

Wed-P28**D₂ RECEPTORS MODIFICATION AND SERTINDOLE EFFICACY IN A SCHIZOAFFECTIVE PATIENT**

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A case of a schizoaffective patient, successfully treated with sertindole, is presented here. The psychopathological profile has been studied by neuropsychological tests and psychometric tests (HAM-A and HAM-D, Z-SAS and Z-SDS). The Minnesota Multiphasic Personality Inventory was administered. The regional cerebral blood flow was measured by 99mTc-HMPAO-SPECT and no changes were showed. A reduction of the striatum uptake of the D₂ receptor ligand, bilaterally, was reported at the ¹²³I-IBZM-SPECT before the therapy. The patient, successfully treated with sertindole, showed a marked improvement of symptoms, in particular of social retirement, affective flattening and avolition, within two months of therapy.

Wed-P29**CLINICAL SUBTYPES OF SCHIZOPHRENIC DISORDERS: A CLUSTER ANALYTIC STUDY**

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Material-Methods: 255 psychiatric inpatients with a definite diagnosis of DSM-IV schizophrenic disorder were examined by means of the Structured Clinical Interview and rated on the 30 main items of the Positive and Negative Syndrome Scale (PANSS). Patients scores were subjected to a cluster analysis, using Ward's method.

Results: Cluster analysis led to the formation of five groups. The first group (N = 46) comprised patients with overall psychopathology of minimal severity, whereas in the second group (N = 39) were subsumed patients with severe positive symptoms along with psychomotor excitement. Furthermore, the third group (N = 58) was composed of patients with severe positive psychopathology only, in contrast to the fourth group (N = 34) which comprised patients with severe positive, negative, depressive and cognitive psychopathology. Finally the fifth group (N = 78) subsumed patients with severe negative signs only. Women predominated in the third and men in the fourth groups respectively. Patients of the first and the third groups were older compared to those of the remaining groups. Furthermore they had longer duration of illness and higher number of hospitalizations. Patients of the first and fifth groups had a more insidious onset of illness, whereas those of the second group had the lowest genetic loading. With respect to DSM-IV clinical types of schizophrenic disorders, the paranoid type predominated in the second and above all third groups, whereas the disorganized and catatonic types were markedly overrepresented in the fifth group.

Conclusions: Our results suggest the existence of five distinct clinical subtypes of schizophrenic disorders. The first -remitted or residual subtype -includes perhaps the traditional schizophrenia simplex of E. Bleuler, whereas the second and third ones-positive -excited and pure positive ones- correspond roughly to the traditional paranoid type. Furthermore, the fourth subtype -mixed or prototypical- bears resemblances to the DSM-IV undifferentiated type. Finally, the fifth subtype -pure negative- includes the DSM-IV disorganized and catatonic clinical types.

Wed-P30**CLINICAL DIMENSIONS OF SCHIZOPHRENIC DISORDERS: A FACTOR-ANALYTIC STUDY**

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Material-Methods: 258 inpatients of both sexes, with a definite diagnosis of DSM-IV schizophrenic disorder were examined by means of the Structured Clinical Interview (SCI) and rated on the 30 main items of the Positive and Negative Syndrome Scale (PANSS). Patients' scores were subjected to two Principal Component Analyses (PCAs with varimax rotation), the first time by fixing the threshold in eigenvalues at the usual ≥ 1 numerical level, and then, following a recent suggestion of Lindenmayer et al (1995), by elevating it at the 1.5 level.

Results: The first analysis led to the extraction of seven factors, jointly accounting for 66.81% of the variance. These factors were interpreted as representing -in decreasing order of relative importance- the following dimensions of schizophrenic psychopathology: negative, excitement, depression, positive I (subsuming the items of delusions, suspiciousness-persecution, lack of judgment and insight and active social avoidance), somatic concern, positive II (covering the items of unusual thought content, grandiosity and hallucinatory behavior) and, finally, cognitive disorganization or impairment. By contrast, the second analysis, yielded five factors, jointly accounting for 54.85% of the variance. These factors were interpreted as representing -in decreasing order of relative importance- the negative, excitement, depression, positive and cognitive disorganization components respectively of the schizophrenic psychopathology.

Conclusions: Overall, the results of both analyses agree with those of the several studies carried out in many countries using different linguistic versions of the PANSS. With respect to the first PCA, we should note that the extraction of two positive factors replicates in part the findings of Kay and Sevy (1990), whereas the extraction of a separate component of somatic concern those of Peralta and Cuesta (1993). Furthermore the results of the second PCA coincide with those of several other studies (Lepine 1991, Lindroem and von Knorring 1993, Bell et al 1994, Lindenmayer et al 1994, 1995) in both the number and the interpretation of the extracted factors.

Wed-P31**SPECT AND SCHIZOPHRENIC DEFECT**

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Objective: The aim of this study was to investigate whether the schizophrenic defect is related to a relatively lower regional cerebral blood flow (rCBF).

Method: The sample consists of 25 patients with schizophrenia (ICD-10 criteria), 17 men and 8 women, with a mean age of 34.8 years (range, 23-42), a mean length of illness of 9.3 years (range, 5-15), and a defect between mild and severe. A computerized assessed tomography (CAT) scan was made to rule out any gross brain structural anomaly. Data were collected regarding: 1) psychopathology and course of illness; 2) medication; 3) alcohol and illicit drug consumption; 4) family psychiatric history (schizophrenia or other disorders); 5) neuropsychological assessment including WAIS, Benton Visual Retention Test (BVRT), and Wisconsin Card Sorting Test (WCST). The defect was assessed as mild (28% of the cases), medium (60% of the cases), or

severe (12% of the cases). The rCBF was assessed by means of SPECT using ^{99}Tc -HMPAO as a tracer in six brain regions: dorsolateral prefrontal, orbito-frontal, anterior temporal, temporo-parietal, occipital, and basal ganglia.

Results: 1) The mild schizophrenic defect were better detected by the BVRT than by the SPECT ($p < 0.01$). 2) The rCBF was normal in four cases (16%), and the remaining 21 (84%) showed hypoperfusion in the frontal (dorsolateral prefrontal and orbito-frontal) and/or basal ganglia regions. 3) No significant relationship was found between the relatively lower rCBF and the degree of the defect. 4) The presence of BOTH (EITHER) treatment non-compliance AND (OR) substance (alcohol) abuse was related to the degree of the defect ($p < 0.05$). 5) The schizophrenic defect was significantly associated ($p < 0.05$) with a history of schizophrenia among the first-degree relatives (parents or siblings).

Conclusion: The results of this study are in favour of a multifactorial etiopathogenic hypothesis of schizophrenia.

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AN EEG STUDY OF THE NEURODEVELOPMENTAL HYPOTHESIS OF SCHIZOPHRENIA. MEASURES OF EEG ACTIVITY AND EEG REACTIVITY

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The hypothesis that irregular regressive phenomena in the organizational level of the neuronal network (representational network) underlie the manifestation of productive schizophrenic symptoms is tested with EEG data in three groups of normal adolescents, in first-episode, neuroleptics-naive schizophrenics and in matched controls (total: 70 subjects).

EEG (19 channel) theta, alpha and beta band centroid frequency was used as indicators of the level of complexity and momentary excitability of the neuronal network.

Schizophrenics show lower theta and higher alpha and beta centroids in EEG activity and partial similarities in theta and alpha centroid behavior with the two younger groups of juveniles.

The results are interpreted within the framework of a model of the brain's functions underlying allocation of attention as suggesting dissociated (partially regressed and partially over-activated) neuronal activation, i.e., dissociated contents of working memory in schizophrenia.

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ESTIMATION OF DIMENSIONAL COMPLEXITY OF MULTI-CHANNEL EEG IN FIRST EPISODE SCHIZOPHRENICS. AN EXTENSION AND REPLICATION OF A FINDING

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In nine first episode, neuroleptic-naive acute schizophrenics and in 18 matched in age, sex and basic education controls, the dimensional complexity of 19 EEG recordings (computed in 12 local gradients) was assessed by computing the correlation dimension during 10 seconds in five recording conditions: resting and after the presentation of four short sentences.

The correlation dimension of schizophrenics was significant higher in 26 of the 12 locations (resting 8 times; sentence 1, 5 times; sentence 2, 5 times; sentence 3, 4 times and sentence 4, 4 times). The results confirm our previous findings with 12 first episode schizophrenics where only two recordings were available.

The results are interpreted within the framework of a model of the brain's functions underlying allocation of attention as suggestive dissociated neuronal activation in schizophrenia.

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SCHOOL FOR PSYCHOPHYSICAL SELF-REGULATION OF DIABETES MELLITUS PATIENTS

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The diabetes mellitus often proceeds against a background of available or secondary psychic disorders. Our eight-year experience indicates that such patients need treatment in the "School for psychophysical self-regulation". The treatment was applied to the insulin-dependent and non-dependent patients in conjunction with manic-depressive psychosis, latent schizophrenia and marginal forms of neuro-psychic disorders. Patients were examined by clinical-psychopathological and psychological methods. The training provides maximum information on the nature of disease, methods of self-control, prophylaxis of complications, peculiarities of individual treatment - everything for continuous stable cure procedure. The patient's chronic stress, the shattering of the shaped stereotype, disturbances in the relationship and his fear for his future have to be taken into account. Thus, the main purpose of the psychiatric, psychotherapeutic and psychological help to the given contingent is in the first place a relief of mental state and a reduction of symptoms.

The psychological aspect of our program includes such purposes as to devise optimal styles for overcoming the nosogenic stress, to develop an adequate subjective conception of the disease, to correct one's self-appraisal, to form some self-regulation habits. The communicative connections within the group established, the patients became able to join actively in the psychosocial relations after the treatment. The combination of the training program with the psycho-corrective measures allows to improve a quality of the therapy, to prevent a development of neuro-psychical disorders, and it ensures psychosocial adaptation in the society.

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ELECTROCONVULSIVE THERAPY IN SCHIZOAFFECTIVE DISORDER

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Introduction: As it is known, ECT relieves such symptoms as delusions, hallucinations and agitation, but not the underlying schizophrenic apathy, social withdrawal and emotional unresponsiveness. It is most useful when severe symptoms have developed suddenly in a patient who was previously in good mental health, especially if there are also striking changes in mood (schizoaffective disorders).

Material and Method: The sample was consisted 73 inpatients with diagnosis of schizoaffective disorders. Two groups were established: twenty four with ECT treatment and forty nine with neuroleptic drugs.

Results: There were statistical differences between them in relation of gender and age. The therapeutic efficacy of ECT was assessed by using Hamilton Rating Scale for Depression and Clinical Global Impression Scale showed marked improvement in 70% of patients in both groups. But group with ECT (average 8.5/patient) showed less days of hospitalisation: 20.8 versus 37.5 days.