

associated with the intensity of both positive and negative psychotic experiences. No significant association was found between cannabis use and the depressive dimension, or between alcohol use and any of the three positive, negative and depressive dimensions.

Conclusion: This cross-sectional study supports the hypothesis that exposure to cannabis may induce the emergence of positive psychotic symptoms in subjects without clinical psychosis, and additionally suggests that cannabis users present with greater levels of negative symptoms. Prospective studies are required to explore the direction of causality and the impact of cannabis on the course of psychotic experiences in subjects from the general population.

P45.09

Lycanthropy – psychopathology and psychodynamics

P. Garlipp¹*, T. Gödecke-Koch², H. Haltenhof¹, D.E. Dietrich².
¹Hannover Medical School, Department of Social Psychiatry & Psychotherapy; ²Hannover Medical School, Department of Clinical Psychiatry & Psychotherapy, Germany

Lycanthropy is the delusion of being transformed into an animal. Keck et al. defined it not only as the subjective feeling verbally announced by the patient but also as the clinical impression of a undoubtedly animal-like behaviour. Lycanthropic symptomatology was reported in diverse psychiatric diseases, mainly in affective and schizophrenic psychoses or induced by psychotropic substances. Psychodynamically this delusional symptom can be interpreted as an attempt to express subconscious affects e.g. aggression. Two case reports and a review of the literature are illustrated and the psychodynamical aspects are discussed.

P45.10

"State of suicidality" in schizophrenia – a case report

P. Garlipp*, M. Ziegenbein, H. Haltenhof. Hannover Medical School, Department of Social Psychiatry & Psychotherapy, Germany

The use of violent methods of suicide and a high medical seriousness in suicide attempts of schizophrenic patients is known. Schizophrenic patients have a life-time risk of completed suicide up to 13%. Several risk factors for suicide in schizophrenia have been described but the assessment of suicidality in schizophrenia seems to be very difficult, e.g. because of the abruptness of change of psychopathology.

We report the case of a 35-year-old male suffering from schizophrenia for fifteen years who had never been hospitalised. We describe a "state of suicidality": for several days the acute psychotic patient tried in various violent ways to commit suicide and was at last admitted to the hospital with a severe laceration of one arm. We use the term "state of suicidality" for this rarely described chain of violent suicidal attempts without the patient being able to distance himself through the course of events from his suicidality.

P45.11

Effect of risperidone versus haloperidol on sleep in schizophrenics

J. Haffmans¹*, H. Oolders¹, E. Hoencamp¹, J. Arends². ¹Parnassia Psycho-medisch Centrum, The Hague; ²Epilepsy Center Kempenhaeghe, The Netherlands

Introduction: Sleep disturbances are commonly reported in schizophrenia. Risperidone, an atypical antipsychotic, has been shown to improve sleep efficiency in schizophrenic patients.

Objective: The current randomised double-blind, parallel group study compared the effects of risperidone and haloperidol on the sleep of schizophrenic patients.

Methods: Twenty-three patients were randomised to risperidone or haloperidol. Polysomnography was performed and subjective sleep evaluation was obtained.

Results: Adequate sleep data were obtained in 15 patients (risperidone 6, haloperidol 9). The duration of stage 3 slow wave sleep (SWS) increased significantly in the risperidone group (+14 min) versus haloperidol (-3 min). Compared to baseline values, sleep maintenance increased more in the risperidone group compared to haloperidol and tended to be higher at endpoint. The number of short awakenings decreased in the risperidone group, but was unchanged in patients receiving haloperidol.

Conclusion: This study demonstrated that sleep maintenance and continuity were improved. There was a significant prolongation of slow-wave sleep with risperidone compared to haloperidol. The positive effects of risperidone on SWS may contribute to a better clinical outcome in schizophrenic patients.

P45.12

Genotype-environment interaction in the Finnish adoptive family study

P. Tienari*, L.C. Wynne, A. Sorri, I. Lahti, K. Läksy, J. Moring, K.-E. Wahlberg. The University of Oulu, Finland and the University of Rochester, USA

A nationwide Finnish sample of schizophrenics' offspring given up for adoption was compared blindly with matched controls, which were adopted offspring of non-schizophrenic biological parents. Adoptive families have been investigated in their homes. Individuals at genetic risk showed the greatest vulnerability to environmental adversities in 19 years follow up. In addition, the MR results are compatible with the hypothesis that healthy rearing environment can have protective effect. Genotype-environment interaction can be defined as a genetic control of sensitivity to environmental factors, or environmental control of gene expression. It is possible that neither the genetic susceptibility nor the risk factor can influence the disease risk by itself, but risk is increased when both are present. These and other examples are important in that they illustrate that a genotype associated with a disorder may not indicate any genetic role in the causal pathway to the disorder but may identify who is or is not susceptible to an environmental causal factors.

P45.13

Predictors of admission status in first episode schizophrenia

B.D. Kelly*, M. Clarke, S. Browne, M. Gervin, A. Lane, C. Larkin, E. O'Callaghan. Stanley Research Foundation (Ireland), Cluain Mhuire Family Centre, Blackrock, Dublin, Ireland

Objective: To examine predictors of involuntary admission in consecutive cases of first episode schizophrenia from a geographically defined catchment area.

Method: We assessed individuals presenting to a catchment area service with first episode schizophrenia, using the Positive and Negative Symptom Scale (PANSS) and Structured Clinical Interview for the DSM-III-R (SCID).

Results: Seventeen (23%) of the seventy-three patients with first episode schizophrenia were admitted on an involuntary basis. Involuntary patients had a mean age of 33.0 years (SD=12.6) which was significantly higher ($p<0.05$) than that of voluntary patients (25.4 + 7.3). Gender, marital status, drug misuse and living alone