

from data from the Present State Examination and the CATEGO programme and a matched healthy control group.

There were 65 males and 35 females and no significant difference between genders with regard to age. The patients were less likely to be married (including stable long term relationships) ( $p < 0.001$ ) and less likely to have children ( $p < 0.001$ ). Married male patients were also less likely to have children than either married female patients or married male controls ( $p < 0.001$ ). These findings confirm that especially for males, there are decreased marital and fertility rates in first onset illness implying that this feature is not consequent on being diagnosed with schizophrenia but antedates the onset of the illness.

### Wed-P4

#### SCHIZOPHRENIA AND REHABILITATION

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Since schizophrenia is ranked into the group of serious psychiatric disorders, the rehabilitation process is limited to the considerable degree. The success of psycho-social interventions, the possibility of repeated adaptation and the adequate functioning within a broader social plan after hospital treatment are reduced often. Additional presence of depressive syndrome, that is often the guide within the schizophrenic disease, can intensify and disturb the rehabilitation process.

In order to explore the influence of depressive syndrome on rehabilitation process of schizophrenic patients, the research has been conducted with 50 schizophrenic patients in total, divided into two groups according to the presence or absence of depressive syndrome within basic disorder. The first group represents schizophrenic patients with a depressive syndrome ( $N_1 = 23$ ), while the second group is without considerable indicator of depressiveness ( $N_2 = 27$ ).

The following scales and questionnaires have been employed with the research: Hamilton Scale for evaluation of depressiveness and a specifically made questionnaire for estimate of socio-demographic and rehabilitation potential of schizophrenic patients.

The conducted statistical analysis of results, with 15 explored variables included, found the statistical significance of differences (on 0.05 level) between the group only within 3 variables. That is, type of family (single, living in a primary or in a secondary family), family relations (presence or absence of considerably conflicts in the family) and working efficiency (employed or unemployed), to the benefit of, in a positive sense, the schizophrenic patients group in which depressive syndrome has not been recorded in a significant degree.

### Wed-P5

#### VERBAL MEMORY IMPAIRMENT IN SCHIZOPHRENIA

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Memory and learning deficit have been described in schizophrenia. Verbal memory studies have shown relatively normal recognition compared with impaired recall of word lists, rapid forgetting and better remote memory than new learning.

The aim of the study was to investigate the relation between verbal memory impairment and positive and negative syndromes in schizophrenia. The experimental group consisted of 32 schizophrenia patients according to DSM IV criteria. For the purposes

of this study we classified patients into two groups according to predominant syndrome exhibited on PANNS. The control group included 20 healthy volunteers.

The assessment was done by using Ray Auditory-Verbal Learning Test, PANNS, VITI Intelligence Test. Statistical analysis was done by using t test, Factor Analysis, Canonical Correlation and Discrimination Analysis.

The results showed that both recall and recognition were impaired. Negative syndrome group had lower degree of deficit. Qualitative analysis of the results assumed frontal quality of memory impairment.

These results lend support to the hypothesized importance of frontal region in understanding psychopathology of schizophrenia, and to finding that negative symptoms are not significantly correlated with memory performance.

### Wed-P6

#### REGIONAL DIFFERENCES IN SCHIZOPHRENIA: INCIDENCE, GENDER, AGE AND DIAGNOSTIC DELAY

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A cohort consisting of 2,441 Danish psychiatric patients, with first time admissions between January 1, 1978 and December 31, 1982, and diagnosed as having schizophrenia (ICD-8) at least once in a 10-year period of observation - was divided into three regional groups by degree of urbanization. The incidence of schizophrenia was found to increase with increasing degree of urbanization, was lower for women than for men and the age higher for women than for men. There was a high degree of diagnostic delay, more so for women than for men. Furthermore, the degree of diagnostic delay increased with a diminishing degree of urbanization, more so for women than for men.

These findings point towards false low incidence rates in general in Denmark, especially for women and especially in the provincial districts. Diagnostic patterns were found in the time period to vary across regions even in a small, homogenous country such as Denmark, confounding incidence rates greatly, especially for women. Future studies will reveal whether the diagnostic pattern has improved since the introduction of ICD-10 in 1994.

### Wed-P7

#### THE COURSE OF PATIENTS ADMITTED WITH THE DIAGNOSIS OF SCHIZOPHRENIA BEFORE THE AGE OF 15 YEARS

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**Objective:** To study the course of patients who have been diagnosed with schizophrenia before the age of 15 years and who have had a later admission to psychiatric hospital. The phenomenology of the rare very-early and early onset schizophrenia is described, and the course of phenomenology into adulthood is presented.

**Results:** A number of 60 patients, all diagnosed with schizophrenia in childhood or very early adolescence, was identified via the nation-wide Psychiatric Case-Register and all cases were re-diagnosed according to ICD-10 and DSM-IV criteria based on the information gathered from their records. The vast majority of the patients were males. The patients had all later admissions to psychiatric hospitals. In the majority of patients, prodromal