

functions, but from recurring, deviant brain states interspersed between normal brain states.

S54-5

FUNCTIONAL ASYMMETRIES OF THE BRAIN IN SCHIZOPHRENIA

W.K. Strik¹*, A. Heidrich¹, A.J. Fallgatter¹, Th.J. Mueller¹. ¹*Dept. of Psychiatry, University Hospital Würzburg, Germany*
Dept. of Psychology, University of Oregon, Eugene, USA

Some of the most characteristic schizophrenic symptoms such as acoustic hallucinations and thought disorders are related to speech. Speech is a strongly lateralized brain function and is, like schizophrenia, exclusive for humans. Therefore, it is reasonable to hypothesize disturbances of language related brain areas to be at the basis of at least part of schizophrenic disorders. Accordingly, neuropathological and brain imaging studies have shown alterations of left temporal areas in schizophrenia. In event-related potential (ERP) studies, functional asymmetries of the brain electrical fields have been shown in schizophrenic patients. Based on a standard oddball paradigm, the P300 component of ERPs was investigated with 20-channel recordings in different schizophrenic subgroups. Pathological asymmetries in the form of right-lateralized P300 peaks were found only in a subgroup of residual schizophrenics (Strik et al, *Psychiat Res: Neuroimaging*, 55: 153–166; 1993), while acute and remitting forms had normal P300 field configurations (Strik et al, *Acta Psychiat Scand*, 94: 471–476; 1996). The pathological asymmetry was correlated with impairments in verbal memory functions (verbal pairs test), but not with performance in the abstract control task (Heidrich and Strik, *Biol Psychiat*, 41: 327–335; 1997). Source localization of the P300 component with LORETA (Pascual-Marqui et al, *Int J Psychophysiol*, 18: 49–65; 1994) indicated relative hyperactivity of the right temporal lobe as an explanation for the pathological asymmetries in the surface potential. The results are interpreted as a support for the hypothesis that language-related brain functions are deficient in subgroups of schizophrenia and might be associated with compensatory contralateral activation.

S54-6

EEG FFT APPROXIMATION SOURCE LOCATIONS IN SCHIZOPHRENIA

T. Dierks*, K. Maurer. *Dept. of Psychiatry and Psychotherapy I, Univ. of Frankfurt/Main, Germany*

Imaging procedures are steadily gaining importance in psychiatric research. The morphology of the brain can be visualized by means of CT and MRI while cerebral blood flow and the cerebral metabolic state can be evaluated by PET. Neurophysiological methods not only have the advantage of being readily available in a clinical setting, but by now have reached a stage of allowing the estimation of intracerebral generators of electrical activity of the brain. In psychiatric diseases where alteration of background activity is of interest, the method of FFT-approximation allows the estimation of intracerebral EEG-generators in the frequency domain. In the present study we investigated 22 schizophrenic in comparison to 22 control subjects. Schizophrenic patients exhibited more anterior and superficial equivalent-dipoles in the beta-bands and a tendency of increased beta-activity was found. With increasing severity of schizophrenic symptoms, the equivalent-dipole in the beta1-band was localized more anteriorly and the dipole in the theta-band was localized more inferiorly. These new

developments may allow a physiological interpretation of neuro-physiological investigations similar to other functional imaging methods and consequently enhance the clinical relevance of the EEG in psychiatry in the future.

SEC55. Diagnostic tools for primary care in psychiatry

Chairs: P Bech (DK), C Pull (LUX)

SEC55-1

THE MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

Y. Lecrubier*, D. Sheehan, T. Hergueta, E. Weiller. *INSERM U302, Pavillon Clérambault, Hôpital de la Salpêtrière, 47 Bd de l'Hôpital, F-75013 Paris, France*

The Mini International Neuropsychiatric Interview (MINI) is a short diagnostic structured interview designed to generate 17 DSM-IV or ICD10 axis I diagnosis. It systematically explores the presence of diagnostic criteria for current diagnosis within a 10–25 minutes period depending on the number of diagnoses presented by the patient. The reliability, sensitivity and specificity were explored in a clinical population versus the CIDI (Lecrubier *et al*, 1997) and versus the SCID (Sheehan *et al*, 1997). In both cases the performance of the MINI was equivalent to that of the longer interview. A multicenter trial organised in 4 different European countries compared the diagnoses generated by GPs using the MINI (after a very short training of 2–3 hours) and a specialised interviewer (psychiatrist expert with DSM diagnoses. For the 3 most frequent diagnoses, the concordance was: .68 for Major Affective Disorder, .62 for GAD and .66 for social phobia. Positive predictive values >.70 while negative predictive values >.90. therefore, very few false positive are likely to be generated by the GPs using the MINI. The screening questions of the different sections (passation: 5') did predict the existence of the full diagnosis in about 2/3 of cases. The GPs found the instrument to be easy to use. In parallel, a MINI plus version has been developed which comprises:

- different additional diagnoses to allow their optional introduction in a diagnostic assessment such as PTSD, PMS...
- a full exploration of psychotic disorders according to DSM-IV (7 diagnoses) while the very short core version only identifies the presence of a psychotic syndrome.

Overall, more than 100 studies and 20 departments currently use the MINI. The interview is translated (and back translated) in more than 30 different languages with a specific attention to semantic rather than to literal translation.

SEC55-2

A SPANISH VALIDATION STUDY OF THE MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

J. Bobes. *University of Oviedo, Spain*

Aim: To determine the psychometric properties in terms of sensitivity, specificity, positive predictive value and negative predictive value of the Spanish version of the M.I.N.I. when diagnosis by the psychiatrist is used as the gold standard.

Patients and Methods: A total of 126 primary health care patients from two Spanish provinces (Asturias and Alava) were included. First evaluations were made by the general practitioner