

## TOWARDS PSYCHOTHERAPY FOR EATING DISORDERS OF HIGH QUALITY AND AFFORDABLE COSTS

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Clinical ambitions and responsibilities and economic possibilities are drifting apart. More than 100 clinicians and researchers of 51 clinical institutions from all over Germany came together to provide a sound empirical base to bring these two — conflicting — tendencies into a new balance.

The study is focussing on efficiency and effectiveness — rather than on efficacy — of psychodynamic treatment of patients with eating disorders. It is therefore designed as a naturalistic longitudinal study. The prominent statistical tools are: survival-analytic and logistic regression models.

Data on patient's state are collected at the begin and the end of treatment; the applied treatment measures are documented weekly. The sample includes 1,200 patients. This size provides a sufficient empirical base to come close to the intended goals.

Data analysis clearly demonstrates that there is a lawful relationship between treatment length, treatment amount and outcome.

## UTILISATION OF PSYCHIATRIC BEDS IN THE TREATMENT OF ICD-8 EATING DISORDERS IN DENMARK 1970–1993, A REGISTER STUDY

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The eating disorders are characterised by high personal and societal costs. More and more ED-patients appear within the mental health care delivery system, despite a substantial reduction in number of available beds. In Denmark the number of available psychiatric beds was about 8–9,000 from 1970 to 1977, then came a strong linear reduction to around 4,300 beds in 1992 where the reduction seems to stop. The total number of beddays used by ED-patients increased linearly from 4,000 in 1970 to 15,000 in 1993. In males no trend could be found in any age group. The total number of psychiatric beddays fell from 3.5 million in 1970 to 1.4 million in 1990 where the decline stopped. Thus was 1 bedday per 1,000 used by ED-patients in 1970, but about 10 beddays per 1,000 in 1993. The data from the psychiatric register were analyzed using linear regression as well as analysis for change points. The average cost of a psychiatric bedday is about 325 US\$ (2,000 Dkr.) and thus the cost of psychiatric in-patient treatment of ED-patients in Denmark in 1993 can be estimated to about 30 million Dkr. On top of that there is the costs of day-care programs, out-patient treatment and costs of somatic in-patient care.

## S65. Recent advances in psychiatric genetics

Chairmen: M Owen, D Collier

### TESTING CANDIDATE GENE HYPOTHESES IN SCHIZOPHRENIA

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We have used a sample of 240 schizophrenia probands derived from multiply affected families from the Irish High Density Study of Schizophrenia, and 240 population controls to test candidate gene hypotheses generated by previous case control studies in other samples.

1/ It has been suggested that there is an autoimmune component in the aetiology of schizophrenia. Of many studies using HLA antigens the most consistent finding has been an increase in HLA-A9, now split into A23/24.

2/ The dopamine receptors, especially D3 have been implicated in schizophrenia. Several studies have reported an excess of homozygosity or of the 1-1 allele of a 2 allele Msc I polymorphism (glycine to Serine substitution at position 9).

3/ Serotonin receptors are also implicated, for example Clozapine and Resperidone both have high affinity for these receptors. A higher frequency in patients vs controls of allele 2 of the T102C 5HT2a polymorphism has been reported.

*Results:*—1/ The frequency of HLA-A24, the major component of A9 in a subset of patients (n = 63) and Controls (n = 77) was 12.5% and 15.5% respectively. 2/ There was a small but non-significant increase in the 1-1 allele and in homozygosity (1-1 and 2-2) in patients (n = 200) vs controls (n = 239). 3/ The frequency of the 5HT2a alleles in patients and controls was; allele 1, 42% and 38%, and allele 2, 58% and 62% respectively.

In a large sample of familial schizophrenics we found no evidence to support any of the hypotheses presented above. The disease in multiply affected families might be more likely to be caused by mutations necessary and sufficient to cause disease and thus may not require a combination of minor gene effects for its expression. In contrast to the above results, data from randomly selected patients lends some support to the D3 and 5HT2a hypotheses.

### ANTICIPATION IN SCHIZOPHRENIA: NEW LIGHT ON A CONTROVERSIAL PROBLEM

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Anticipation describes an inheritance pattern within a pedigree where disease severity increases or age at onset decreases in successive generations. Recently, two studies searching for anticipation in schizophrenia among a limited sample of highly loaded families found discrepant results. Our study was performed in a sample of systematically ascertained schizophrenic, identified during a one-year prevalence study in a limited geographical area in Reunion island (Indian ocean). 22 families had at least two generations affected and were available for interview. A new method allowing to calculate expected age at onset according to age at interview was created to take into account the fact that subjects are not interviewed at the same period of their life across generations. With this non-parametric

method, the anticipation is demonstrated as for the young generation, the observed age at onset (21.80 years) is smaller than the expected age at onset (24.95 years) ( $p < 0.001$ ). This effect persists when successively taking into account proband effect, cohort effect, presence of an affected father or mother, and bilineality of the illness. Presence of anticipation may accelerate the search for pathological genes implicated in the genesis of schizophrenia.

### THE ESF PROGRAMME ON THE MOLECULAR NEUROBIOLOGY OF MENTAL ILLNESS. PROGRESS AND PRELIMINARY FINDINGS

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The ESF programme coordinates the efforts of over twenty European centres attempting to map genes contributing to the aetiology of schizophrenia and manic depression. The programme has standardised procedures for diagnosis, selection of pedigrees and storage of data and, in addition to genotyping being carried out in individual laboratories, a systematic genome scan is being carried out in selected pedigrees on a centralised basis. This is taking place at the Genethon Laboratories near Paris who have been responsible for producing one of the currently most useful and detailed human genetic linkage maps. Preliminary findings will be presented.

picture does not guarantee aetio-pathogenetic validity. Therefore, the identification of significant signs becomes an urgent necessity. Referring to a series of distinctions such as understanding through empathy and observation, static and genetic understanding a framework for this task has been established in the past. Its reactivation and refinement based on progress in neurosciences and their extension to vulnerability markers offers better insights in the aetio-pathogenesis of mental disorders and elaboration of more precise integrative therapeutic strategies.

### DEFINITIONS OF PSYCHOPATHOLOGY

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Psychopathology is the science of mental disorders. The term Psychopathology is often used synonymously with the term Clinical Psychopathology. Its main concern should be the description, terminology, systematic order and research of the relations of psychopathological phenomena and features. According to K. Jaspers the methods of clinical psychopathology are the "technical methods" on the one hand and "concrete logical evaluation methods" on the other hand. Since the first publications on psychopathology by Emminghaus, Störing and Jaspers different methodological approaches have been used to enlighten the phenomenology, pathogenesis, significance and nosological position of psychiatric disorders. Definitions and tasks of different psychopathological approaches and their role in contemporary psychiatric research will be discussed in this paper. It becomes clear that psychopathology has to be defined today as a basic integrative science of mental disorders. The main goal of psychopathology — the elucidation of the origin and nature of mental disorders — can only be reached by a close cooperation between clinical psychopathology and other sciences as for example genetics, biochemistry, brain imaging, sociology, psychopharmacology, psychotherapy, transcultural psychiatry etc. The clinical psychopathologist's task therefore is not only to provide the basic psychopathological knowledge for psychiatric research but also to act as an integrative factor in psychiatric research.

## S66. European psychopathology: yesterday, today and tomorrow

*Chairmen: J Cutting, P Berner*

### PSYCHOPATHOLOGY AND BIOLOGICAL RESEARCH

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The relationship of psychopathology and research in biological psychiatry is analysed in this paper. As a historical background, the discussion on "brain mythology" is presented which took place at the beginning of the 20th century. More recent topics to be addressed are brain imaging techniques, neuropsychology and animal models of mental disorders. In conclusion, a better cooperation between research in psychopathology and biological psychiatry is suggested.

### PSYCHOPATHOLOGY — FUTURE ASPECTS

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During the last decades psychiatry concentrated on inventories and categorizations of symptoms aiming at a high interrater reliability. The scales and operational criteria resulting from this approach have nevertheless not enhanced the establishment of aetio-pathogenetically homogeneous entities. This failure is mainly due to the fact that the psychopathological signs significant for particular primary dysfunctions are often discreet and difficult to define and therefore not included in these instruments. Under the impact of pathoplastic variables different basic disturbances may engender similar foreground symptomatology and, on the other hand, identical causes may evolve to different surface syndromes. Thus, interrater reliability obtained by diagnostic rules neglecting the discreet background symptomatology and the genesis of the actual clinical

### THE PSYCHOPATHOLOGICAL BASIS FOR RESEARCH AND PRACTICE

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Descriptive psychopathology is concerned with the meticulous observation of patterns of behaviour and the exploration of the subjective state of patients using empathy as a skilled clinical instrument. All clinicians use descriptive psychopathology in their clinical practice but extra benefits accrue from using the method with insight and precision. Descriptive psychopathology is useful in linking the different areas of psychiatric research: Biological, psychological and social, and it also has implications for the application of research findings to psychiatric practice. This paper will be concerned with showing how biological research and neuro-imaging techniques can be linked with refinements in psychopathology to make a more powerful research tool. There will be discussion of the increasing areas of experimental psychological research concerned with psychopathological entities such as delusions and hallucinations and their psychological treatment. Research into social aspects of psychiatric research and especially transcultural psychiatry will also be considered in relation to descriptive psychopathology. The paper will end with a short discussion concerning the dilemma of brain and mind. It is considered that "unconscious mind" is an unhelpful concept in the practice of psychiatry and that close observation of human behaviour