

SOCIO-CULTURAL PATHOMORPHOSIS OF DELUSION (COMPARATIVE ANALYSIS OF DELUSION CONTENT IN 1983 AND 1993 IN UKRAINE)

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Nowadays in Ukraine it is noted the peculiar pathomorphosis of mental diseases reflecting new social and economic conditions, values, and general world view of society.

The investigation is aimed to study of the character of changes in clinical manifestations of delusions influenced by socio-cultural factors.

For this purpose the contents of delusions in 1983 and in 1993 were compared. The data were obtained from case histories of male patients first hospitalised in psychiatric hospital of Kyiv with prevailing delusion disturbances. According to these criteria 140 case histories (the mean age of patients was 35.3 years, SD = 14.1, range 18–86) were included in the group of 1983 and 121 case histories (the mean age of patients was 31.7 years, SD = 12.1, range 16–69) were included in the group of 1993.

While analysing contents of delusions we have found that in 1983 non-differentiated delusions involving people and actual environment (17.6%), stories based on domestic issues (14.0%), on job issues (12.6%), on persecution of KGB and police (8.6%), on political issues (8.2%) were the most offend. In the sample of 1993 the stories reflected religious issues, non-differentiated delusions, stories based on evil forces, putting a jinx on and witchcraft, on bioenergetic ideas (extrasensors, bio-fields), on domestic issues were prevailing and constitute 17.6%, 15.5%, 9.4%, 8.8%, 8.3% respectively.

Thus, there is an obvious tendency of transition from rational interpretation of psychopathological experience to irrational one. This tendency reflects spiritual context of post-communist society determined by devaluation of communist ideology and associated with the dissemination of new information concerning traditional and non-traditional religious, mystic, occult directions.

SUBJECTIVE AND OBJECTIVE SLEEP IN SCHIZOPHRENIA

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In order to perform a study in schizophrenic patients, comparing double-blind the effects of haloperidol and risperidon on sleep EEG parameters, we first evaluated the subjective experience on sleep in this population. 93 clinically stable out-patients (46 M, 47 F; mean age 47 Y), using oral neuroleptics and without acute psychotic symptoms, were asked about their sleep: 1. do you have problems with your sleep? If yes 2. problems with falling asleep? 3. problems with maintaining sleep? 4. early awakening?

35 patients (37.6%) complained about their sleep in general. Early insomnia was reported by 26%, middle insomnia by 23% and early awakening by 16% of the patients. Hypnotics were used by 33 patients (35.5%) of whom 14 still had complaints. Diagnosis of affective psychosis resulted in significantly more sleep problems (46.2%) compared to patients with a diagnosis of schizophrenia (30.4%). *Conclusion:* sleep problems are common in schizophrenics and are more related to the diagnosis than to the kind of neuroleptic used. Since hypnotics seem not to be very effective in this population, research of antipsychotics (D2-antagonists) in combination with sleep improving properties (5HT2-antagonism) is deemed necessary. Specifically the 5HT2 antagonist should restore the defective Slow Wave Sleep (SWS), generally found in schizophrenics and probably related to negative symptomatology.

34 patients (22 M, 12 F) entered the double-blind sleep EEG trial:

completed the whole study (n = 16); drop-out due to side-effects and aggravation of symptoms (n = 8); exclusion sleep efficiency > 80% (n = 8); still in trial (n = 2). At baseline a statistical significant positive correlation is found between general psychopathology (PANSS scale), REM latency and superficial sleep. A negative correlation was found with SWS and REM sleep. Since the medication code will be broken at the end of the whole trial period, the effects of haloperidol and risperidon on sleep are not yet known.

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THE EFFICACY AND SAFETY OF 28-DAY TREATMENT WITH ZIPRASIDONE IN SCHIZOPHRENIA/SCHIZOAFFECTIVE DISORDER

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This was a double-blind, randomized study comparing the safety and efficacy of treatment with ziprasidone (an antipsychotic with combined antagonism at 5HT_{2A} and D₂ receptors) and placebo in patients with an acute exacerbation of schizophrenia or schizoaffective disorder. After a 4 to 7-day placebo washout period, patients were given 20 mg or 60 mg ziprasidone or placebo twice daily for 28 days. A total of 131 patients were included in the intention-to-treat efficacy analysis and 76 patients completed the trial. There was a statistically significant improvement in psychotic symptoms versus placebo in the 120 mg ziprasidone group, as measured by the total BPRS and CGI scores. Evaluations for parkinsonian symptoms, akathisia, abnormal movements, and sedation did not reveal any notable treatment effects. There were no notable treatment differences in the incidence or severity of adverse events, laboratory test abnormalities, or serious adverse events. This study, therefore, showed that 60 mg ziprasidone twice daily was an effective dose in this group of patients.

NEGATIVE SYMPTOMS AND BEHAVIOUR IN SCHIZOPHRENIC PATIENTS

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Introduction and Aims: The past five years have brought major advances in the understanding of schizophrenia in three major areas. First, advances in brain imaging techniques, especially magnetic resonance imaging (MRI) and refinements in neuropathological techniques have focused much interest on the pathophysiology of schizophrenia. Second, after the introduction of atypical antipsychotic drugs (clozapine, risperidone, etc.) there has been a significant amount of research regarding the negative symptoms of schizophrenia. Third, as drug treatments improve and as a solid biological basis for schizophrenia is recognized, there is an increase in interest in the psychosocial factors affecting schizophrenia. Thus, recently a great deal of scientific concern is encouraged by behavioral factors in schizophrenia. This preliminary work aims at studying apparent and overt behavioural variables in chronic schizophrenic patients undergoing treatment and follow-up in a University Hospital. *Method:* 1. *Subjects:* Thirty chronic schizophrenic outpatients. 2. *Material:* Rating Scale. The Spanish version of PANSS (Positive and Negative Syndrome Scale) of Kay et al. (1987) was applied to the sample during the assessment and treatment routine in the outpatient facility. *Results:* Passive Social Withdrawal (2.77, s.d. 1.70), Emotional Withdrawal (2.43, s.d. 1.22), Hallucinatory Behavior (2.43, s.d. 1.65), Active Social Avoidance (2.20, s.d. 1.40) and Poor Impulse Control (2.03, s.d. 1.63) are the variables that record higher mean scores. *Discussion & Conclusions:* The highest scores correspond to behavioural variables