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P45. Psychotic disorders – schizophrenia

P45.01

Duration of the initial prodrome and prediction of schizophrenia

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In schizophrenia research, different transition patterns from prodrome to psychosis have been suggested. Yet, recent approaches deal with the initial prodrome as a singular concept, despite obvious differences such as broadly differing prodromal durations.

Patients from the prospective Cologne Early Recognition study who had developed schizophrenia were divided into three groups according to the duration of the initial prodrome – short (0–1 year; n=16), average (2–6 years; n=37) and long (> 6 years; n=26) – and compared for their symptomatology at first examination.

Differences in the prominent clinical picture showed not only for single symptoms, but also for the logistic equation of each group including only cognitive deficits.

With regard to recent models of information processing, findings indicate different underlying deficits in the groups: The long prodrome group appeared deficient in bottom-up and top-down loop processes, the average prodrome group in top-down processes and the short duration group in the central integrating system. This might not only help to explain their different prominent symptomatology, but also the differences in time course and tentative diagnoses given at first examination.

P45.02

Trait and state-trait markers of schizophrenia

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DSM-cluster-A-personality disorders and schizotypy in subjects or their families are described as trait markers of schizophrenia. Thus, their assessment should facilitate the detection of persons at risk of schizophrenia, whereas the assessment of prodromal symptoms should help the detection of persons already in the initial prodromal phase of the illness. However, the amount of overlap between risk (trait) and early (state-trait) signs is unclear.

At the Cologne Early Recognition and Intervention Center, referrals are assessed with the Bonn Scale for the Assessment of Basic Symptoms (BSABS), the Scale Of Prodromal Symptoms (SOPS), the PANSS, the Wisconsin Scales and the Self-Assessment Version of the Aachen Checklist of Personality Disorders – SAMPS.

Comparisons of prodromal patients (n=32), referrals given a different diagnosis (n=47) and psychotic patients (n=16) showed high scores for the prodromal/psychotic groups in BSABS, SOPS and cluster-A-personality traits.

Furthermore in the prodromal group, high correlations relationships between SAMPS and Wisconsin Scales, between BSABS and 2 SOPS-subscales and 2 SOPS-subscales and PANSS indicated that they assess trait, state-trait and state factors of schizophrenia, respectively. This interpretation was confirmed by facette analysis.

P45.03

The initial prodrome of schizophrenia: a case report

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In schizophrenia research, researchers – and clinicians – strive for early detection and intervention to prevent or at least delay the outbreak of the frank psychosis and to avoid a social decline. Yet, sure knowledge about the nature of the initial prodrome does not exist, and different models of patterns of prodromal changes have been suggested.

Whereas the majority of authors suggested developmental models in which early nonspecific disturbances such as decreased stress tolerance, social withdrawal, anxiety, depression, irritability, loss of drive, energy and interest or sleep disturbances – occur first and are followed by more specific and attenuated psychotic symptoms which then progress into schizophrenia, few – such as McGhie and Chapman – suggested the opposite: Specific changes – mainly of attention, thought, language, perception and motor action – occur early in course and are followed by rather nonspecific neurotic symptoms as reaction to them. Here, the case of a patient will be presented whose clinical course followed the latter model and, in addition, included an 'outpost syndrome' prior to the initial prodrome.

P45.04

Medication compliance in schizophrenics in the post-hospitalization treatment phase

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In the context of psychopharmacological treatment of schizophrenic patients, compliance is a vital precondition for effective relapse prevention. Compliance rates of between 40% and 90% are reported in the literature. There is no consensus on the factors potentially influencing compliance. All schizophrenic patients treated within the course of one year at a university psychiatric department (N=169) were enrolled in a prospectively designed, non-interventional field study. 61% of the patients from this non-selected sample took part in a six-month follow-up, and 49% in a twelve-month follow-up. The samples examined proved to be representative of the total sample.

Non-compliance was recorded in 9% of the patients on discharge, in 23% after six months, and in 30% after twelve months.

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Using logistic regression analyses, the patient's fundamental attitude to longer-term medication and his satisfaction with the current medication on discharge were identified as prognostic factors. Relatives, friends, colleagues and the media were found to have no influence on the course of medication compliance. Nor did the compliance rate differ significantly between individual preparations or groups of preparations.

The results show that field studies with long-term follow-up periods are an important supplement to the generally short-term clinical studies when dealing with the question of medication compliance.

P45.05

Who says what? – Statements by schizophrenics and their psychiatrists on the current neuroleptic medication

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Cooperation based on mutual trust between patients and psychiatrists is a central precondition for successful neuroleptic relapse prevention in schizophrenic outpatients. On the one hand, scientific investigations into treatment compliance are often based on the assumption that the doctors giving the treatment cannot reliably estimate the compliance of their patients. On the other hand, statements made by patients with respect to their medication are seen as unreliable.

These two assumptions were subjected to verification within the framework of a follow-up field study of an unselected cohort of schizophrenic patients (N=169) six months after their discharge from hospital. Subject to the consent of the patients (N=81 / 66), the doctors treating them were interviewed in parallel (response rate 99%).

In the paired comparison, high and significant conformity (kappa=0.729; $p<0.001$) was recorded between the statements made by the doctors and by the patients with respect to different groups of psychotherapeutic agents (e.g. anti-depressants, neuroleptics). The same applied to various groups of preparations (e.g. typical / atypical). With respect to statements on the dose of the preparation, the conformity rate between doctors and patients was 77%.

In contrast, there were major discrepancies in the statements made with respect to the acceptance of supplementary care offers and to re-hospitalisations. According to the present results within the framework of follow-up studies, reliable information on medication, but not on other aspects of psychosocial care, is to be obtained from both patients and doctors.

P45.06

Self-control and frontal lobe function in psychosis

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Studies have shown that the experience of self-control in psychiatric patients is related to treatment outcome. In addition, numerous studies have reported frontal lobe dysfunction in groups of psychotic patients. It is however, still unknown to what extent a frontal lobe dysfunction might be related to a subjective experience of self-control in such patients.

Methods: The patient group consisted of nineteen subjects with schizoaffective psychosis or schizophrenia ((mean age:35 (24–48 years)). Clinical ratings of self-control were made by Structural Analysis of Social Behaviour (SASB). Brain function was assessed by regional cerebral blood flow.

Results: Patients who had relatively low level of subjective self-control (median cut) had relatively lower frontal lobe function, compared to those with higher self-control.The degree of self-control was also significantly correlated with level of perceived external support and involvement.

Conclusion: These observations suggest the possibility to identify subgroups of patients who differ in the degree to which they perceive external suopport in their rehabilitation process, and that such perceptual difference are related to self-control and brain function.

P45.07

Cannabis use and the expression of psychosis vulnerability in daily life

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Objective: This study investigated in a non-clinical population the interaction between cannabis use and psychosis vulnerability in their effects on psychotic experiences in daily life.

Methods: Subjects (n=79) with high or low levels of cannabis use were selected among a sample of 685 undergraduate university students. Experience Sampling Method was used to collect information on substance use and psychotic experiences in daily life. Vulnerability to develop psychosis was measured using a clinical interview assessing the level of psychotic symptoms.

Results: The acute effects of cannabis are modified by the subject's level of vulnerability for psychosis. Subjects with high vulnerability for psychosis are more likely to report unusual perceptions as well as feelings of thought influence than subjects with low vulnerability for psychosis, and they are less likely to experience enhanced feelings of pleasure associated with cannabis. There is no evidence that use of cannabis is increased following occurrence of psychotic experiences as would be expected by the self-medication model.

Conclusion: Cannabis use interacts with psychosis vulnerability in their effects on experience of psychosis in daily life. The public health impact of the widespread use of cannabis may be considerable.

P45.08

Cannabis use and dimensions of psychosis in a non-clinical population of female subjects

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Objective: The aim of the present study was to explore the pattern of associations between cannabis use and dimensions of psychosis in a non-clinical population of female subjects.

Method: The Community Assessment of Psychic Experiences (CAPE), a 42-item self-report questionnaire that evolved from the Peters et al. Delusions Inventory (PDI) was used to measure dimensions of psychosis in a sample of undergraduate female students (n=571). The participants were also asked to complete a self-report questionnaire collecting information on substance use.

Results: Three correlated dimensions of positive, negative and depressive experiences were identified using principal components factor analysis. Frequency of cannabis use was independently

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