

S39 *New trends in psychiatric rehabilitation***THE IMPACT OF LOCUS OF CONTROL, SELF-CONCEPT, EXPECTATIONS AND COPING STRATEGIES ON THE REHABILITATION OUTCOME IN SCHIZOPHRENIC PATIENTS**

H. Hoffman, Z. Kupper. *Universitäre Psychiatrische Dienste Bern, Laupenstr 49, 3010 Bern, Switzerland*

Objective: The primary focus of contemporary psychiatry on symptoms and their neurobiological basis, although important, is nevertheless incomplete. The long-term course and outcome of schizophrenia is not only determined by the disorder, but by the interaction between the person and the disorder. Negative self-concepts and perceived helplessness influence the patient's coping strategies and may lead to the persistence of negative symptoms and chronicity, thereby further strengthening negative self-concepts and external control beliefs. These factors have been underestimated in the present research on schizophrenia.

Method: We examined these relationships by using logistic regression on 46 schizophrenic outpatients who were participating in a rehabilitation programme.

Results: Negative self-concept and external control beliefs correlate to a higher extent with passive coping strategies than schizophrenic symptoms. A poor rehabilitation outcome can be predicted to a high degree by the presence of external control beliefs, pessimistic expectations, negative symptoms and passive coping strategies. After having eliminated the influence of negative symptoms, external control beliefs still had significant predictive value for the outcome.

Conclusions: The outcome in schizophrenia may be more determined by the patient's control beliefs rather than by psychopathology. These findings have a major impact on therapy and rehabilitation.

S40 *Borderline personality: ...***BPD: CONVERTING RESEARCH INTO BETTER CARE**

A. Andreoli. *HUG Unité d'Urgences psychiatriques, Département de psychiatrie, rue Micheli-du-Crest 24, 1211 Geneva, Switzerland*

The purpose of this symposium is to develop closer links between research progress and quality of general mental assistance for psychiatric patients with Borderline Personality Disorder (BPD). Over the last years, several studies indicated that BPD is the most frequent and clinically important disorder of the personality. Paralleling these observations, an impressive research effort provided better psychopathological understanding, reliable assessment instruments and valuable treatment programmes for this syndrome. Meanwhile, BPD has been recognized as a first line issue in general psychiatric practice, but mental care delivery from ordinary psychiatric services has not been greatly influenced by the reported research progress. To contribute towards reducing such a discrepancy, we will review both recent literature and personal studies to assess which psychobiology (M. Battaglia et al), biological treatment (P. Schultz, and O. Strasser), psychotherapy (C. Maffei) and outcome (A. Andreoli) data may be influential to cost-effective treatment and better mental health policies for BPD patients. An extensive discussion (A. Frances) will aim to determine which new service research and collaborative efforts may develop closer links between research advance and clinical progress in the area of BPD.

S39 *New trends in psychiatric rehabilitation***Pharmacotherapy of chronic Schizophrenia - new developments**

Eikelmann B, C Schormair, Th Reker

Schizophrenic patients currently undergo multimodal treatment approaches. Many psycho- and sociotherapeutic strategies have been implemented but still are in need of scientific evaluation. **Objective.** The following presentation focusses on the role of new antipsychotic drugs. Kane et al. as well as other investigators found that some drugs such as Clozapine are effective in therapy-resistant schizophrenia. Risperidone has been examined in randomized controlled studies in which it was compared with placebo and conventional neuroleptics to be effective in the treatment of acute and chronic schizophrenia. There is to date little data available on the effectiveness of Risperidone compared to other atypical neuroleptics such as Clozapine. **Methods.** We are conducting two parallel prospective and multicenter studies in order to address this issue. To date 37 adults meeting the ICD-10 criteria for schizophrenia or schizoaffective disorder have participated in our study. The majority of patients had exacerbated chronic schizophrenia. All patients either failed to respond to conventional neuroleptic treatment or developed unacceptable side effects. **Results.** In our interim analysis we found that both Risperidone and Clozapine were effective in the treatment of pharmacoresistant schizophrenia. There have been statistically significant positive results from standard rating scales and subscale scores (BPRS, PANSS, CGI, EPS). Risperidone in some aspects even seems to be superior.

Conclusions. Despite some serious limitations of our studies we conclude that Risperidone as well as Clozapine are effective and necessary ingredients in treating chronic schizophrenia. Additional data is needed in order to provide possible confirmation of our results. Too little is known about necessary and successful combinations of various psycho- and sociotherapeutic approaches with pharmacotherapy.

S40 *Borderline personality: ...***PSYCHOBIOLOGICAL COMPONENTS OF BORDERLINE PERSONALITY DISORDER**

M. Battaglia, L. Bellodi, T. R. Przybeck, C. R. Cloninger. *Istituto S. Raffaele, Dipartimento di Scienze Neuropsichiche, via L. Prinetti 29, 20127 Milano, Italy*

Borderline personality disorder (BPD) is commonly diagnosed in clinical populations and is probably the most extensively investigated Axis II condition in the official American Psychiatric Association diagnostic system. Although BPD is presented in the DSM as a unitary, yet polythetic category, descriptive and clinical studies show that it is likely to be psychometrically multidimensional and that a host of other diagnoses (both on Axis I and II) are co-present in the vast majority of subjects diagnosed as having this personality disorder. Family history and laboratory studies in turn suggest that more than one psychobiological dimension is recognizable in subjects with BPD and in their families. These facts from research may have contributed in making many clinicians feel unsatisfied with the reliability and utility of the categorical definition of BPD.

We suggest that a better understanding of personality and personality disorders is achieved when the role of independently inherited temperamental dimensions and their interaction during development are taken into account. Treating BPD and the personality disorders in the light of psychobiologically rooted factors may at least partially clarify the apparent confusion of co-occurring diagnoses, provide the clinician with a more realistic and research-rooted view, and be helpful in planning the treatment of these patients.