

**S02.04****EPSILON STUDY OF SCHIZOPHRENIA: EVALUATION OF QUALITY OF LIFE IN EUROPEAN SETTINGS**

J.L. Vázquez-Barquero\*, L. Gaité, C. Borra, M. Pérez Retuerto. *Clinical and Social Psychiatry Research Unit, University Hospital, "Marqués de Valdecilla", Spain*

Since the beginning of psychiatric deinstitutionalisation, quality of life (QOL) assessment in schizophrenic patients has been acquiring greater importance as a measure of outcome of the disease, and nowadays is used in numerous pharmaco-economic studies to evaluate new treatment modalities. In the literature, the studies evaluating QOL in schizophrenia differ considerably in both the type of patients evaluated and assessment instruments applied. Therefore, one of the main EPSILON study aims was to prepare standardised instruments to be used in European settings and administer those instruments to a representative sample of 404 schizophrenic patients in five centres: Amsterdam, Copenhagen, London, Santander and Verona. QOL was evaluated with the EU Lancashire Quality of Life Profile. The reliability and internal consistency of the instruments was tested and found to be good in a previous phase of the study. Results indicate that 98.5% of the patients interviewed were either satisfied or very satisfied with their QOL. The mean score on the Life Satisfaction Scale (LSS) was 4.67 (SD 0.76), i.e. close to medium rating. Areas with higher satisfaction scores were: religion (96.6%), leisure activities (95.5%), living situation (94.0%), health (92.0%) and safety (91.5%).

**S03. Emergent addictive behaviours**

*Chairs:* D. Marazziti (I), L. Pulvirenti (USA)

**S03.01****NEURAL SUBSTRATES OF DEPENDENCE**

L. Pulvirenti. *Claude Bernard Neuroscience Institute, Rome, Italy*  
*The Scripps Research Institute, La Jolla, CA, USA*

A critical issue for the understanding of drug dependence is what neurochemical changes occur during the various phases of the natural history of drug addiction. A number of abused drugs are readily self-administered by various species of animals and their acute reinforcing properties critically depend upon dopamine neurotransmission within areas of the limbic forebrain. Dependence is however a chronic relapsing disorder and understanding the neurochemical determinants underlying the acute reinforcing properties of drugs still leaves several unanswered questions regarding the intimate mechanisms leading to the development of the full dependence syndrome. Specific long-lasting adaptive changes occurring in response to drug exposure are critical for later phases of the dependence cycle and may represent the basis for clinically relevant phenomena including drug craving and conditioned reinforcement. A yet poorly investigated issue within the context of dependence is the gradual narrowing of behavioral repertoires to reflect the progressive exclusion of other activities that prevents the individual to stop compulsive drug-taking behavior. This is conceptually and phenomenologically similar to the emergence of the perseverative, repetitive and compulsive behaviors that develop in other forms of non-pharmacological addiction. From this perspective common neurobiological substrates and similar neuroadaptive phenomena may underlie repetitive/perseverative behavior and the narrowing of behavioral repertoires that progressively lead to drug-seeking

behavior. Initial neurobiological evidence supports this possibility thus proposing a common neural denominator responsible for the development and expression of perseverative and drug-seeking behavior.

**S03.02****PERSEVERATIVE BEHAVIOR: AN EMERGING CONCEPT IN PSYCHIATRIC DISORDERS**

B.D. Kretschmer. *University of Tübingen, Dept. Neuropharmacology and Neurochemical Pharmacology Unit of Claude Bernard Neuroscience Institute, Mohlstr. 54/1, 72074 Tübingen, Germany*

In many psychiatric disorders like schizophrenia, obsessive compulsions, pathologic gambling, drug- and internet addiction and in patients with frontal lobe damage perseverative behavior is one major symptom. This behavior is characterized by an uncontrolled response to a subsequent stimulus and by repetition and prolongation of a current activity. Dysfunctions can be found in the prefrontal cortex and other nuclei of the frontal-striatal circuitries. An impaired dopamine-glutamate interaction is discussed as the main underlying problem that generates an inappropriate adjustment of emotional/motivational drives to rational- or goal-directed behavior. So far only minor information about this failed adjustment is available and due to modest amount of theoretical and research attention. In this study the adaptive effects of the limbic input on dopaminergic functions in different areas of the frontal-striatal circuitries are therefore studied. We suggested that glutamatergic input that may originate from different limbic structures and that terminate on NMDA and AMPA receptors, respectively, have distinct effects in adaptation. After repeated drug treatment we revealed modified adaptive functions of the glutamatergic input. The results are discussed in terms of perseverative behavior and plasticity induced by the limbic system in the behavioral adaptation. It is speculated that maladaptation through the different limbic inputs are responsible for the specific symptoms found in the respective psychiatric disorders.

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**S03.03****UPDATE IN PATHOLOGICAL GAMBLING**

E. Hollander

No abstract was available at the time of printing.

**S03.04****IS OCD A FORM OF ADDICTION?**

J. Zohar

No abstract was available at the time of printing.

**S03.05****KLEPTOMANIA AND COMPULSIVE BUYING: CLINICAL FEATURES OF AN ITALIAN SAMPLE**

D. Marazziti\*, C. Pfanner, S. Presta, L. Dell'Osso, G.B. Casano. *Dipartimento di Psichiatria, Neurobiologia, Farmacologia e Biotecnologie, University of Pisa, Italy*

Kleptomania and compulsive buying are currently listed in DSM IV as impulse disorders not elsewhere classified. The aim of this study was to evaluate clinical features and comorbidity in an Italian sample of patients with a DSM IV diagnosis of kleptomania and