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 syndrom within basic disorder. the first group represents schizophrenic patients with a depressive syndrome ($N1 = 23$), while the second group is without considerable indicator of depresiveness ($N2 = 27$).

The following scales and questionnaires have been employed with the research: Hamilton Scale for evaluation of depresiveness and a specifically made questionnaire for estimate of sociodemographic 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 showen 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 imapiremnt 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 Inteligence Test. Statistical analysis was done by using t test, Factor Analysis, Canonical Correlation and Discrimination Analysis.

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

These results lend support to the hypotheized importance of frontal region in understanding psychopathology of schizophreia, 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 adoles-cence, was identified via the nation-wide Psychiatric Case-Register and all cases were rediagnosed 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 hsopitals. In the majority of patients, prodromal

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symptoms were described. Detailed information of the phenomenology in childhood as well as in adulthood and course of the symptoms is presented.

Conclusions: Schizophrenia with childhood onset is rare. This presentation describes phenomenology in childhood of a considerable number of cases and their course in adulthood.

Wed-P8

QUALITY OF LIFE OF PATIENTS WITH CHRONIC COURSE SCHIZOPHRENIA

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The objective of operation to check up which of the factors has the greatest influence on quality of life of patients with chronic course schizophrenia. 22 patients were inspected which passed treatment in round-the-clock separation of psychiatric hospital, and which at was diagnosed schizophrenia, chronic course.

The patients filled in Polish variant questionnaire SF-36 in the beginning of therapy, through a month and through three months of treatment. Simultaneonsly the doctor in same the terms inspected a mental state of the patients.

In consequence of the comparative analysis is obtained the following outputs:

- Valuation of a state of health patients difference from valuation of the doctors;
- The reduction psychotic symptomatology is tied with decrease of intensity of emotional problems, and also improvement of social operation under the end of therapy.

Wed-P9

QUALITY OF LIFE IN SCHIZOPHRENIA RELATED TO SUBJECTIVE DISTRESS FROM SYMPTOMS AND MEDICATION

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Earlier studies of the quality of life (QOL) of schizophrenic patients have shown a great discrepancy with regard to the parameters which influence QOL. In order to investigate this, 50 chronic schizophrenic patients in stable antipsychotic medication were interviewed about QOL in relation to the subjective distress from symptoms and side-effects of medication.

The following rating-scales were used: Psychological General Well-Being Scale (PGWS) as a quality of life scale, Positive and Negative Symptom Scale (PANSS) for measuring the degree of psychosis, UKU side-effect rating scale for measuring psychic and autonomous side-effects and Sct. Hans Rating Scale (SHRS) for measuring extrapyramidal side-effects. In addition the patients were asked to score the distress of each individual sign/item on a scale from 0 to 6.

Preliminary analysis showed that subjective distress from guilt, depression and suspiciousness were negatively correlated with QOL. Scores for subjective distress for hallucinations or delusions were not correlated with QOL.

Subjective distress to the item in the UKU scale, tension and inner restlessness were negatively correlated to QOL.

Wed-P10

SELF-ESTEEEM, SELF-EFFICACY, AND SUBJECTIVE QUALITY OF LIFE IN SCHIZOPHRENIC PATIENTS

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In order to learn more about the construct of subjective quality of life (S-QL) in schizophrenic patients the present study investigated the relationship between self-esteem, self-efficacy and S-QL.

60 schizophrenic long-stay patients, 60 schizophrenic acute ward inpatients and 72 healthy controls were assessed by means of standardized interviews with regard to S-QL, self-esteem (EST) and self-efficacy (EFF).

Correlation between S-QL, EST and EFF within all three groups ranged from .49 and .74. Significantly lower scores on S-QL ($p < .001$), EST ($p < .01$), and EFF ($p < .05$) were found in the acute-ward inpatients group compared to the other two groups. Long-stay patients did not differ from healthy controls in any of the three assessed dimensions. Moreover, a significant correlation between age, duration of stay in hospitals and S-QL, EST and EFF was found. The latter stresses the significance of adaptional processes within this group of patients.

Wed-P11

EFFICACITE DES SOINS DE BASE DANS LA PREVENTION DES RECHUTES SCHIZOPHRENIQUES: COLLABORATION AVEC LE SERVICE D'AIDE FAMILIALE (SAF)

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Introduction: L'hygiène et l'attention qu'on porte à son corps et à son entourage sont un baromètre de l'état de santé psychique. Le SAF fournit un ensemble de prestations visant à favoriser et augmenter l'autonomie du patient dans son milieu habituel (principalement le domicile). Ce service voit s'accroître les demandes d'intervention pour de jeunes patients psychiatriques.

Objectifs et Méthode: Vérifier l'efficacité (diminution du nombre d'hospitalisations et leur durée) d'un suivi pluridisciplinaire qui tient compte de la spécificité du SAF dans les soins de base. Nous avons sélectionné un groupe de dix patients avec un diagnostic F 20-29.X (CIM-10) et comparé deux périodes égales, d'une année, avec et sans présence du SAF dans nos réunions pluridisciplinaires.

Résultats: Le nombre d'hospitalisations en valeur absolue et leur durée, en jours, ont diminué (1.36 hosp. et 68.5 j contre 0.81 hosp.et 55.09 j).

Conclusion: Le SAF a une place dans les réseaux de psychiatrie adulte. L'étude montre une diminution du nombre d'hospitalisations et de leur durée. Des recherches avec une population plus large sont nécessaires. Le groupe thérapeutique a un rôle contenant, est un différentiateur d'imagos et empêche la projection d'un fantasme tout-puissant sur nous. Pour ses membres c'est un espace de mentalisation qui permet de mieux garder sa spécificité et se positionner dans la relation thérapeutique. La qualité de cette dernière étant un des facteurs clefs du modèle, une amélioration des résultats devrait être obtenue dans les années à venir

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