younger age and lower HDRS and GAS scores and, finally, F_5 with shorter duration of illness.

Conclusion: Our results provide supportive evidence for both the clinical multidimensionality of delusional beliefs at the factor analytic level and the external validity of the factorial solution obtained. Different solutions obtained by other investigators (Kendler et al 1983, Garety and Hemsley 1987) are compared to ours and commented upon as well.

Wed-P22

FUNCTIONAL CHANGES IN MESIAL TEMPORAL LOBE STRUCTURES IN SCHIZOPHRENIA. MEASUREMENTS BY SIMULTANEOUS ^{18}FDG AND ^{99m}Tc HMPAO SPECT

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The aim of this study was to investigate the simultaneous pattern of glial and neuronal activities in chronic schizophrenic disorders in the mesial temporal lobe by analyzing the regional cerebral glucose metabolism (rCMR), the regional cerebral blood flow (rCBF) and the influence of gender. 19 medicated patients (7 females/12 males, mean age F 40.4a ± 13.2 and M 36.25a ± 11.9) meeting ICD 10 diagnostic criteria for the schizophrenic syndrom F 20.04 and 9 healthy volunteers comparable in age and in handedness (4 females/5 males, mean age F 36a ± 8.9 and M 39a ± 10.4) underwent a simultaneous ^{18}FDG and ^{99m}Tc HMPAO SPECT. We used a dual head camera with a 511 KeV collimator applying the double isotope technique. Assuming an involvement of the temporal regions in this illness (Friston et al. 1992, Gur et al. 1995) we semiquantitatively evaluated activities in the hippocampal region (hipp) based on Podreka's analytical method. (Fritzsche et al. 1995). The statistical analyses were performed by regression analysis and ANOVA. Schizophrenic males showed a positive correlation of rCBF and rCMR on the right ($p < 0.03$) and left side ($p < 0.05$); controls (M) revealed only a weak correlation on the left hemisphere ($p < 0.06$). Schizophrenic females however had only a marked left-sided correlation of rCMR and rCBF ($p < 0.02$); for F controls no correlation was recorded. Thus, rCMR on the right hemisphere of healthy controls seems to be sex-dependent (F 96.6% ± 3.5 vs M 103% ± 2.4; $p < 0.01$). Conversely, in schizophrenia sex dependence relates to the left hipp only, as shown by rCMR (F 88.7% ± 9.7 vs M 97.4% ± 7.1; $p < 0.05$) and more strongly by rCBF (F 95.4% ± 3.5 vs M 104.8% ± 7.1; $p < 0.007$). Although there are limitations to our study, the results suggest a distinctly sex dependent functional involvement of the mesial temporal lobe in chronic schizophrenic patients, as recorded by rCBF and/or rCMR.

Wed-P23

A RISPERIDONE OUTCOME GUARANTEE PROJECT — EFFICACY AND QUALITY OF LIFE OF SCHIZOPHRENIC PATIENTS IN LONG-TERM TREATMENT WITH RISPERIDONE

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This study aims at assessing long-term management of chronic schizophrenia when treated with risperidone by consecutive documentation of severity of symptoms, therapeutic efficacy, adverse events, social functioning and activities of daily living (documented by QoL questionnaires and CGI). In addition, the Outcome Guarantee Project involved a quaranteed refund of treatment costs by the drug manufacturer in case of treatment failure defined as rehospitalization or withdrawal due to adverse events.

117 patients with acute or chronic schizophrenia were enrolled in this project to receive risperidone for 1 year. The mean dose of risperidone in a first analysis after 4 weeks of treatment was 4.4 mg/day. 70% of patients already completed the 1 year period, for the remaining 30% the trial is still ongoing.

The patients were treated either in the psychiatric hospital department or by one of 23 office-based psychiatrists participating in the project.

At the end of 1 month treatment, significant improvements were found in the severity of disease, symptoms and therapeutic efficacy, the severity of adverse events was also reduced. The same improvements were noted after 1 year and, in addition, social functioning and activities of daily life (including shopping, watching TV, going out, doing sports, taking public transport, etc.) were substantially improved.

3 patients have prematurely terminated treatment (1 due to an adverse event, 2 because of lack of efficacy and rehospitalization). All three of them were unanimously considered to be guarantee cases. The number of sick leaves (evaluated retrospectively) and days spent in hospital was substantially reduced during treatment with risperidone.

It is concluded that treatment with risperidone for 1 year is associated with significant reductions in symptoms of schizophrenia, improved social functioning and activities of daily life, and reduction in days spent in hospital.

Wed-P24

A CLINICAL APPROACH OF NEGATIVE SYMPTOMATOLOGY IN SCHIZOPHRENIA

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Negative symptoms in schizophrenia could by considered from different points of view:
- a syndrome;
- a mode of onset of schizophrenia;
- a subtype status of this illness.

The characteristics of a negative syndrome are: blunted or restricted affect, poverty of speech, loss of drive, social and emotional withdrawal, anhedonia, apathy. There are primary negative symptoms and should be a direct manifestation of the pathologic process. Poor grooming and impaired social relationship could be appreciated as secondary negative symptoms. DSM IV and ICD-10 include in criteria A (characteristics symptoms) for schizophrenia these negative symptoms. There are similarities between schizophrenic patients from various cultures and these are represented mainly by negative symptoms. N. Andreasen proposed as subtypes of schizophrenia: "pure negative", "pure positives" and mixed. Crow considered that poverty of speech and blunted affect are associated with intellectual impairment, abnormality in the temporal lobe in type II schizophrenia. Diagnostic criteria for the deficit Syndrome of Schizophrenia (Carpenter) include at least tow of the following negative symptoms:
- restricted affect;
- poverty of speech
- deficit of social participation;
- diminished emotional range;
- diminished social drive;
- diminished of interests.

An clinical and therapeutichal approach of these negative symptoms would be useful in psychiatric practice. We consider this division as necessary especially in the treatment with atypical

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