

Schizophrenia research: Ethical questions

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Although the ethical issues concerning schizophrenia research have evolved considerably over the last decade, there are many questions that remain only incompletely resolved.

Ethical concerns involved in schizophrenia research have been raised from the doubts about the competency of the potential research participants to valid informed consent. Another issues addressed in this presentation are drug discontinuation, medication-free intervals and placebo control groups in research on schizophrenia, problem of financial payments to participants in clinical research, consequences of exclusion of potentially suicidal patients from biological and therapeutical research, question of research approaches to prodromal and early phase of schizophrenia and discrimination against the individuals with the potential genetic risk for schizophrenia.

Recent studies suggest that the strongest predictors of decisional incompetency of patients with schizophrenia are cognitive impairment and severity of negative symptoms. On the other hand, age, education, severity of positive and depressive symptoms and level of insight have only minimal predictive value. We can also say that the presence of diagnosis of schizophrenia is not enough to indicate that a patient is unable to give valid consent to research participation.

Although we must confirm that many questions of etiology, prevention or treatment of schizophrenia are not satisfactory resolved just because we are not able to realize ethically acceptable studies, we must hope that development in this new area of schizophrenia research will improve the risk/benefit ratio of research approaches and bring clearly defined values, guidelines and standards.

An objective diagnostic decision support for schizophrenia

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Background and aims: This method rests on a 50 year long tradition of Psychophysiological experiments at the Dept of Psychiatry in Lund, Sweden. Our branch has focused on Psychoacoustics since 1983, and found significant aberrant functioning of auditory perceptual mechanisms in schizophrenia. Some of these are possible to assess by ABR (auditory brain-stem responses). The assessments may be used to support the diagnostic decision process by demonstrating a biological dysfunction typical for the disease.

Method: ABR measurements of twenty-three paranoid schizophrenics and matched controls for age and sex were compared. Eleven patented complex auditory stimuli, which schizophrenics earlier have been shown to perceive incorrectly, were presented. The ABR-measuring technique has been specifically adapted for the purpose.

Results: When subjects were presented with a standard complex stimulus and a high-pass filtered one, schizophrenics showed statistically significant aberrances for wave V of the latter in the ABR, corresponding to the activity of colliculus inferior of the brain-stem. Furthermore, there was a significant change of activity regarding the two sides of the brain-stem, indicating a change of perceptual (grouping) activity in them.

Conclusions: This finding is just one example within the Schizo-Detect method, aimed at helping medical personnel to ascertain the diagnosis of schizophrenia. It shows that different complex sound stimuli are treated in specific ways by schizophrenic patients.

Together with the results from the ten remaining stimuli and further details of the ABR-curves, a diagnostic validity well over 90% has been achieved up till now.

Encoding deficit during face processing within the fusiform face area in schizophrenia

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Background and aims: Face processing is crucial for social interaction, but impaired in schizophrenia in terms of delays and misperceptions of identity and affective content. One important functional region for early stages of human face processing is the right fusiform face area. Thus, this region might be affected in schizophrenia. Aim of the study was to investigate whether face processing deficits are related to dysfunctions of the right fusiform face area in schizophrenics compared to controls.

Methods: In a rapid event-related fMRI design encoding of new faces as well as the recognition of newly learned, famous, and unknown faces was investigated in 13 schizophrenics and 21 healthy controls. Region of interest analysis was applied to each individual's right fusiform face area and tested for group differences.

Results: Controls displayed more BOLD activation during the memorization of faces that were later successfully recognized. In schizophrenics this effect was not present. During the recognition task schizophrenics had lower BOLD responses, less accuracy, as well as longer reaction times to famous and unknown faces.

Conclusions: Our results support the hypothesis that impaired face processing in schizophrenia is related to early stage deficits during the encoding and immediate recognition of faces.

Cognitive remediation in schizophrenia: An evidence-based treatment approach?

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The vast majority of schizophrenic patients demonstrates poor performance in different aspects of cognitive processing. Some of these cognitive deficits clearly have been identified as rate-limiting factors in social functioning. Over the past years, a series of meta-analyses has summarized the evidence for the benefits of cognitive remediation approaches. However, there are marked discrepancies between their findings.

The present contribution aims to provide a conclusive survey of the available evidence for the efficacy of cognitive remediation as derived from these meta-analyses and the findings of an own recent meta-analysis of all randomized controlled trials published in peer-reviewed journals.

Relevant meta-analyses and randomized controlled trials were identified by searching several electronic data bases and by hand-searching of reference lists. In order to compare the findings of the existing meta-analyses the reported effect sizes were transformed into a standardized effect size measure. For the own meta-analysis weighted mean effect size differences between comparison groups regarding various types of outcome were estimated. Their significance was tested by confidence intervals and heterogeneity tests were applied to examine the consistency of the effects.

The findings of systematic reviews covering cognitive remediation approaches differ considerably depending on the methodological rigor of included studies and the cognitive function targeted. The present meta-analysis provides support for small to medium improvements in attention, executive functioning and social cognition tasks, indicates small reductions in negative symptoms and a moderate transfer effect on social functioning. However, the durability of the effects remains unclear since follow-up data are missing.

ECT practice in Australia

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Objective: To determine the characteristics of electroconvulsive therapy (ECT) practice in Australia.

Method: From October 1, 2002 to February 29, 2004, a 29-item questionnaire was sent to 136 hospitals in Australia.

Results: 113 hospitals (83%) completed the questionnaire. ECT was available in 90 hospitals. A total of 7,469 patients received 58,499 ECTs from 356 psychiatrists, which gives an average course length of 8.5 treatments. ECT utilization as assessed by the crude treated-person and crude administration rates were 37.85 persons and 296.47 administrations per 100,000 population per annum, respectively. 63.4% of patients were female. Brief-pulse devices were used in all hospitals. EEG monitoring was used routinely in 80 hospitals. Unilateral ECT was used twice as often as bilateral ECT. 82.3% of ECT treatments were given to patients with major depression, 9.6% with schizophrenia, 4.9% with mania, and 1.7% with catatonia. Patients who received ECT were in age group over 65 years (38.4%), followed by 45–64 years (28.3%), 25–44 years (26.3%), 18–24 years (6.9%), and less than 18 years (0.2%). Unmodified ECT was not used in any hospital. 1,196 patients received continuation ECT in 83 hospitals and 1,044 received maintenance ECT in 77. There was no case of ECT-related death during a survey period.

Conclusion: ECT use in Australia is high. ECT training programs for psychiatry residents were acceptable. The pattern of use is similar to that of the United States.

ECT practice in Asia

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Objective: To obtain information on ECT practice in Asia.

Method: From September 1, 2001 to August 31, 2003, a 29-item questionnaire was sent to 977 institutions in 45 countries in Asia.

Results: 334 institutions (34%) in 29 countries replied, of which 257 institutions in 23 countries had ECT. 39,875 patients (men: women = 1.56: 1) received 240,314 ECTs from 1,919 psychiatrists during the survey period. Brief-pulse device was used in 103 institutions, 60 did not know the type of their ECT devices. Thymatron or MECTA devices were used in 58 institutions, 115 respondents did not

know the brand of their ECT devices. EEG monitoring was used routinely in 59 institutions. Bilateral ECT was always used in 202 institutions. Patients commonly received ECT were schizophrenia (41.8%), major depressive disorder (32.4%), mania (14%), catatonia (6.9%), drug abuse (1.8%), and dysthymia (1.6%). 26,167 ECTs (73%) were given to patients age group 18–44 years, 2,138 ECTs (5.4%) to children and adolescent, and 1,581 ECTs (4%) to age group 65 and above. 22,194 patients (55.7%) received unmodified ECT totally of 129,906 treatments (54%) at 141 institutions in 14 countries. Continuation ECT was done in 115 institutions in 17 countries and maintenance ECT was done in 63 institutions in 14 countries.

Conclusions: ECT is commonly practiced in Asia. Unmodified ECT accounted for 54% of treatments. There was no formal training in any institution.

A prospective study of metabolic disease and monitoring practices in antipsychotic-treated community psychiatric patients

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Background and aims: Recent guidelines and consensus statements recommend stringent monitoring of metabolic function in individuals receiving antipsychotic drugs. We aimed prospectively to study the evolution of metabolic dysfunction in a cohort of antipsychotic-treated subjects with severe mental illness from across the diagnostic spectrum. We also investigated monitoring practices for metabolic disease and cardiovascular risk.

Methods: A prospective cohort study of 106 community-treated psychiatric patients from across the diagnostic spectrum from the Northeast of England. Detailed anthropometric and metabolic assessment was undertaken.

Results: A high prevalence of undiagnosed and untreated metabolic disease was present at baseline assessment. Mean follow-up time was 599.3 (SD ± 235.4) days. Body mass index ($p < 0.005$) and waist circumference ($p < 0.05$) had significantly increased at follow-up, as had the number of individuals who were either overweight or obese. Fifty-three per cent of individuals had hypertriglyceridemia, and 31% had hypercholesterolemia, but only 7% were receiving lipid-lowering therapy. A number of individuals on 'high risk' drugs with regard to glucose homeostasis disorders reverted from impaired fasting glucose to normoglycemia during the follow-up period. Monitoring practices were poor. Recording of measures of adiposity occurred in 0% of individuals, and >50% of subjects had neither blood glucose nor lipids monitored during the follow-up period.

Conclusions: This cohort has a high prevalence of metabolic disease and heightened cardiovascular risk. Despite the publication of a number of recommendations regarding physical health screening in this population, monitoring rates are poor, and physical health worsened during the 19 month follow-up period.

Assessing the needs of pregnant women and mothers with severe mental illness

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Background and aims: There is an absence of instruments to assess the complex needs of pregnant women and mothers with severe