

Tuesday, April 5, 2005

P-14. Poster session: Psychotic disorders VI

Chairperson(s): Norman Sartorius (Genf, Switzerland), Nikola Ilankovic (Belgrade, Yugoslavia)
18.00 - 19.30, Gasteig - Foyers

P-14-01

Exploratory Clinical Training on Autobiographical Memory

D. Lecompte, A. Neumann, H. Nachtergaeel, S. Blairy, P. Philippot.
CHU Brugmann Psychiatry, Bruxelles, Belgium

Objective: Autobiographical memory relates to the capacity of people to recollect personal events from their lives. It is an inherent part of personal identity and is strongly related to its development (Conway & Pleydell-Pearce, 2000). Schizophrenia is associated with an impairment of both personal and semantic memory and with a reduction of specific autobiographical memories which are marked after the onset of the disease (Baddeley et al., 1995; Feinstein et al., 1998; Riutort et al., 2003). This impairment is consistent with the existence of an abnormal personal identity in patients with schizophrenia. The aim of the therapy was to increase schizophrenia patients' capacities to recall specific personal life events.

Methods: The clinical training consisted of 1h1/2-h group sessions, which took place once a week during 9 weeks with 4 outpatients with schizophrenia and schizoaffective disorders. Participants had to complete a diary. For each day, they had to briefly describe a personal event of the day, to report their thoughts and feelings during the event, and finally to rate the emotional intensity and the self-importance of the event. During sessions, participants were questioned on the content of the diary. Further, exercises to stimulate their thoughts on their personal identity were proposed. Specifically, participants were asked to report self-defining memories. An autobiographical memory test (Neumann & Philippot, 2004) was administrated before and after the training period.

Results: The results showed that the specific autobiographical memory is enhanced by cognitive remediation therapy $t(3) = 9,00$ $p < .003$.

Conclusion: Additional data should be collected to investigate the long-term efficacy of the present clinical training.

P-14-02

Medication Adherence Rating Scale (MARS) – new compliance scale for schizophrenic patients.

A. Wozniak. *Institute of Psychiatry Third Department of Psychiatry, Warsaw, Poland*

Objective: The aim of our study was to examine psychometric properties of the polish language version of MARS – new compliance scale constructed with the aim of greater validity and clinical utility (Thompson K., Kulkarni J., Sergejew A.A. Reliability and validity of a new Medication Adherence Rating Scale (MARS) for psychosis. *Schizophr Res* 2000, 5; 42: 241-247).

Methods: 60 inpatients with ICD-10. schizophrenia were assessed on MARS, DAI-10, UKU and PANSS. Patients were divided into two groups – those with MARS total score < 7 were

classified as non-compliant. There were no differences between compliant and non-compliant group in age, education, duration of illness and number of hospitalizations.

Results: Non-compliant group had higher score on uncooperativeness (G8) and lack of insight (G12) items on PANSS (3.59 ± 1.24 vs 2.57 ± 1.17 and 4.96 ± 1.34 vs 3.87 ± 1.21 respectively; $p < 0.002$). And lower score on DAI-10. (13.9 ± 2.4 vs 16.8 ± 2.4 ; $p < 0.0001$). MARS total score correlated negatively with excitement factor of PANSS ($r = -0.39$, $p = 0.002$).

Conclusion: Polish version of Medication Adherence Rating Scale (MARS) has good reliability, validity and it is a useful tool for clinical assessment of compliance in schizophrenic patients. Psychometric properties of MARS are better than Drug Attitude Inventory (DAI-10).

P-14-03

Recovery from schizophrenia - a systematic review

E. Lauronen, J. Miettunen, J. Koskinen, J. Veijola, J. McGrath, M. Isohanni. *University of Oulu Department of Psychiatry, University of Oulu, Finland*

Objective: The possibility of recovery in schizophrenia is controversial issue. Because of our findings of low rate of full recovery in schizophrenia in the Northern Finland 1966 Birth Cohort (1.7%), and because of divergent findings from other studies, we wanted to systematically review the studies about the topic and to find out the rate of recovery in schizophrenia.

Methods: By using electronic databases (PsycINFO, Pubmed, Ovid, Web of Science, Elsevier Science Direct, EBSCOhost, CINAHL - Nursing & Allied Health) and manual literature search the studies reporting rate of recovery in schizophrenia were analysed. As a title search we used keywords "schizo* or psychotic or psychos*s" and "recovery or remission or outcome* or course or prognosis". The second search for abstracts included keywords "schizophrenia" and "recovery or remission". The studies included to analyses must have been English language, original articles, not therapy/drug trials/interventions, and must have follow-up at least two years, sample at least 15 cases and the rate of recovery presented.

Results: The search from databases identified 3238 unique articles. After irrelevant articles according to title were manually excluded, the remaining 1972 articles were further studied. As a preliminary result, the rate of recovery in schizophrenia varies from 0% to 50% depending on the sample, used diagnostic system, length of follow-up, rate of missing cases and the definition of recovery.

Conclusion: The likelihood of recovery from schizophrenia remains controversial, but complete recovery seems to be relatively uncommon. Various conceptual and methodological pitfalls cause challenges when studying the course and recovery in schizophrenia.

P-14-04

Dynamic group therapy for schizophrenia: novel or obsolete?

K. Ademmer, P. Hartwich. *Frankfurt, Germany*

Objective: Individual psychotherapy has been shown to improve social skills, decrease the number of severe relapses and thus, of hospitalisation. Traditionally, patients with schizophrenia are not considered to be capable of dynamical group processes

due to their cognitive, negative and productive symptoms. The objectives of this presentation are 1. Demonstration that group therapy is possible and advantageous for persons with schizophrenia, if certain considerations are taken into account. 2. Increase the awareness and institute a discussion about implementation and evaluation of group therapy for schizophrenia

Methods: 1. Group characteristics: homogenous groups (diagnoses: F20 and F25) taking neuroleptic medication regularly, age 20–60 years, no severe substance dependence or organic brain disorder; post acute and chronic schizophrenia 2. Setting: once or twice weekly, two group therapists, one of whom should be experienced. 3. Evaluation: rating by attending psychiatrist (diagnosis, functional abilities, basic data: date of first manifestation, number of hospitalisations, etc) and group therapist. (Group participant evaluation has still to be implemented)

Results: Defining factors that affect 1. acceptance of group therapy 2. effectiveness 3. discrimination of

Conclusion: The aim of this presentation is to generate interest and define the scope of a more dynamically oriented group therapy for schizophrenia. The results will be discussed in context of the pertaining literature and in view of the fact that the neuroleptic treatment, though essential, requires adjuvant treatment to improve psychosocial functioning and coping.

P-14-05

What works in group psychotherapy for schizophrenic patients?

K. Ademmer. *Frankfurt, Germany*

Objective: Psychotherapy in combination with psychopharmacology has been shown to be effective at different stages and for different durations in the treatment of schizophrenia. Attempts at finding specific factors that influence the outcome of treatment have not been very successful. This presentation offers a historical review and empirical data on the variables that work in group psychotherapy for schizophrenic patients and gives a synthesis of factors, independent of the form of treatment that work in group therapy.

Methods: For empirical data: 1. Group characteristics: homogenous groups (F20 and F25) regular neuroleptic medication, 20–60 years, no severe substance dependence or organic brain disorder; post acute and chronic schizophrenia. 2. Setting: weekly, experienced group therapists. 3. Evaluation: rating by attending psychiatrist (diagnosis, functional abilities, basic data: date of first manifestation, number of hospitalisations, etc) and group therapist. Medline research and review of references.

Results: Factors that influence group therapy can be considered as patient, setting and therapist variables (exemplary list) Patient variables: solidarity, regulation of closeness and distance (autistic stand versus overidentification), feeling of acceptance, problem solving training without intense emotional involvement, reduction or acceptance of fragmentation, reality testing Setting variables: homogeneity or compatibility of groups, active intervention of the group therapist (suicidality, acute psychosis), tolerance of the group for adverse events, psychotic expressions. Therapist variables: experience, adherence to the theory of group therapy, "container function", ability for active intervention, flexibility

Conclusion: Development of variables and factors that work in group psychotherapy independent of the type of psychotherapy.

P-14-06

Effect of an educational anti-stigma project for police officers to reduce social distance towards schizophrenic patients

K. Wundsam, G. Pitschel-Walz, W. Kissling. *Klinikum rechts der Isar Psychiatrie, München, Germany*

Objective: Contact with police officers due to schizophrenia is commonly associated with conflict situations, e.g. when patients require clinical admission because of "danger to self or others". These contacts are often stigmatising. This study investigated the effects of an awareness training project for police officers in their readiness to enter social relationships ("social distance") with schizophrenic patients.

Methods: A team of psychiatric patients, relatives, professionals and sociology teachers of a police academy established a curriculum with three units. Within these units, personal experiences with difficult situations due to acute mental illnesses were discussed. Scales in regard to "Stereotypes" and "social distance" were assessed before, immediately following and three weeks after the anti-stigma project (Questionnaires were allocated by Angermeyer MC, Leipzig). First evaluations have been completed; results of the "social distance" scale are presented.

Results: Six classes (n=114) of police officers were enrolled in the project. 79 completed pre- and post-interventional questionnaires. The assessment was repeated 3 weeks later (n=25). The data showed a significant decrease in "social distance" (p<0,001) in the participating police officers; that result was still evident in the follow-up after 3 weeks.

Conclusion: This special training was generally acknowledged and enthusiastically accepted by the officers and the police academy. The data indicates a decrease in "social distance" within the target group through the project and the personal contact with patients seems to be an important detail in this intervention. Officers emphasized that most of them had never had contact with "healthy patients" before. Analyses of the "stereotypes" scale are already in progress.

P-14-07

"Schizophrenia – What's that?": A school project to educate students about schizophrenia and to reduce their social distance towards psychiatric patients

K. Wundsam, G. Pitschel-Walz, W. Kissling. *Klinikum rechts der Isar Psychiatrie, München, Germany*

Objective: Inadequate knowledge about schizophrenia combined with the fear of the stigma associated with mental illness, institutions and psychiatric patients reduces help-seeking behaviour in adolescents. Nescience and lack of personal experience with psychiatric patients sustain the common and frightening myths about this disease. Programs for students pursue two aims: 1. Reducing stigma towards psychiatric patients and counteracting prejudices before they arise – 2. Increasing the help-seeking behaviour of adolescents.

Methods: BASTA – the alliance of mentally ill people develops anti-stigma projects in co-operation with patients, relatives and professionals. The core of this project is a personal meeting with a psychiatric patient and a psychiatrist. Knowledge about schizophrenia, stereotypes about patients and the readiness to enter social relationships regarding patients with schizophrenia ("social distance") were assessed in all participants (n=113) before, after and a month

following the project. First results of the “social distance”-scale are presented.

Results: Total scores were calculated for three different evaluations over time. The data showed a significant improvement in the “social distance”- and “stereotypes”-scale ($p < 0,0001$). These improvements were still evident in the follow-up after 1 month ($p < 0,0001$).

Conclusion: This brief intervention program in schools was able to significantly improve the students’ wish to interact with schizophrenic patients. “Social distance” is known to affect the acceptance of and future interactions with patients. The project also increased student’s knowledge about schizophrenia. Information about symptoms and the treatment of schizophrenia will inevitably increase the awareness for schizophrenic diseases and therefore improve the help-seeking behaviour in young people in the early stages of schizophrenia.

P-14-08

Effectiveness of inpatient treatment programs for dually diagnosed patients

B. De Wilde. *University of Antwerp CAPRI - Medicine, Schellebelle, Belgium*

Objective: The study of the functioning and well-being of dually diagnosed patients attending inpatient integrated treatments makes it possible to value the effectiveness of these treatments.

Methods: Twenty patients with a psychotic disorder and a substance use disorder participated in inpatient integrated treatments. All patients were examined at the beginning and three months after the beginning of their treatment by means of the Brief Psychiatric Rating Scale (BPRS), the Positive And Negative Syndrome Scale (PANSS), the European Addiction Severity Index (EuropASI), the Clinician Rating Scales (CRS), the Readiness to Change Questionnaire (RCQ), the Schizophrenia Quality of Life Scale (SQLS), the Manchester Short Assessment of Quality of Life (MANSA) and the Global Assessment of Functioning scale (GAF). The paired-samples t-test and the two-related-samples Komolgorov-Smirnov were used to test for differences in the means over time.

Results: The psychiatric symptoms significantly decreased over time ($t_{BPRS(19)} = 5,945$, $p < 0,001$ – $t_{PANSS(19)} = 5,354$, $p < 0,001$). There was a significant decline in drug use ($t_{ASI(16)} = 2,226$, $p < 0,05$ - $TCRScannabis(17) = 2,374$, $p < 0,05$) but not in alcohol use. There was no change in readiness to change. The quality of life slightly increased ($t_{SQLS(19)} = 2,050$, $p < 0,10$) while the satisfaction on mental health significantly increased ($t_{MANSA(19)} = -3,402$, $p < 0,001$). The overall functioning also significantly improved ($t_{GAF(19)} = -5,025$, $p < 0,001$).

Conclusion: The above mentioned treatment effects show that inpatient integrated treatments are indeed effective. The prolongation of this research will demonstrate whether these effects are long-lasting and/or superior to the effects of inpatient standard treatments.

P-14-09

Changes in defense mechanism of people suffering from schizophrenia – spectrum disorder as a result of therapy in Day Treatment Center

L. Cichocki, J. Bomba, J. Franczyk. *University Hospital Dept. of Psychiatry, Krakau, Poland*

Objective: To test the hypothesis that defense mechanisms change during therapy in Day Treatment Center and stay in correlation with changes in psychopathology state.

Methods: Group of forty-three patients suffering from schizophrenia-spectrum disorder was conducted in psychotherapeutic orientated Day Treatment Center. Defense mechanisms were investigated with DSQ 40 questionnaire, and psychopathological state was examined according to PANSS scale. Data were taken twice - at the beginning (after two weeks) and in the end (approx. after three months) of therapy. Statistical analysis was made with Mann-Whitney test.

Results: It was found that only changes in mature defense mechanisms occurred ($p = 0,007$). Patients with more mature defense mechanisms at the beginning of survey benefit significantly more than patient with immature defenses. Changes in defense mechanisms do not correlate with changes in psychopathological status.

Conclusion: Progress in defense mechanism doesn’t correlate with improvement in psychopathological state. Chance of progress in defense mechanisms is significantly greater in group of patients with more mature defenses at the beginning.

P-14-10

Case report: Multidisciplinary approach to the cronic psychiatric patient

A. de Sebastian, R. Sanz, A. de Sebastian, A. Perez, D. Bragado. *Madrid, Spain*

Objective: M.F.A., a 33-years-old patient, was diagnosed of paranoid schizophrenia, ten years ago. At the beginning of the program, two years ago, she presented an important social impairment and remarkable dependence of environment. In this case report, we shall present the program developed in the out-patients department of Mora de Toledo (Spain), that deals with these cases from a multidisciplinary perspective including psychiatric, psychological and nursing approach. OBJECTIVES Increase of therapeutical adhesion. Acquisition of insight. Development of individual basic and instrumental skills. Facilitate access to other social and rehabilitational resources. Family support.

Methods: M.F.A was seen every month by the three professionals of the staff. Besides, occasional telephonic aid was offered during crisis. From a psychiatric perspective, a psycho-educational program about illness was developed, focused both in patient and family. Psychological work was focused in enhancing M.F.A’s autonomy, controlling maternal overprotective attitude, and offering emotional support to the family. As to the nursing approach, a rehabilitation program of daily activities was developed.

Results: 1. The patient is at the moment able to remember her own appointments and manage her treatment. She is also capable of describing and partially recognizing symptoms of her illness. 2. An increase in basic and instrumental skills was achieved. Access to other social and rehabilitational resources was facilitated. 3. A decrease of implicit stress between the patient and her principal care-taker was observed.

Conclusion: The experience of the last two years in out-patients unit enables us to confirm the advantages of a multidisciplinary approach to the cronic mental patient. This innovating program in the area might as well be applied to other mental health services.

P-14-11

Cognitive treatment for perseveration

D. M. Gerulaitiene. *Kaunas, Lithuania*

Objective: Though analysis of schizophrenic basic relational deficit suggests proneness to loss of 'common sense', diagnosis as label can mystify rather than assist. CASE DESCRIPTION: 2001 assessed at Kaunas CPPD [Mb.ulcerosus. Nephrolithiasis. Hepar - enlarged, dysmetabolicum] 39y. old D.D. reported being hospitalized 22 times by adopted father, soviet functionary, as 16y. old tried suicide when was told is foundling, last time 10-months compulsory treatment: after minor accident disability was recognized upon his request. Medical referrals: Paranoid schizophrenia diagnosis, no schizophrenia symptoms after ICD-10. criteria.

Methods: Cognitive behavioral problem focused 8-months therapy alleviated language disturbing perseveration [affective-colored in Jasper's sense] leaving: increased arousal, intrusive distressing images, concentration, memory problems, rehospitalization fears and startle reactions. Despite labile emotional behavior, D.D. strives to integrate, be useful, identify with somebody. No K.Schneider's first-second-rank, E.Krepelin's criteria evident, I appealed Kaunas Health Department solve problem of soviet psychiatry victim [codification, rehabilitation problem]. After 2 months I was victimized of "Non-ethical critic of treatment-as-Soviet-system-RELICT" being on suit till now.

Results: 2004-06-30 D.D., full conscious, PTSD symptoms reduced, perseveration absent, was hospitalized again and treated against her will 32 days [Moditen-depot i/m/every week] to be transferred by her adopted father to secluded social care home as ... schizophrenic. Appeals to officials and colleagues were futile, NGO and MDAC trying liberating.

Conclusion: During soviet times people with mental disabilities languished in the same institutional regime and abuse, schizophrenia diagnosis satisfying socialist ideology isolate non-"normal", also fuelling prejudices and discrimination against them. Regrettably the problems of repressive psychiatry: dehumanizing labeling, poor reliability of diagnosis, guilt transferred to hatred for patients, especially ostensible, dominate, humiliating, degrading and isolating innocent human beings who suffered already because of regime - "not-ill-but-protesting" soviet psychiatry victims - to show to Europe more suitable visage.

P-14-12

The VILAN Method: New approach in treatment of motor disturbances in acute psychosis

N. Ilankovic, N. Ilankovic, V. Ilankovic, A. Ilankovic, L. M. Ilankovic. *University Clinical Center Heda, Institute of Psychiatry, Belgrade, Yugoslavia*

Objective: PURPOSE: Evaluation of effects of early treatment of motor disturbances by acute psychotic patients.

Methods: In clinical study of 30 patients with acute psychotic future (Schizophrenia spectrum), we investigated the motor disturbances with clinical rating scales. The treatment was with VILAN method. The assessment of treatment was after 4 weeks.

Results: We founded a deep psychomotor regression and a serious psychomotor disturbances (movement disorders & motor deficits) in all patients ! Dominant disturbances were: abnormality of - tonus (100%), posture and postural reflexes (100%), voluntary movements (95%), disorders in speech production (95%) and

involuntary movements (70%). According this findings, we applied our original neurorehabilitation program: The VILAN Method (Vera and Nikola Ilankovic).

Conclusion: 1. The most of patients with acute psychotic future (Sch spectrum) has a deep level of psychomotor regression and serious motor disturbances. 2. The applying of early motor rehabilitation (VILAN method) in integrative treatment of psychotic disorders is obligatory for functional recovery and quality of life. 3. The early psychomotor rehabilitation by acute psychotic illnesses is a good chance to prevent (diminish) the late psychomotoric deficits by psychiatric patients.

P-14-13

What is an antipsychotic drug for? Everything you psychiatrists always wanted by a drug...but (perhaps) were afraid to ask

R. Mancusi. *Napoli, Italy*

A change in the relationship between the three corners of the PSYCHIATRIST – DRUG – PATIENT triangle has occurred over the past fifty years and it is here discussed by the Authors. The characteristics of the drug and a different use that psychiatrists have made of it have consequently modified the very relationship between patient and psychiatrist. Historically psychiatrists have asked, and obtained, for different effects to drug, changing psychiatric nursing in the following direction: Isolating -> Margining -> Restraining (to tie) -> Block like Parkinson -> Benumbing -> Soothing -> Pacifying immediately to build a relationship. The antipsychotic drug of the third millennium should obviously treat positive symptoms quickly, but it should also help building a therapeutic relationship right from the beginning, so that the "crisis" can be elaborated in its onset and process, put in the correct framework and contained by the proper and indispensable help. In this way the "crisis" can be redefined neither as a "break" in the continuity of daily life, nor as the most tragic or dangerous moment of the psychopathologic illness. In this way, managing the "crisis" means redefining it when it occurs and doing it in a positive way, just as a moment of transition within the continuity of an illness that already exists or is beginning. A delay in the treatment of the "crisis" could mean giving it a negative notation, as an accident or as an obstacle in the therapeutic relationship. The Authors describe some clinical cases in which the crisis had been managed without resorting to hospitalization and by also making use olanzapine i.m. (actually in Italy, olanzapine is the only atipic antipsychotic drug currently available i.m.)

P-14-14

Family intervention co - therapy in schizophrenia: An effective practice

V. Fricchone Parise. *A.S.L. Avellino 2 Mental Health Department, Avellino, Italy*

In the community an essential role in supporting people with long-term mental illness is played by families, especially in Italy. This is often associated with considerable personal costs on terms of significant stress and subjective burden. Obviously the cornerstone of the clinical treatment of psychotic disorders remains the optimal drug therapy, nevertheless, when it has been integrated with family-based psychoeducational treatments, substantial additional benefits have been reported. In actual fact there is robust evidence about the efficacy of this form of care, with many randomised controlled trials which have demonstrated the superiority of family interventions over routine care

in terms of patient remission of residual symptoms, enhanced social outcome, family benefits, reduced costs. Hence, one of the most important advances in the treatment of schizophrenia in the last decade has been the perfecting of family based intervention programs. In spite of this, the implementation of a real family work in routine mental health services in Italy has been infrequent and fragmentary. In Italy, on the other hand, are above all used type of care non evidence based supported, frequently of psychodynamic derivation, or pseudo-integrated form of treatment, of “local”, laughable value. To conclude this presentation, family psychoeducation is an evidence based practice that reduces relapse rates and facilitates the recovery of persons who have serious mental illness. Unfortunately, despite of its efficacy, the use of evidence based family interventions in routine clinical practice is extremely limited, particularly in Italy (only 8% of cases have really received this treatment in the past years in Italy). The necessary next step is to obtain its ample diffusion in existing systems of care.

P-14-15

Needs and service utilisation in outpatients with schizophrenia

U. Judith. *Sant Joan de Deu-SSM Research Unit, Sant Boi de Llobregat, Spain*

Objective: Objectives: to relate number and type of needs and service utilisation in a sample of outpatients with schizophrenia.

Methods: We have a random sample of 231 outpatients with schizophrenia attended in five mental health centres in Barcelona areas. We evaluated needs (CAN questionnaire) and service utilisation (number of visits in mental health centres, number and length of hospitalisations and number of emergencies). For the analysis of number of needs we have used Pearson correlations; for the analysis of type of needs we have used the Anova comparison between groups.

Results: There is a relation between number of total needs and number of hospitalisations ($p < 0.05$) and number of emergencies ($p < 0.05$). When we evaluate separately met needs and unmet needs we found that there is a relation between met needs and number of hospitalisations ($p < 0.05$) and unmet needs are related by emergencies ($p < 0.005$). In the analysis of type of need we found differences between groups (no need, met need and unmet need) in personal, drugs, sexuality, children care and money between number in visits in mental health centres, length of hospitalisation and specially by number of hospitalisation.

Conclusion: We have found that number of needs of outpatients with schizophrenia is related with number of hospitalisation and emergencies. Few specifically needs are related with service utilisation.

P-14-16

The pathway of a patient affected by schizophrenia

G. De Mattia, A. Rossi, C. Mingione, G. Parolise, S. Petruccio, C. Ragozzino. *Naples, Italy*

Objective: The pathway of the patient represents the whole system of sanitary services and performances offered to a patient suffering of a specific health problem.

Methods: As it concerned a real innovative experimental and highly complex research, the Community Mental Health Centre located in the ASL CE/2 District n.38 in S. Maria C.V. (CE), Italy, had decided to deal with a single pathology: the schizophrenia. The present work began with the establishment of a group of 2 leading doctors, the director of UOSM, the responsible of Community

Mental Health Centre and 4 nurses, which were entrusted with the duty of subjective surveys regarding patients with schizophrenia. The work group observed in schizophrenic patients with a low health profile (diagnosis, clinical seriousness and social function), the standards of consume on a yearly basis (reference period 2003), by the Operative Complex Unit of Mental Health (UOSM) of S. Maria C.V. (CE). Valuing these needs of services through respective costs, the group therefore obtained the overall cost. The proposed methodology for the valuation of costs was the Activity-Based Costing and Management.

Results: By analysing the pathway of the patient, the experts realized that non – medical staff played an important role in managing the patient. They also realized that, by re-examining the characteristics of the patient pathway, it would be possible to give new tasks and new aims to the nurse.

Conclusion: We can say with anticipation that the results are interesting and we confirm the theory of incongruity of the actual price list system. To this limit you need to add the fact that many services are not considered by the nomenclator. Concentrating the attention on the services for which exists a comparison rate, for example, we can mention the visit for the organization of therapeutic diagnosis done by the MHC of S. Maria C.V. (CE) a whole cost of €61,00 compared to the rate supported by the DM 1996 of €19,37(one third).

P-14-17

Adherence to treatment in patients with psychotic disorder according to different clinical setting

M. Centeno, S. Arranz, M. Centeno, D. Bergé, E. Palomer, P. Salgado. *Hospital de Granollers Psychiatry, Granollers, Spain*

Objective: The lack of adherence to pharmacological treatment is due to different factors: side effects of the medication, severity of the illness... The knowledge of the factors that improve or worsen the therapeutic adherence can help us to plan the intervention and to avoid the abandonment of the treatment. Analyze the adherence to treatment of patients with psychotic disorder, comparing different clinical settings (acute unit, outpatient center, and day center)

Methods: Patient diagnosed of psychotic disorder were selected from the different clinical setting. The psychiatric status of the patient was evaluated by the PANSS and the CGI; the insight (SUMD) and the therapeutic adherence (DAI and Morisky's Scale) were also assessed.

Results: Our sample was composed by 41 patients, coming from: acute unit (19), outpatient center (13) and day center (9). There was a significant negative correlation between the DAI and the PANSS positive scores, and between the DAI and the SUMD1 ($p = 0, 01$) and the SUMD2 in the acute unit patients; between the DAI and the CGI in the day center patients and between the Morisky and the negative PANSS in the outpatient center patients ($p = 0, 01$). Significant positive correlations were obtained between the Morisky and the PANSS positive scores from all the patients ($p = 0, 01$), and between the Morisky and the CGI in the acute unit patients.

Conclusion: Acute unit patients showed higher scores in the positive PANSS, but the negative PANSS had relatively homogenous values in the three groups. Acute unit patients had a higher lack of insight as well as a smaller attribution of their symptoms to the mental pathology. Adherence to treatment was

higher in the day center patients, obtaining all of them positive results in the DAI and low scores in the scale of Morisky. The most extreme scores in the DAI were observed in the acut unit patients

P-14-18

Religious coping among outpatients suffering from chronic schizophrenia

S. Mohr, P. Huguelet. *Belle-Idee Glycines 2, Chene-Bourg, Switzerland*

Objective: Religion (including both spirituality and religiousness) is salient in the lives of many people suffering from schizophrenia. However, psychiatric research rarely addresses religious issues outside religious delusion. The aim of the study is to assess how religion helps or not people to cope with their illness.

Methods: 100 outpatients were randomly selected for a semi-structured interview.

Results: Religious coping takes a great variety of forms. For example, it may help to take distance from hallucinations, to struggle against mistrust, to restore hope or to increase self-esteem. But it may also precipitate psychotic relapse or lead to reject psychiatric treatments. Illness may lead to conversion, but also to diversion or exclusion from the religious community. Globally, 66% of patients use religion in a positive way to cope with their illness, 16% in a negative way and 6% have religious delusion. Positive religious coping is associated with a reduction of negative and general symptoms, negative religious coping with an increase of positive symptoms. Despite the great subjective investment of religion, only a fourth of patients are highly involved in a religious community, they function socially better.

Conclusion: Face with the clinical implications of religious coping, this dimension has to be systematically explored for each patient in clinical practice. The focus on religious delusion in psychiatric research has hindered the many psychological and social functions of religion among patients. The religious dimension needs to be integrated into the bio-psycho-social model in order to improve the understanding of schizophrenia and improve the treatments.

P-14-19

Religiousness and medication adherence among patients with schizophrenia

L. Borrás, S. Mohr, P. Huguelet. *University Hospital of Geneva Dept. of Psychiatry, Bruxelles-Belgique, Belgium*

Objective: Non-adherence antipsychotic medication is known to increase the risk of relapse and hospital readmission among schizophrenic patients. Factors that potentially influence treatment adherence are thus important to investigate. The objective of this study is to assess whether and how religious commitment impacts upon medication adherence in a sample of patients with chronic schizophrenia in ambulatory care.

Methods: 100 outpatients aged 18-65, with an ICD-10 diagnosis of schizophrenia were interviewed with an ad-hoc semi-structured interview. Perceptions of illness and medication, as well as religious beliefs and practices were investigated. Drug monitoring was used to confirm adherence to medication.

Results: 56% of patients were rated as adherent, 44% as partially or totally non-adherent to antipsychotic medication. 94% of patients had a religious affiliation; two thirds of them considered

the spiritual dimension as very important or essential in their every day's life. Half of them used it to cope with their illness. There is no association between importance of religious involvement and treatment adherence; however, patients that saw their illness as influenced by religious beliefs (either positively or negatively) were significantly less adherent to treatment ($p < 0,01$): 71% of non-adherent patients attributed their illness to a Divine punishment or test, for only 36% adherent patients.

Conclusion: Religious beliefs have an important impact upon the perception of their illness by chronic schizophrenic outpatients. Spirituality should be taken into account in order to enhance medication adherence, improve outcome and decrease treatment costs in this category of patients.

P-14-20

Schizophrenia - Creative speech as a therapeutic method

M. T. Krsamanovic. *Clinical Centre of Serbia Department of Psychiatry, Belgrada, Serbia + Montenegro*

The rejection of Freud's misconception of schizophrenia as a »narcissistic neurosis« and his claims that objective representations suppressed to the subconscious in neuroses, lost in the subconscious depth of the illness of schizophrenia, according to which the patient is then unable to transfer the unconscious »imago« of his father to the therapist because such an »imago« is disintegrated at the subconscious level. Since most researchers from Federn, Will, to Arieti and other have, nevertheless, assured themselves that schizophrenic patients create very abundant transfers, possibilities have been opened up for the development of the psychotherapy of schizophrenia which involve both the patient and the therapist, who traverse the frightening paths of psychosis in the attempt to build an objective constant, develop a stable capacity of the self, differentiate from other, compensate for the defect and pass through labyrinths of fear and guilt. Creative speech makes it possible to understand the phenomena occurring outside the basic mechanisms of our consciousness which are the expression of the progressive disorganisation of mental functions, i.e. of the progressive disintegrations of objective representations with a structural loss of and damage to assessments of the external world. Hence we encounter multiplied meanings which cannot be explained by the rules of grammar and logic and where verbal communications is impaired and verbal symptoms appear following the lost grammatical structure and condensation with other words. Regardless of extent to which it is possible to grasp the psychodynamic meaning of the deformation of identity and the nonexistence of an »identity card« of patient, through creative speech we can accept that card, the deepest anxieties of the most diverse archaic defences, the massive conflict and the deep suffering the patient carries in himself.

P-14-21

The impact of transgenerational transmission on schizophrenia

M. Ammon. *Dt. Akademie f. Psychoanalyse, Berlin, Germany*

Objective: After an overview of the research in the field of transgenerational transmission of psychic traumata the author describes her own research with families of schizophrenic patients. Most of these families had repressed severe war traumata in their history. The schizophrenic patients did not know about the feelings and the fears of their either overprotective parents, who tried to

prevent them from all unpleasant feelings, or rejecting parents. They grew up in an extremely anxious and aggressive family atmosphere. The parents themselves were not separated from their own families and did not enable their children to separate from the parents or to develop their own identity. Without the possibility to separate from the primary group and to work through the traumata transmitted from the parents the children will mostly suffer from psychoses, dissociative emotional patterns, or psychosomatic disorders.

Methods: The research project was evaluated with qualitative methods, that means with biographical interviews and with circular deconstruction.

Results: The unsolved and untreated traumata experiences of parents and grandparents are transmitted through aggression and extreme anxieties towards the family and the patients.

Conclusion: Through this investigation there is a possibility to understand the social and family background and the input on the patient which has implications for the treatment approach.

Wednesday, April 6, 2005

P-18. Poster session: Psychotic disorders IV

Chairperson(s): Julio Bobes Garcia (Oviedo, Spain), Angela Naderi-Heiden (Wien, Austria), Celso Arango (Madrid, Spain)

11.15 - 12.15, Gasteig - Foyers

P-18-01

Psychopharmacological treatment of acutely agitated patients in an intensive care unit

A. Naderi-Heiden, R. Wimmer, R. Frey, S. Kasper. *Medical Univ of Vienna General Psychiatry, Wien, Austria*

Objective: Intensive treatment is required to manage agitated patients.

Methods: In 2002 twelve patients suffering from severe, therapy-resistant agitation (ICD10 F31.2, F20.0, F25.0) were transferred from general psychiatric facilities (GPCU) in the area of Vienna to the psychiatric intensive care unit (PICU) of the Vienna Medical University of Psychiatry, Department of General Psychiatry. In this retrospective analysis the psychotropic prescription patterns for PICU patients was compared to the prescriptions patterns for 12 severely ill GPCU patients of the same sex, age and diagnosis at the third day of admission.

Results: Total chlorpromazine equivalent dosage was lower in the PICU group than in the GPCU group (PICU: 575 ± 303 mg; GPCU: 850 ± 488 mg; $p=ns$). Chlorpromazine equivalent dosage of typical neuroleptics was significantly lower in the PICU group than in the GPCU group ($p<0.05$). Multiple antipsychotic prescribing occurred more frequently in the GPCU group than in the PICU group (8 versus 4). No low-potency neuroleptics were applied in patients of the PICU. Total diazepam equivalent dosage was similar in both groups (PICU: 50 ± 51 mg; GPCU: 55 ± 24 mg; $p=ns$). Concomitant psychotropic treatment consisted of valproate and lithium. Moreover, nalbuphine 10-20 mg s.c. was used in case of severe insomnia in PICU patients.

Conclusion: In conclusion, the PICU does not administer high-dose therapy (as compared to GPCU), and does not prescribe high

dosage of typical neuroleptics, but offers treatment based on high staff levels, monitoring (including checks of nutrient and fluid balance) and physical restraints for safety reasons.

P-18-02

Assessment of dependence between therapy with neuroleptics and incidence of symptoms of the restless legs syndrome

A. Nitka-Sieminska, M. Sieminski, J. Landowski, W. M. Nyka. *Medical University of Gdansk Dept. of Mental Disorders, Gdansk, Poland*

Objective: The aim of this study was to assess whether there is a relationship between intake of neuroleptic drugs and incidence of the restless legs syndrome (RLS).

Methods: An original questionnaire based upon diagnostic criteria of the RLS created by International Restless Legs Syndrome Study Group was used in this study. The questionnaire contained also questions about supportive clinical features of RLS, demographic features of the patients and their health status. The questionnaires were filled in by the patients during their stay in the Department of Mental Disorders. The data about the patients' diagnosis and therapy were then collected. Patients participated in the study by their own will.

Results: We have examined 111 patients from Department of Mental Disorders of Medical University of Gdańsk (71 females and 40 males). The mean age of the examined group was 44,9 years. Most patients were suffering from following diseases: schizophrenia, depression, anxiety disorders and bipolar disorder. Forty-eight patients (43.2%) were treated with neuroleptics. In the group of patients taking neuroleptics we have found 16 subjects with symptoms of the restless legs syndrome (33.3%). The incidence of restless legs syndrome in the group of patients not treated with neuroleptics was lower – we have found 12 patients with symptoms of RLS in this group (19%).

Conclusion: The incidence of symptoms of restless legs syndrome in the group of patients taking neuroleptics was higher than in the population of patients treated with another drugs. Establishing a correlation between intake of specific neuroleptics and incidence of RLS needs further studies with larger groups of patients.

P-18-03

Measurement of vigilance and performance in a real-car based driving-simulator: Applications in psychiatry

R. Mager, F. Müller-Spahn, A. H. Bullinger, R. Störmer. *Center of Applied Technologies, Basel, Switzerland*

Objective: The goal of the present study was to evaluate physiological measures and objective performance parameters during driving in a real-car based driving simulator. Arousing auditory stimuli were applied to compare data prior and after intervention to test the sensitivity of the system.

Methods: Overall 41 subjects were selected matched for age and driving experience. To create realistic traffic scenarios in a laboratory environment a passenger car simulator was used emulating the functionality of a modern car. Electroencephalographic (EEG) activity, skin conductance, respiratory and cardiac parameters were continuously recorded during driving. Analysis was focused on time intervals prior and after application of a warning stimulus intervening a monotonous driving session. Simultaneously objective driving-