P01.149

A COMPARATIVE P300 STUDY OF YOUNG ADULT PATIENTS WITH DEPRESSIVE AND DEPRESSIVE-DELUSIONAL DISORDERS

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Auditory EPs were recorded in the standard oddball paradigm in 12 right-handed males (Gr. 1, 16–25 years) with affective disorders, in depressive state (ICD-10, F 31.3; F 31.4; F32; F33; F34.0). The data were compared with the findings in a group (Gr.2) comprising 11 patients with paranoid schizophrenia, depressive-delusional disorder (F20.0) and 3 patients with schizoaffective disorder, depressive type (F25.1) as well as in a group of healthy subjects (HS, 11 subjects). All tested groups were matched for sex, age and handedness, patients of Gr. 1 and Gr. 2 were on medication. The severity of depression assessed by HDRS-21 varied from 12 to 37 balls, the summarized scores of positive symptoms (PANSS) in Gr. 2 were 1432. Statistical analysis was done by SPSS 8.0.

Gr. 1 did not differ significantly from other groups, however there were found tendencies to lower P300 amplitude in T4 ($p < 0.09$) and longer LP in F4 ($p < 0.09$) as compared with HS. Gr. 2 significantly differed from HS by lower P300 amplitudes in T3 ($p < 0.05$), C4 ($p < 0.03$), and T4 ($p < 0.02$) and longer LP in F4 ($p < 0.04$). Therefore, patients of Gr. 1 and Gr. 2 had similar deviations of P300 although the level of significance was reached only in the group comprising patients with schizophrenia and schizoaffective disorder. The data are in line with the hypothesis about the involvement of right hemisphere in the development of depressive state in affective disorders, schizoaffective disorder and schizophrenia.

P01.150

MULTIDISCIPLINE APPROACH TO PREDICTION OF SCHIZOPHRENIA IN FAMILIES

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An improvement of criteria of genetic prognosis in schizophrenia is an important issue due to the necessity of development of disease prophylactics. A significant contribution to the assessment of genetic risk of schizophrenia can be provided by molecular studies of candidate genes. At the same time, there is another approach based on the integration of findings of different branches of neurosciences, which study illness pathogenesis. At first, this approach assumes a search for genetically informative characteristics at different levels of pathogenesis (clinical, psychological, neurophysiological, CT, etc.) with high heritability and correlations with liability to schizophrenia. 2nd stage provides an integration of these characteristics into predictors of schizophrenia (by means of multivariate genetic analysis).

A multidiscipline examination of 152 schizophrenic families revealed a number of informative characteristics of disease pathogenesis: clinical - disonthogenesis, severity of child and puberty crisis, abnormality of cognition and emotions, schizoid personality; psychological - parameters of emotion recognition, attention (stability, reversibility), volume of mediated memorization, level of anxiety; neurophysiological - slow, alpha, betha1 and betha2 rhythms in different cortical zones, P300 amplitude in right frontal, frontotemporal and parietal zones; CT - parameters of central parts and anterior horns of lateral ventricles in region of nucleus caudatus and parameters of frontal lobes.

Integration of these markers into complex predictors will allow not only to clarify genetic prognosis in schizophrenia but also to individualize it for a certain family.

P01.151

A CONTROLLED STUDY COMPARING "PSYCHOSE HALLUCINATOIRE CHRONIQUE" WITH TWO MATCHED GROUPS OF SCHIZOPHRENIA IS CONSISTENT WITH THE INDEPENDENCY OF THE TWO DIAGNOSIS

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The French concept of "Psychose Hallucinatoire Chronique" (PHC) is characterized by a late-onset psychosis, predominantly in females, with rich and frequent hallucinations, but almost no dissociative features. The diagnosis of PHC is generally classified in schizophrenic disorders (paranoid type) according to DSM-IV. The hypothesis that the PHC phenotype does belong to the schizophrenic spectrum has nevertheless never been tested.

We recruited and interviewed (D.I.G.S., SANS and SAPS) 30 females with PHC (LICET criteria), 30 eldery schizophrenic (DSM-IV criteria) female subjects (matched for age at interview) and 30 young schizophrenic female subjects (matched for duration of illness). We also used the FH-RDC interview for the assesment of relatives.

The PHC group has significantly less total negative symptoms ($p < 0.0001$), more hallucinations ($p = 0.01$), but less through disorder ($p < 0.0001$) and bizarre behavior ($p < 0.0005$) than the two comparison groups of schizophrenic patients. The patients with PHC (100%) had predominantly positive symptoms, compared the other groups (17% and 40%). 85% of PHC had episodic modifications or moderate deterioration, in opposite to the old and young schizophrenic group (0% and 16%, respectively). Furthermore, depression without psychotic features was found more frequently in the PHC group than in the two schizophrenic group ($p = 0.05$). Finally, we found that the two schizophrenic groups had more schizophrenic relatives than the PHC group ($p = 0.004$ and $p = 0.006$).

There is no definite argument that PHC and schizophrenia share common etiopathogenic factors. This first controlled study thus put to the fore clinical, epidemiological, and possibly etiopathogenic factors which distinguish these two concepts.

P01.152

COGNITIVE PERFORMANCE IN CHRONIC ALCOHOLISM RELATED TO APO E GENOTYPE

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Apolipoprotein E ϵ4 has been related to several conditions involving cognitive impairment including Alzheimer's disease, normal aging and cerebrovascular disease. It has not, however, been established whether this genotype is associated to alcoholism or its cognitive functioning. Genotypic distribution of 140 chronic alcoholic patients were compared to a non-alcoholic sample, and the cognitive performance of a subsample of 42 alcoholic subjects was assessed with standard neuropsychological tests. We found no differences in allele or genotype distributions of Apo E gene

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when comparing controls and alcoholics. Regarding cognitive performance, we found no major effects for Apo E gene. Notably, $\epsilon 3/\epsilon 4$ carriers exhibited memory scores comparable to other groups and better performance in the visuoconstructive function ($p < 0.01$ and $p < 0.004$ when compared to $\epsilon 2/\epsilon 3$ and $\epsilon 3/\epsilon 3$ groups respectively). Our cognitive results suggest that Apo E does not seem to play a major role in middle-aged alcoholic subjects and its related cognitive function.

P01.153

SCHIZOTYPY AND HANDEDNESS.

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Background: Most research on the association of schizotypy and handedness has shown that mixed handedness is prevalent among both schizophrenics and schizotypal subjects in the normal population. However, using a more detailed classification of handedness, a recent study by Claridge et al. found that the average score for schizotypy was *lowest* in right handers with strong sinistral tendencies. The present study aimed to replicate these results in school children and psychiatric patients.

Design: Subjects consisted of (a) 318 children aged 11–15 years, and (b) 422 psychiatric patients with various diagnoses. Hand preference and schizotypy were assessed. Two kinds of handedness classification were used; a three-class analysis and a more detailed, seven-class analysis developed by Annett.

Results: Among normal subjects, the three-class analysis confirmed previous findings of increased schizotypy in mixed handers, particularly in females ($p < .02$). The seven-class analysis did not confirm significant differences in schizotypy. However, the profile of schizotypy did vary across the groups; left handers with strong dextral tendencies had the lowest scores. This effect was also found in the patient sample, and was more pronounced in younger patients.

Conclusions: The results support previous findings of increased schizotypy in mixed handers. Claridge's finding of decreased schizotypy in right handers with strong sinistral tendencies was not replicated. Instead, the *left handers* with strong dextral tendencies scored the lowest on schizotypy in both normal and patient samples. This could be explained by the fact that the shift from left handedness towards dextrality, common in older generations, would not be expected to appear in a younger sample. The results support the potential usefulness of considering handedness as a possible indicator of risk for mental illness.

P01.154

ALEXITHYMIA AND CHRONIC LOW BACK PAIN

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The purposes of the present study were to investigate the characteristics of chronic low back pain in a population of orthopaedic out-patients; the prevalence of alexithymia among those patients using a valid and reliable alexithymia measure; to examine the relationship between alexithymia and somatosensory amplification; to study the relationship between alexithymia and the self-reporting of pain and psychological distress in a chronic pain population.

The subjects were 50 consecutive orthopaedic out-patients, 20 males and 30 females, whose mean age was 37.86 ± 12.04. All patients were referred to the Department of Orthopaedics for a low back pain persisting at least six months; subjects included in the study had a history of chronic low back pain syndrome of at least 6 months duration and were at least 20 years old.

95% of them experienced pain daily, the remaninig 5% several times each month. As part of their clinical assessment, patients completed the revised 20-item Toronto Alexithymia Scale (TAS-20) and the QUID. TAS -20 is a 20-item self-report measure with each item rated on a five-point scale. Higher scores are associated with higher levels of alexithymia. QUID is a self-report measure assessing different aspects of the individuals' pain esperience, quality, recenty and location.

Results and Discussion: Female subjects used affective words to describe pain more than words connected with senses (sensory words), rather than males did; no relationship was found linking alexithymia to age or gender, consistently with prior findings using TAS-20 in normal adult samples. Significant were the differences among alexithymic and non alexithymic patients on self-report of current pain, where no significant difference was found on self-report of current pain severity or in the number of pain location according to other studies. Alexithymic patients were found to use more verbal descriptors of pain. Suggesting they may have a non diffuse communication style to describe their pain experience, consistent with the alexithymic theory which purports these individuals to report endless descriptions of physical sensations. Difficulties in the ability to identify and differentiate emotions from somatic experiences are core features of the alexithymic construct. Results of present study support the clinical impression of a high prevalence of alexithymia in chronic low back pain patients; it is also consistent with the view that there is a greater health awareness among women and greater interest in symptoms.

P01.155

PSYCHIATRIC AND ENDOCRINE ASPECTS OF ANOREXIA NERVOSA

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We evaluated Several endocrine parameters in 39 female patients in whom the diagnosis of anorexia nervosa was established according to DSMIV. Thyroid function was evaluated in 31 patients, by measuring TSH, FT3, FT4 plasma levels. Plasma FT3 levels were low in 18 patients and normal in 13, plasma FT4 levels were normal in 15 and low or low-normal in 16. Plasma TSH levels were always within the normal range. Adrenal function was evaluated in 34 patients. 12 patients showed an elevated 24 hr free urinary cortisol while 17 had normal cortisol values. Plasma cortisol was elevated in 13 patients and normal in 10 subjects. The hypothalamic-pituitary-ovarian axis was evaluated by testing all the 39 patients with GnRH. In 22 patients the FSH response was higher than the LH response. This response is similar to that seen in prepubertal girls. The remaining 17 patients showed an LH response higher than FSH response as seen in normal adult female subjects. All patients (except 3) with a prepubertal type of response presented a BMI value equal or lower to 15, on the contrary all subjects (except 4) with a postpubertal type of response showed a BMI value higher or equal to 15. The overall results indicate that there is a relation between a low BMI and prepubertal response to GnRH. However, the few patients in whom these two parameters were not related indicate that some other factors could be involved.

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