

Interview (Ripke, Gläsner 1993) while psychiatrists received a questionnaire with items about information transfer to their patients, about content and meaning of illness concepts and their significance in the outpatient treatment.

Results: The knowledge of the patients about their disease varied considerably but the majority of subjects (75%) desires more information and communication. Most of the therapists consider this as important too (50% as important, 34% individually selected information, 13% totally oppose to that) and express to be interested in doing so in practice. An accordance was also found for the schizophrenia illness concept which is following the vulnerability–stress hypothesis. As to the treatment process the most obvious effects were ascribed to the pharmacologic treatment. Nevertheless the patients more likely believe that an improvement could arise from augmenting the verbal communication (also in groups) while clinicians don't consider such possibilities of therapy as notable in like manner.

Conclusion: In spite of different interviewing methods we found a distinct accordance of the samples in regard to clinical information management and illness concept. This fact should be conceived of as an encouragement to a psychotherapeutic oriented relation which is perceived by patients and therapists to be helpful and desirable in the structural context of forming a therapeutical alliance.

- [1] Frank AF, Gunderson JG: The role of the therapeutic alliance in the treatment of schizophrenia — relationship to care and outcome. *Arch Gen Psychiatry* 1990; 47: 228–236.
- [2] Süllwold L, Herrlich J: Providing schizophrenic patients with a concept of illness: An essential element of therapy. *Br J Psych* 1992; 161: Suppl. 18: 129–132.

GENETIC EPIDEMIOLOGICAL STUDY OF SCHIZOPHRENIA: COURSE AND OUTCOME OF ILLNESS

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The study was conducted in two stages: (1) evaluation of schizophrenia prevalence rate among relatives of probands grouped on “opposing” groups: continuous (N = 121) vs. episodic course (N = 223); and favorable (N = 302) vs. unfavorable (N = 51) outcome; (2) assessment of the autosomal and gonosomal factors liability to schizophrenia by the Multifactorial Threshold Model (MFT) for each proband group. The probands were extracted randomly from the Tomsk Epidemiological & Family Register (Russia). The first-degree relatives of all proband's groups showed the highest overall frequency of schizophrenia (2.38% vs 0.29% in Tomsk population). The lifetime prevalence rate of schizophrenia was not significantly higher in family members of probands with continuous than with episodic course. Probands with unfavorable course were found to have a higher rate of schizophrenia among their first degree relatives (5.13%) than among relatives of probands with favorable course (1.93%, $P < 0.05$). According the MFT *autosomal factors* were found to be 1.6 times higher in probands with the unfavorable than favorable course. Very modest specificity differences in autosomal factors liability to schizophrenia with continuous vs episodic course. The contribution of *gonosomal factors* does not detect in liability to schizophrenia with continuous course. On the contrary, the estimate of gonosomal factors is reach to 17% on the average for sample of schizophrenics with episodic course. The role of gonosomal factors increase to 29% in proband's group with schizoaffective features. The findings suggest that autosomal factors (e.g., major gene/s) determine the outcome of the illness. The course of schizophrenia (continuous or episodic) and the presence of affective features being specified by an interaction between gonosomal and environmental factors.

EFFECTS OF ODOURS ON ATTENTIONAL PROCESSES AND MOOD IN SCHIZOPHRENIA AND DEPRESSION

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Various studies have shown the influence of olfactory input on different types of behavior related to the central nervous system activity. The sedative and stimulative properties of lavender oil and the oil of jasmine have been shown in studies using neurophysiological methods and animal research. Based on these findings we examined in an earlier study the effects of these two odours on attentional processes in healthy subjects. Results showed a decrease in the performance while inhaling lavender and an increase in the performance while inhaling jasmine. These opposite effects were found in tasks requiring visual vigilance and selective attention.

One basic problem in patients with schizophrenic and depressive disorders, although being due to different underlying mechanisms, are specific attention deficits, in particular vigilance, selective attention and focusing of attention. The aim of our present study is to investigate the influence of lavender and jasmine on different disturbed attentional processes in schizophrenic and depressive disorders, and their effect on mood during test situation. By using the “Test Battery of Attentional Performance” (TAP) we examine five different attentional processes 1) alertness, 2) incompatibility 3) go/nogo 4) covert shifts of attention and 5) visual vigilance. These five functions of attention are known either to be influenced by inhaling those essential oils and/or to be impaired in these psychiatric disorders. To investigate the mood profiles we use the “Multidimensional Mood Questionnaire” (MDBF) including three mood dimensions: “pleasant-unpleasant”, “awake-sleepy” and “calm-restless”, and study subjects have to answer questions concerning different subjective ratings of the smell. All patients have to meet ICD-10 and DSM-IV criteria for schizophrenia and depression and have to be rated by a psychiatrist on different rating scales: Brief Psychiatric Rating Scale (BPRS) and Positive and Negative Syndrome Scale (PANS) or Hamilton Depression Scale (HAMD). Study subjects are also examined by an otorhinolaryngologist and participate in a study of olfactory functions. Results based on an analysis of attentional processes and mood profiles under these odours will be presented.

ATYPICAL TREATMENT OF NEUROLEPTIC INDUCED CATATONIA IN ACUTE PSYCHOSIS

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Catatonic symptoms are nonspecific and occur under different circumstances, e.g., organic, psychogenic and neuroleptic induced catatonia have to be distinguished. A serious clinical problem might occur in psychotic patients who develop severe catatonic symptoms after introduction of high-potency neuroleptics. The usual strategy is to increase the neuroleptic dosage (with the possible risk of progression into neuroleptic malignant syndrome) or introduction of ECT in case of nonresponse.

Here we describe an alternative treatment strategy in three psychotic inpatients (all females: 32, 37 and 48 ys. old) suffering from (1) postpartum psychosis, (2) paranoid schizophrenia and (3) organic (HIV associated) psychosis, respectively. After treatment with haloperidol (i.v., 10 mg b.i.d.) over a few days Pat. (1) and (2) developed withdrawal, mutism, refusal to eat, negativism, rigidity and immobility. Pat. (3) who was initially agitated showed stereotypies, posturing,

verberation and a paradoxically increased agitation after i.v. application of haloperidol.

The provisional diagnosis of neuroleptic induced catatonia was made because catatonic symptoms were not present initially. Therefore we decided to discontinue the neuroleptic medication and started an intravenous monotherapy with lorazepam (2 mg b.i.d. or t.i.d.). All patients showed marked improvement of catatonic symptoms within two days although other psychotic symptoms persisted. Subsequent treatment with clozapine, risperidone or flupentixol resulted in a remission of the acute symptoms in all patients while the lorazepam dosage was stepwise lowered.

We conclude that temporary discontinuation of neuroleptics (and short term administration of lorazepam) might help to avoid adverse reactions as a result of an increased neuroleptic dosage.

DEINSTITUTIONALISATION AND SCHIZOPHRENIA IN FINLAND

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Finland has experienced one of the most rapid psychiatric deinstitutionalisation processes in the whole world. Since 1980, the use of psychiatric beds has decreased about two thirds. The effects of this deinstitutionalisation process was studied in a national study project of the Discharged Schizophrenic Patient by three representative samples of schizophrenic patients discharged from Finnish mental hospitals in 1982, 1986 and 1990. In all, 3 300 patients were studied and followed for three years.

The in the beginning of the 1990s discharged schizophrenic patients were older, more disturbed and had been ill for longer time than at the beginning of the 1980s discharged patients. The use of out-patient care increased and that of hospital care decreased but because of the increased residential out-patient care the total amount of residential care did not change during the study period; re-admissions to hospital increased, however. In the patients with a long duration of illness the increase of re-admissions was exceptionally high; they also seemed to be losing their share of the residential out-patient services. During the study period, the number of patients living alone in the community increased but the housing conditions became rather better than worse. At follow-up, the patients living in the community were more satisfied than the readmitted patients.

On the whole, the deinstitutionalisation process seemed to have proceeded fairly successfully from the point of view of the psychiatric treatment system. It proved to be able to re-direct and use the resources available more effectively and modify the structure of services according to the changing needs of patients discharged from hospitals. The well developed social services have also supported this adaptation to the decreasing use of mental hospital beds.

PHENOMENOLOGY OF CYCLOID AXIAL SYNDROMES AND ITS DIFFERENTIATION FROM CORE SCHIZOPHRENIA

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The concept of cycloid psychoses means a certain species as part of the group of schizophrenias. From our clinical point of view, the subtypes of Leonhard respectively their poles are axial syndromes. They can occur simultaneously or are intermingling during one phase. In the present phenomenological study the inner connections of these axial syndromes are shown. Apart from these connections, cycloid psychoses can be differentiated from core schizophrenia by three con-

ditions: 1. the lack of deformations of affect and affect expression, 2. the lack of deformations of thought structure, and 3. the lack of certain movement deformations, e.g. parakineses.

Applying phenomenological criteria in the cases diagnosed as 'cycloid' we did not find any characteristic schizophrenic defect.

QUALITE DE LA VIE CHEZ DES SCHIZOPHRENES

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L'évaluation du bien être des malades mentaux chroniques a trouvé sa place en psychiatrie depuis les années quatre-vingt. La plupart des études classiques sur l'évaluation de la schizophrénie privilégient la suppression du symptôme comme seul critère de l'efficacité du traitement. Dans cette étude nous avons évalué la qualité de la vie de 50 patients schizophrènes à l'aide de l'échelle proposée par D.W. Heinrichs [1] (traduction française par Guelfi et Salinas). Parmi les 21 femmes et 29 hommes inclus (âge moyen 31.5 ans, de 19 à 55 ans), 19 (38%) répondaient au type désorganisé, 17 (34%) au type indifférencié et 14 (28%) au type paranoïde. La durée moyenne d'évolution était de 8.58 années (\pm 6.54). La classification des patients selon le score différentiel de l'échelle composite de la PANSS (Positive and Negative Syndrome Scale) retrouve 3 patients "positifs" et 47 "négatifs". La note totale moyenne de la BPRS (Brief Psychiatric Rating Scale) est de 45.04 (écart-type 7.59). Les items évalués par l'échelle de Heinrichs montrent des valeurs moyennes basses avec un écart type faible en faveur d'une certaine homogénéité de la population étudiée. L'étude des corrélations entre les différents items et la symptomatologie négative montre qu'elles sont statistiquement significatives pour 17 items sur 21. Ces corrélations restent modérées et n'excèdent pas 0.54, sauf pour l'item 21 sur la participation active à l'entretien (-0.68). Ce résultat évoque une dépendance discrète de l'échelle de Heinrichs vis-à-vis de l'intensité de la symptomatologie négative.

[1] Heinrichs, D.W. et al. (1984). The Quality of Life Scale: an instrument for rating the schizophrenic deficit syndrome. *Schizophr. Bull.* 10, 388-398.

A NEUROCHEMICAL BASIS FOR THE ANTIPSYCHOTIC ACTIVITY OF LOXAPINE: INTERACTIONS WITH DOPAMINE D₁, D₂, D₄, AND SEROTONIN 5-HT₂ RECEPTOR SUBTYPES

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Loxapine is a typical neuroleptic that shows great structural and functional homology to the atypical antipsychotic clozapine. Chronic loxapine treatment is usually associated with extrapyramidal symptoms (EPS), whereas clozapine treatment is not. Conversely, loxapine does not produce the agranulocytosis that often results from protracted clozapine treatment. Earlier studies of loxapine have usually implicated D₂ receptor blockade as the cause of the tardive dyskinesia that occurs with chronic treatment. More recently, loxapine's ability to potentiate serotonergic neurotransmission has also been implicated. In this study, the pharmacological affinities of loxapine for the dopamine D₁, D₂, D₄, as well as serotonin-2 (5-HT₂) and NMDA receptor subtypes, were investigated through direct radioreceptor assays. The findings indicate that loxapine displays an extremely strong binding affinity for dopamine D₄ and serotonin 5-HT₂ receptors, which suggests that both serotonergic and dopaminergic mechanisms contribute to the antipsychotic drug action and EPS associated with loxapine in the treatment of schizophrenia.