

gab es über die Jahre eine ständige Höherdosierung der gewählten initialen Dosierungen, eine Bevorzugung von hochpotenten Neuroleptika gegenüber niederpotenten Präparaten und auch in einzelnen Fällen den Einsatz von Mehrfachkombinationen. Nach 1991 zeigte sich deutlich der häufigere Einsatz von atypischen Neuroleptika.

**4. Schlussfolgerungen:** Die gefundenen Daten des medikamentösen Regimes entsprechen in den meisten Fällen den in der Literatur berichteten Leitlinien akuter neuroleptischer Therapie bei schizophrenen Psychosen, obwohl einige Differenzen herausgearbeitet werden konnten. In vergleichbaren Arbeiten fanden sich ähnliche Ergebnisse. Die Resultate der durchgeführten Studie sind Ausgangspunkt für die Diskussion dieser Differenzen, möglicherweise auch für eine Korrektur der derzeit gültigen Leitlinien.

#### CONCEPTS OF SCHIZOPHRENIA IN SOVIET AND RUSSIAN PSYCHIATRY

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Concepts of schizophrenia of the Soviet Russian school, historically based upon the broad concepts of schizophrenia by Kraepelin and Bleuler and supported by the results of Russian clinical-genetic and katamnestic research, as well as the relationships to the German concept of "Einheitspsychose (Unitarian Psychosis)" are presented. Along with the discussion of correspondences with and differences to Western diagnostic systems (DSM, ICD) it will be pointed out that the old Soviet system of classification extends to psychotic and also non-psychotic forms which in ICD-10 are not attributed to schizophrenia, but to other categories. Such differential-diagnostic criteria of sluggish schizophrenia and neurotic disorders as rudimentary positive psychotic symptoms, thought disturbances and characterological changes are delineated. The concept of latent schizophrenia is considered by the authors too broad for reliable diagnosis. Furthermore, recent developments in Russian psychopathology and modifications in Russian schizophrenia concepts will be exemplified by the concept of "Psychic Diathesis" that illuminates the signs of vulnerability for schizophrenia.

#### THE EFFICACY AND SAFETY OF TWO FIXED DOSES OF ZIPRASIDONE IN SCHIZOPHRENIA

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Ziprasidone's high affinity for 5HT<sub>2A</sub> receptors and moderate affinity for D<sub>2</sub> receptors suggest significant antipsychotic efficacy with low extrapyramidal side-effect liability. This 6-week, double-blind, placebo-controlled multicenter study was designed to compare the safety, toleration and efficacy of two fixed-dose regimens of ziprasidone in subjects with an acute exacerbation of schizophrenia or schizo-affective disorder. After a 3 to 7-day placebo washout, patients were randomized to receive either ziprasidone 40 mg bid on days 1 to 41 (106 patients); ziprasidone 40 mg bid on days 1 to 2, followed by 80 mg bid on days 3 to 41 (104 patients); or placebo (92 patients). On day 42, subjects received a single morning dose. Both the 80 mg and 160 mg dose groups demonstrated statistically significant changes from baseline in BPRSd total, BPRSd core items, CGI severity and PANSS total scores. All differences were statistically significant.

Measurement of negative symptoms by the PANSS negative subscale also showed statistically significant differences between both ziprasidone groups and placebo. Side-effects were limited in both the 80 mg and 160 mg groups. This indicates that ziprasidone at

doses of 80 mg and 160 mg daily is an effective and well-tolerated antipsychotic.

Last visit change in Primary Efficacy Scores (All Subjects, Last Observation Carried Forward)

	Ziprasidone 40 mg bid	Ziprasidone 80 mg bid	Placebo
BPRSd – total	-7.7*	-10.3**	-3.4
BPRSd – core	-3.4*	-4.4**	-2.0
CGI – severity	-0.5*	-0.8**	-0.2
PANSS – total	-12.4*	-17.1**	-5.4
PANSS – negative subscale	-3.2*	-3.9**	-0.9

\*p < 0.05, \*\*p < 0.001.

The author thanks the Ziprasidone Study Group for participation in this study.

#### REDUCED VISUAL MOTION SENSITIVITY IN UNMEDICATED SCHIZOPHRENIC PATIENTS

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There is long standing evidence of visual deficits in schizophrenia; and recent visual masking studies suggest an abnormality of the fast transient (magnocellular) system which is specialised for detecting fast flicker and motion and is important for spatial localisation and eye movement control. There is already strong evidence for magnocellular impairment in dyslexics, who show schizotypal traits of perceptual aberration and magical thinking, and we have shown that both dyslexics and normal schizotypal subjects have impaired visual motion sensitivity, a good index of magnocellular function, here we report an investigation of this in schizophrenic subjects. Thresholds for detecting coherent motion in random dot patterns were assessed in 9 acute schizophrenic patients (neuroleptic-naive), and two control groups, normal and dyslexic, individually matched for age, sex and handedness, mean motion thresholds (% coherence) were: schizophrenic patients 14.79 ± 5.26; dyslexics 12.99 ± 4.92; normal controls 8.32 ± 1.7. The effect of group was significant (p = 0.01), and on post-hoc comparison (LSD) motion sensitivity did not differ between schizophrenic and dyslexic groups, but both were impaired relative to normal controls (p < 0.05). These results are consistent with magnocellular visual disturbance in schizophrenia, which may contribute to the visual abnormalities associated with the disorder. They are also compatible with other evidence for an association between dyslexia and the schizophrenia spectrum.

#### PATIENTS SUBJECTIVE ILLNESS CONCEPTS ABOUT CHRONIC SCHIZOPHRENIA — A COMPARISON OF VIEWS SEEN BY PATIENTS AND PSYCHIATRISTS IN OFFICE PRACTICE OF EAST GERMANY AFTER REUNIFICATION

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**Background:** The subjective point of view in patients and therapists about illness and therapy is of a considerable significance with respect to a psychotherapeutic co-treatment for chronic schizophrenic subjects.

**Samples and method:** 25 schizophrenics (clinical obvious schizophrenia according to DSM-IV criteria with at least one relapse) and 38 psychiatrists in office practice in the area of the cities Dresden and Leipzig were interviewed in the framework of a pilot study. All patients were explored by means of the Dresden Semistructured

Interview (Ripke, Gläsner 1993) while psychiatrists received a questionnaire with items about information transfer to their patients, about content and meaning of illness concepts and their significance in the outpatient treatment.

**Results:** The knowledge of the patients about their disease varied considerably but the majority of subjects (75%) desires more information and communication. Most of the therapists consider this as important too (50% as important, 34% individually selected information, 13% totally oppose to that) and express to be interested in doing so in practice. An accordance was also found for the schizophrenia illness concept which is following the vulnerability–stress hypothesis. As to the treatment process the most obvious effects were ascribed to the pharmacologic treatment. Nevertheless the patients more likely believe that an improvement could arise from augmenting the verbal communication (also in groups) while clinicians don't consider such possibilities of therapy as notable in like manner.

**Conclusion:** In spite of different interviewing methods we found a distinct accordance of the samples in regard to clinical information management and illness concept. This fact should be conceived of as an encouragement to a psychotherapeutic oriented relation which is perceived by patients and therapists to be helpful and desirable in the structural context of forming a therapeutical alliance.

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#### GENETIC EPIDEMIOLOGICAL STUDY OF SCHIZOPHRENIA: COURSE AND OUTCOME OF ILLNESS

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The study was conducted in two stages: (1) evaluation of schizophrenia prevalence rate among relatives of probands grouped on “opposing” groups: continuous (N = 121) vs. episodic course (N = 223); and favorable (N = 302) vs. unfavorable (N = 51) outcome; (2) assessment of the autosomal and gonosomal factors liability to schizophrenia by the Multifactorial Threshold Model (MFT) for each proband group. The probands were extracted randomly from the Tomsk Epidemiological & Family Register (Russia). The first-degree relatives of all proband's groups showed the highest overall frequency of schizophrenia (2.38% vs 0.29% in Tomsk population). The lifetime prevalence rate of schizophrenia was not significantly higher in family members of probands with continuous than with episodic course. Probands with unfavorable course were found to have a higher rate of schizophrenia among their first degree relatives (5.13%) than among relatives of probands with favorable course (1.93%,  $P < 0.05$ ). According the MFT autosomal factors were found to be 1.6 times higher in probands with the unfavorable than favorable course. Very modest specificity differences in autosomal factors liability to schizophrenia with continuous vs episodic course. The contribution of gonosomal factors does not detect in liability to schizophrenia with continuous course. On the contrary, the estimate of gonosomal factors is reach to 17% on the average for sample of schizophrenics with episodic course. The role of gonosomal factors increase to 29% in proband's group with schizoaffective features. The findings suggest that autosomal factors (e.g., major gene/s) determine the outcome of the illness. The course of schizophrenia (continuous or episodic) and the presence of affective features being specified by an interaction between gonosomal and environmental factors.

#### EFFECTS OF ODOURS ON ATTENTIONAL PROCESSES AND MOOD IN SCHIZOPHRENIA AND DEPRESSION

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Various studies have shown the influence of olfactory input on different types of behavior related to the central nervous system activity. The sedative and stimulative properties of lavender oil and the oil of jasmine have been shown in studies using neurophysiological methods and animal research. Based on these findings we examined in an earlier study the effects of these two odours on attentional processes in healthy subjects. Results showed a decrease in the performance while inhaling lavender and an increase in the performance while inhaling jasmine. These opposite effects were found in tasks requiring visual vigilance and selective attention.

One basic problem in patients with schizophrenic and depressive disorders, although being due to different underlying mechanisms, are specific attention deficits, in particular vigilance, selective attention and focusing of attention. The aim of our present study is to investigate the influence of lavender and jasmine on different disturbed attentional processes in schizophrenic and depressive disorders, and their effect on mood during test situation. By using the “Test Battery of Attentional Performance” (TAP) we examine five different attentional processes 1) alertness, 2) incompatibility 3) go/nogo 4) covert shifts of attention and 5) visual vigilance. These five functions of attention are known either to be influenced by inhaling those essential oils and/or to be impaired in these psychiatric disorders. To investigate the mood profiles we use the “Multidimensional Mood Questionnaire” (MDBF) including three mood dimensions: “pleasant-unpleasant”, “awake-sleepy” and “calm-restless”, and study subjects have to answer questions concerning different subjective ratings of the smell. All patients have to meet ICD-10 and DSM-IV criteria for schizophrenia and depression and have to be rated by a psychiatrist on different rating scales: Brief Psychiatric Rating Scale (BPRS) and Positive and Negative Syndrome Scale (PANS) or Hamilton Depression Scale (HAMD). Study subjects are also examined by an otorhinolaryngologist and participate in a study of olfactory functions. Results based on an analysis of attentional processes and mood profiles under these odours will be presented.

#### ATYPICAL TREATMENT OF NEUROLEPTIC INDUCED CATATONIA IN ACUTE PSYCHOSIS

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Catatonic symptoms are nonspecific and occur under different circumstances, e.g., organic, psychogenic and neuroleptic induced catatonia have to be distinguished. A serious clinical problem might occur in psychotic patients who develop severe catatonic symptoms after introduction of high-potency neuroleptics. The usual strategy is to increase the neuroleptic dosage (with the possible risk of progression into neuroleptic malignant syndrome) or introduction of ECT in case of nonresponse.

Here we describe an alternative treatment strategy in three psychotic inpatients (all females: 32, 37 and 48 ys. old) suffering from (1) postpartum psychosis, (2) paranoid schizophrenia and (3) organic (HIV associated) psychosis, respectively. After treatment with haloperidol (i.v., 10 mg b.i.d.) over a few days Pat. (1) and (2) developed withdrawal, mutism, refusal to eat, negativism, rigidity and immobility. Pat. (3) who was initially agitated showed stereotypies, posturing,