itself is a powerful psychological pressure. Five years ago we have developed program of dosed usage of alcohol that allows to use any kind of alcohol in any situation but in certain quantities. The program is administered for 3 months. All this time the patient uses alcohol according to our specially developed program. Bee venom fractions make it possible to influence the alcoholdehydrogenase metabolism. They also normalize the metabolism in liver and pancreas, promote the production of opioid peptides in the brain, imitate alcohol effect and decrease the alcohol demand of the body, at the same time they influence mental dependence, intensify sensitivity of brain cells and active reception of psychotherapy. For 5 year 2450 people have been treated at the Center, from whom 1550 for a dosed alcohol use, 850 have got positive effect, that means working out the control during alcohol usage, forming the breaking effect, calm attitude to other who drinks and satisfaction from small quantity.

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AMANTADINE IN PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER AND BORNA DISEASE VIRUS-INFECTION

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Borna disease virus (BDV) is known as pathogenic in certain animal species. Since BDV-antibodies were detected in humans, psychiatric diseases were considered to be potentially associated to BDV-infections. Further support for this hypothesis were taken from the fact that human strains of BDV were isolated from patients with recurrent mood disorders and a patient with obsessive-compulsive disorder (OCD). In this study, the use of amantadine in the treatment of BDV-infected patients with OCD was investigated. Amantadine is known to influence different neurotransmitter-systems, and to be effective against human BDV. It was further shown to reduce symptoms in BDV-infected depressive patients, thus pointing to a possible clinical efficacy in OCD. Under controlled conditions 6 OCD-patients, who were found to be BDV-infected, were treated for 12 weeks with amantadine sulfate. Amantadine significantly reduced obsessions, compulsions and secondary

depression in at least 5/6 patients. In addition, BDV activity was reduced in these 5 patients and tended to correspond with the change of OCD-symptoms. This pilot study suggests amantadine to be a promising treatment of OCD patients with BDV infection, which should be validated by double-blind and placebo-controlled studies.

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ELECTROPHYSIOLOGICAL CORRELATES OF IMPAIRED COMPONENTS OF WORD RECOGNITION IN DEPRESSION

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Depressive patients show deficits in memory functions. However, most underlying mechanisms await clarification. Impairment could be related to changes of working memory capacity or other processes facilitating certain steps of the memory processing. Thus, stimulus-related factors like their semantic or emotional content, as well as the extent of abstraction or imageability related to the stimuli, may influence memory performance. The aim of this study was to investigate recognition memory with a special emphasis on the influence of imageability of words on recognition in non-medicated depressive patients ($n = 11$; HAMD-score: 17–24) compared to normal controls ($n = 11$) with event-related brain potentials (ERPs). In a continuous word recognition paradigm brain responses to repeated items are characterized by more positive waveforms of ERPs. This recognition-effect ("old/new effect") and has been shown to be sensitive to parameters relevant for memory processing. For the purpose of this ERP-experiment visually presented words were classified into two different categories of imageability ("high", e.g. rose; "low", e.g. future). The ERPs for the correctly detected "old" (repeated) words showed an increased positivity beginning approximately 250 ms poststimulus in the controls. In contrast, the depressive patients performed poorly, and showed no significant old/new effect. However, ERP-correlates of the different imageability (with low imageability words producing more positive ERPs between 250–600 ms) appeared not to be impaired in the depressives. These findings support the hypothesis that depressive patients are impaired in central aspects of working memory processes, but deficits regarding correlates of words' imageability were not found.

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INPATIENT VS. DAY TREATMENT OF ALCOHOLICS. PRELIMINARY RESULTS OF A CONTROLLED, RANDOMIZED STUDY

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(a) **Background:** Inpatient rehabilitation has traditionally been the main-stay of addiction-related health services in Germany. However, not a single european randomized study is known to the authors that compares inpatient vs. day clinic detoxification/motivational enhancement therapy. Such studies are necessary for at least two reasons: 1. A change in the available treatments for alcoholics should depend on empirical evidence. 2. Results of anglo-american studies should not transferred uncritically to european contexts with different and varied health care systems.

(b) **Design, Variables:** All patients receive inpatient treatment until somatic detoxification is completed. Participating patients are randomly assigned either to further inpatient treatment ($n \approx 50$), or