Olanzapine and Sertindole were investigated very carefully under this aspect. For these compounds a better efficacy on negative symptoms compared to placebo and to Haloperidole could be demonstrated. In addition it was shown, that most parts of the better effect was a dual-effect on the negative symptoms, not explainable via the effect on positive symptoms, better extrapyramidal tolerability or depressive symptoms.

S12-5
ARE SPECIFIC STUDIES NEEDED FOR NEGATIVE SYMPTOMS IN SCHIZOPHRENIA?

W.W. Fleischhacker. *University Clinics Innsbruck, Department of Biological Psychiatry, Anichstrasse 35, 6020 Innsbruck, Austria*

Negative symptoms have been recognized as a part of schizophrenia ever since the illness has heen described. Much of the recent research has focused on negative symptoms in the context of acutely ill psychotic schizophrenic patients, who took part in drug trials that were mainly designed to evaluate the effects of antipsychotics against positive symptoms. The effects of these drugs on negative symptoms where often evaluated by including negative symptom scores of various rating scales as a secondary outcome variable in these studies. Post hoc evaluations of negative symptom scores were also common practice. Primary negative, or deficit symptoms, as they have also been called, received much less attention. This can also be attributed to the fact, that this group of patients is much more difficult to find and enter into a drug trial than patients who have to be hospitalized following an acute schizophrenic episode. Nevertheless, there is a need to study patients with primary negative symptoms since the results from the trials with acutely ill patients cannot be extrapolated to this group.

Next to research questions and aspects of patient management, regulatory issues also come into play. A "Note for Guidance on the Clinical Investigation of Medicinal Products in the Treatment of Schizophrenia" produced by the CPMP Efficacy Working Party of the European Agency for the Evaluation of Medicinal Products (EMEA) makes it very clear that "claims concerning negative symptoms can only be made when negative symptoms are clearly defined and when it is shown that the effect is a direct effect on negative symptoms and not secondary to other causes".

S13. Computers in patient management and quality control

Chairs: I Modai (IL), C Pull (LUX)

S13-1
APPLICATION OF 3D VIRTUAL REALITY (VR) — SYSTEMS IN PSYCHIATRY

A.H. Bullinger[1]*, J. Bergner[1], A. Roessler[2], F. Mueller-Spahn[3]. *[1]ACT-Demonstration Lab, (Silicon Graphics) Psychiatric Clinic, University of Basel; [2]Fraunhofer IAO, Stuttgart; [3]Psychiatric Clinic, University of Basel, Switzerland*

Computer-mediated psychotherapy, particularly cognitive-behavioral therapy, is regarded as the most suitable field for the application of VR-Systems within the psychiatric field. As an example of these approaches we will present the data derived from a study using VR as a tool within the therapy of claustrophobic patients suffering from fear of heights and fear of flying.

Regarding that the main advantages of using VR-Systems are their enormous flexibility, going along with a maximum of consistency of the used paradigms, there are lying further applications of the technology clearly at hand. A first approach to using VR-Systems for enhancing cognitive patterns will be presented by Prof. Mueller-Spahn separately. In addition to that we would like to present another short outlook concerning the application of VR-Systems in the psychopharmaceutical research.

What one often tends to forget by using VR-Systems with patients is the simple question, whether the technology in itself is applicable to patients at all. Therefore we will also present our data derived from a study aimed at ergonomics and tolerance of VR-Systems.

S13-2
THE PROJECT OF A NATIONAL DATA BANK FOR THE PSYCHIATRIC CARE IN ITALY

I. Conti*, G. Massimetti, A. Rossi, S. Bortone, P. Pancheri. *Istituto Di Psichiatria, Universita Degli Studi Di Pisa, Pisa, Italy*

The "Comitato per l"Informatica in Psichiatria: (CIP) was established in 1995 by four Italian University centers and since then, more than one hundred Psychiatric Services all over the country have become members of this association.

The first step made by the CIP was the definition of a Minimum Basic Data Set (MBDS), that is the definition of a minimal shared pool of information to be collected in each member's own operative context. The definition of a MBDS should represent the first approach both to a future common lexicon in the psychiatric field and to the creation of a national psychiatric data-bank. For this purpose the CIP has adopted the SIDAP (Sistema Informativo per la Documentazione dell'Assistenza Psichiatrica) by Conti et al. as the official CIP software. This software allows the user both to define his own data retrieval model and to be perfectly coherent with the CIP MBDS standards.

At present the central data-bank collects every six months the MBDS from every member of the association with the use of magnetical supports or modern file transfer. In the near future a JAVA interface will be set up, in order to allow the users a direct on-line data input, storage and retrieval.

A database of this kind will contain a progressively increasing number of variables and within it, deeper comparisons and checks could be carried out. In this way the fields of the treatment monitoring, and outcome measuring, of psychopathological evaluation and of information exchange for treatment continuity could rapidly grow. Moreover the clinicians could combine single patient's data in order to verify on large samples the coherence between symptomatology and diagnoses, the different answers to different treatment strategies, the possible correlation between syndromic subtypes, treatments and outcomes and so on.

The authors describe in detail the results of their work, focused on achieving more detailed and richer knowledge of psychiatric pathology land its treatment.

S13-3
COMPUTERS AND STRUCTURED DIAGNOSTIC INTERVIEWS IN PSYCHIATRY

C.B. Pull. *Service de Psychiatrie, Centre Hospitalier, Luxembourg*

The Tenth Edition of the International Classification of Diseases and Related Health Problems or ICD-10, and the Fourth Revision of the Diagnostic and Statistical Manual or DSM-IV propose