

FC36-2**COGNITIVE IMPAIRMENTS IN SUBTYPES OF SCHIZOPHRENIA**

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Most of the authors use a dimensional approach to describe relationships between schizophrenic symptoms and cognitive variables (Liddle 1991). But, because symptomatic dimensions may overlap, distinguishable cognitive impairments may be difficult to identify (Norman 1997).

The Aim: of the study was to characterize the cognitive functioning in homogeneous symptomatic subgroups of schizophrenic patients. We have tested the hypothesis that subtypes suffering from specific cognitive impairments may be individualized.

Methods: The Schedule of Deficit Syndrome (Kirkpatrick 1989) and the item "Conceptual Disorganization" of the Positive And Negative Syndrome Scale (Kay 1987) were used to categorize 53 DSM IV patients into deficit (Def) (N = 12), disorganized (Dis) (N = 9) and non deficit non disorganized residual patients (Res) (N = 32). They were evaluated with frontal cognitive tests.

Results: Patients performed more poorly than healthy controls (N = 27) for all the tests ($p < 0.05$). (Def) patients were more impaired on the Wisconsin Card Sorting Test perseverations than (Res) patients (6.7 ± 4.5 vs 3 ± 3.6 ; $p < 0.05$), whereas (Dis) patients were more impaired on the Trail Making Test B than (Res) patients (176.3 seconds ± 51 vs 129.3 ± 68.4 ; $p < 0.05$).

This study argues for categorical approach to isolate distinct patterns of cognitive impairments in schizophrenic subgroups.

FC36-3**GERMAN VERSION OF THE SNAITH-HAMILTON-PLEASURE SCALE (SHAPS-D): ASSESSING ANHEDONIA IN SCHIZOPHRENIC PATIENTS**

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The Snaith-Hamilton-Pleasure-Scale (SHAPS, Snaith et al. 1995) assesses self-reported anhedonia in psychiatric patients. It has proven psychometric properties and advantages in applicability compared to other instruments assessing anhedonia. This study presents results of a translation of the SHAPS into German (SHAPS-D) according to a systematic transcultural protocol. Quality of translation was confirmed on the one hand by bilingual reviewers with regard to equivalence in content and tone. On the other hand stable results were found in a test-retest-design crossing the English and German version with bilingual persons. Subsequently the SHAPS-D was applied to schizophrenic patients (n = 50) and healthy controls (n = 67). Results on applicability, internal consistency ($\alpha = .84$) and relationships to depression ($r = .43$, $p < .01$), subjective quality of life ($r = -.49$, $p < .001$), well-being ($r = .53$, $p < .001$) as well as psychopathology ($r_{\text{PANSSpositive}} = -.07$, n.s.; $r_{\text{PANSSnegative}} = .29$, $p < .05$) within schizophrenic patients indicate that the SHAPS-D is a useful and promising instrument in assessing anhedonia.

FC36-4**NEGATIVE SYMPTOMS IN SCHIZOPHRENIA: PREDICTIVE VALUE OF SEX, AGE, SUBTYPES AND CONCOMITANT PSYCHOPATHOLOGICAL SYMPTOMS**

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Negative symptoms in patients with a schizophrenic syndrome are one of the major challenges in Psychiatry. An enhanced understanding of these clinical features is needed for a better comprehension of concomitant neurobiological processes and development of rational treatments.

The current study is based on AMDP ratings on 6953 admissions of patients with a broadly defined schizophrenia diagnosis (ICD 9: 295, 297, 298.3 and 298.4). All patients were treated at Munich University Hospital between 1980–1995.

After probing distributions and analyzing cross-tabulations multivariate analysis using logistic regression models were applied. The outcome variable consisted in the Negative syndrome as defined by Angst et al. (1989). We applied a cutoff of 12 as a minimum overall score. Other definitions of the Negative syndrome will be examined. We found female gender to be significantly associated with an odds ratio (OR) of 0.58. This indicates a "protective" impact of female gender. Age in our sample did not show a significant association. Adding diagnosis to the model reduced the OR for females to 0.73. The subtype diagnosis schizoaffective disorder (OR = 0.32) and Paranoia (OR = 0.31) showed lower association with Negative syndrome compared to other schizophrenic subtypes. In further steps we analyzed the association with other psychopathological symptoms. Adding for example all disorders of perception we found significant associations with verbal hallucinations and bodily hallucinations, but not the other items. In depth analysis of the complete psychopathological structure will be presented and possible explanations for these empirical findings will be discussed.

FC36-5**ACUTE TRANSIENT PSYCHOSES: A SUBGROUP OF SCHIZOPHRENIA?**

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Introduction: Acute transient psychotic disorders (ATP) as defined by ICD-10 (F23) seem to be relatively rare in the industrialized countries but frequent in "third-world-countries". We investigated within a follow-up study - among other aspects - also their relation to schizophrenia.

Methods: We diagnosed all patients admitted in the Psychiatric Hospital of Halle-Wittenberg University during a 4-year-period according to the criteria of ICD-10. From 787 patients diagnosed as having major psychotic disorders or affective disorders 31 fulfilled the criteria for acute transient psychotic disorder (3.9%). Symptomatology, family and sociodemographic data, treatment, level of functioning, course and outcome were compared with schizophrenic and schizoaffective disorders also diagnosed according to ICD-10.

Results: Following features differ significantly in ATP: 1. female predominance, 2. higher age at onset, 3. acute onset of symptomatology, 4. shorter duration of psychotic and non-psychotic symptomatology, 5. predominance of positive symptoms especially of delusions and hallucinations, 6. less negative symptoms, 7. more favourable response to antipsychotic drugs, 8. higher level

of functioning at the end of an episode, 9. less symptoms between episodes.

Conclusion: The acute transient psychoses as defined in ICD-10 are good prognosis psychotic disorders differing significantly from schizophrenia. A syndrome-shift to schizophrenia during the long term course is extremely rare. The above findings support the assumption of independence of ATP from schizophrenia.

FC36-6

THE COCHRANE SCHIZOPHRENIA GROUP

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Registered in June 1994, the Cochrane Schizophrenia Group (CSG) was the first mental health group within the Cochrane Collaboration, and is a global network with collaborators on every continent. The CSG is concerned with the evaluation of care relevant to those with non-affective, functional, psychotic illnesses.

Aims of the Cochrane Schizophrenia Group:

- To identify every randomized controlled trial relevant to the care of those with schizophrenia and other related disorders by systematically searching journals and electronic databases
- To regularly update the CSG Register of Trials (currently containing c.3,500 trials)
- To produce and maintain methodologically sound, clearly written reviews of RCTs relevant to the scope of the Group
- To make these reviews accessible to clinicians, researchers, managers, policy makers and recipients of care by ensuring that they are presented in an unimposing and easily understandable format
- To continue to disseminate this information via publication on the Cochrane Library.

We currently (Dec 1997) have 20 reviews and 12 protocols published on the Cochrane Library. These have already been effective in influencing policy and care of those with schizophrenia.

The Cochrane Library will be demonstrated and the CSG's future agenda outlined.

FC36-7

PATIENT AND RELATIVE EDUCATION IN COMMUNITY PSYCHIATRY; A RANDOMIZED TRIAL REGARDING IT'S USEFULNESS

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Psychoeducation meets increasing accept as a part of the treatment program for schizophrenia.

But do the patients accept psychoeducation as readily as the relatives and the professionals? Are the effects of psychoeducation aimed at patients useful measured by changes in satisfaction with services, knowledge, Expressed emotion scores and compliance.

In relation to a randomized study of a short psychoeducational program for patients with schizophrenia and their relatives in two Community Psychiatric Centres in Aarhus and Viborg, an analysis of eligibility of patients for this kind of program was made.

The representativity of the participating group was analysed through comparison of the characteristics of this group with the group of refusers and with The Aarhus population of patients of patients registered in the National Psychiatric Register.

An analysis of the effects of a short 8 session psychoeducational program for patients and relatives on relevant outcome measures is described. It was shown that changes in specific dimensions of

satisfaction with services was found both for patients and relatives and that there was a corresponding increase of knowledge. The selection of the study group made it impossible to detect changes in compliance and insight into psychosis due to ceiling effects. There were no significant effects in the more "hard" outcome measures relapse or psychopathology measured by BPRS.

The results indicate that a short psychoeducational program like this can be seen as an introduction to the rehabilitative work with patients with schizophrenia facilitating other and more pervasive rehabilitative efforts rather than an effective treatment modality in itself.

S37. Research and development in psychiatry in Europe

Chairs: AH Ghodse (UK), P Bech (DK)

S37-1

MENTAL HEALTH RESEARCH & POLICY IN EUROPE

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Science and public policy in many countries are as far apart as God and atheism. Yet, both are in need of each other. The challenge of each other's diversity combined with deep-seated suspicions have, in many societies, separated the two to a point of non-reconciliation. This is particularly marked at times of recession and political change and affects all areas of science and policy, particularly in the field of health, and significantly so in mental health sciences. Local and national policies may sometimes conflict with pursuing scientific enquiries, while international conflicts, pressures and compromises also undermine collaboration between scientists. It is equally true that the results of sophisticated laboratory experiments may have far less effect than a non-scientific bilateral/multilateral formal agreement or deal between the political leaders for example. Despite all the diversities of mental health and their related problems in the world, there are certain universal and psycho-biological facts which cross the boundaries of cultures and nations. Psychiatry as well as dealing with its immediate problems, should also be looking ahead. There can be no doubt that over the next century attention will increasingly have to be turned on world-wide scale to the medical implications of human behaviour. Thus, psychiatry can be seen as a meeting place between biological sciences on the one hand, and a variety of social-behavioural sciences on the other and it is impossible to conceive of fruitful research which neglects either of these complementary groups of discipline. The European Professors of Psychiatry Association (Euro PoP) is a forum for academics of Europe in the field of psychiatry to profess the speciality in order to advance research and teaching in mental health and toward the well being of individuals as well as the population. It could become a pathway to bridge the gap between science and policy, not only within individual nations in Europe, but also across cultures by discussion, debate and collaboration.