# Posters, Tuesday, 7 May 2002

## P45. Psychotic disorders – schizophrenia

### P45.01

Duration of the initial prodrome and prediction of schizophrenia

F.T.K. Schultze-Lutter[1]*, J. Klosterkötter[2], M. Leweke[2], A. Wieneke[2]. [1]*Central Institute of Mental Health, Mannheim;* [2]*University of Cologne, Germany*

In schizophrenia research, different transition patterns from prodrome to psychosis have been suggested. Yet, recent approaches deal with the initial prodrome as a singular concept, despite obvious differences such as broadly differing prodromal durations.

Patients from the prospective Cologne Early Recognition study who had developed schizophrenia were divided into three groups according to the duration of the initial prodrome – short (0–1 year; n=16), average (2–6 years; n=37) and long (> 6 years; n=26) – and compared for their symptomatology at first examination.

Differences in the prominent clinical picture showed not only for single symptoms, but also for the logistic equation of each group including only cognitive deficits.

With regard to recent models of information processing, findings indicate different underlying deficits in the groups: The long prodrome group appeared deficient in bottom-up and top-down loop processes, the average prodrome group in top-down processes and the short duration group in the central integrating system. This might not only help to explain their different prominent symptomatology, but also the differences in time course and tentative diagnoses given at first examination.

### P45.02

Trait and state-trait markers of schizophrenia

A. Wieneke[1]*, F.T.K. Schultze-Lutter[2], J. Klosterkötter[1]. [1]*University of Cologne, Department of Psychiatry and Psychotherapy;* [2]*Central Institute of Mental Health, Mannheim, Germany*

DSM-cluster-A-personality disorders and schizotypy in subjects or their families are described as trait markers of schizophrenia. Thus, their assessment should facilitate the detection of persons at risk of schizophrenia, whereas the assessment of prodromal symptoms should help the detection of persons already in the initial prodromal phase of the illness. However, the amount of overlap between risk (trait) and early (state-trait) signs is unclear.

At the Cologne Early Recognition and Intervention Center, referrals are assessed with the Bonn Scale for the Assessment of Basic Symptoms (BSABS), the Scale Of Prodromal Symptoms (SOPS), the PANSS, the Wisconsin Scales and the Self-Assessment Version of the Aachen Checklist of Personality Disorders – SAMPS.

Comparisons of prodromal patients (n=32), referrals given a different diagnosis (n=47) and psychotic patients (n=16) showed high scores for the prodromal/psychotic groups in BSABS, SOPS and cluster-A-personality traits.

Furthermore in the prodromal group, high correlations relationships between SAMPS and Wisconsin Scales, between BSABS and 2 SOPS-subscales and 2 SOPS-subscales and PANSS indicated that they assess trait, state-trait and state factors of schizophrenia, respectively. This interpretation was confirmed by facette analysis.

### P45.03

The initial prodrome of schizophrenia: a case report

A. Wieneke[1]*, F.T.K. Schultze-Lutter[2]. [1]*University of Cologne, Department of Psychiatry and Psychotherapy;* [2]*Central Institute of Mental Health, Mannheim, Germany*

In schizophrenia research, researchers – and clinicians – strive for early detection and intervention to prevent or at least delay the outbreak of the frank psychosis and to avoid a social decline. Yet, sure knowledge about the nature of the initial prodrome does not exist, and different models of patterns of prodromal changes have been suggested.

Whereas the majority of authors suggested developmental models in which early nonspecific disturbances such as decreased stress tolerance, social withdrawal, anxiety, depression, irritability, loss of drive, energy and interest or sleep disturbances – occur first and are followed by more specific and attenuated psychotic symptoms which then progress into schizophrenia, few – such as McGhie and Chapman – suggested the opposite: Specific changes – mainly of attention, thought, language, perception and motor action – occur early in course and are followed by rather nonspecific neurotic symptoms as reaction to them. Here, the case of a patient will be presented whose clinical course followed the latter model and, in addition, included an 'outpost syndrome' prior to the initial prodrome.

### P45.04

Medication compliance in schizophrenics in the post-hospitalization treatment phase

G. Längle*, M. Köster, G. Eschweiler. *Tübingen University, Department of Psychiatry and Psychotherapy, Germany*

In the context of psychopharmacological treatment of schizophrenic patients, compliance is a vital precondition for effective relapse prevention. Compliance rates of between 40% and 90% are reported in the literature. There is no consensus on the factors potentially influencing compliance. All schizophrenic patients treated within the course of one year at a university psychiatric department (N=169) were enrolled in a prospectively designed, non-interventional field study. 61% of the patients from this non-selected sample took part in a six-month follow-up, and 49% in a twelve-month follow-up. The samples examined proved to be representative of the total sample.

Non-compliance was recorded in 9% of the patients on discharge, in 23% after six months, and in 30% after twelve months.

https://doi.org/10.1016/S0924-9338(02)80768-4 Published online by Cambridge University Press