W06.04

LONG-TERM TREATMENT OF FIRST EPISODE SCHIZOPHRENIA: NEW STRATEGIES, PRODROMAL SYMPTOMS AND BIOLOGICAL BASIS OF RELAPSE

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Up to now there is uncertainty in the literature concerning the duration of neuroleptic long-term treatment in first episode schizophrenia. Results of studies up to 1 year demonstrate that first episode patients profit from maintenance treatment compared to placebo. However, results of targeted early intervention treatment in first episode schizophrenia have not been published yet. Own results from a study on 115 first episode patients (1) in fact demonstrate a similar relapse rate under early intervention treatment (36%) compared to maintenance treatment (28%), whereas multiple episode patients relapse significantly less often under maintenance treatment (24% vs 55%). First episode patients might profit more from prodrome-based early intervention treatment because of three reasons: better general prognosis, better early response to drug, and better compliance with intermittent treatment compared to multiple episode patients.

First episode patients are also thought to be best candidates for the first line use of atypical neuroleptics by several treatment guidelines. However, as yet there are no 2 year comparative randomized controlled studies on this issue, especially including the interaction with psychological interventions derived from the vulnerability-stress-coping model. Moreover, biological mechanisms of relapse based on this model have not been assessed so far.

Design and first results of a recently initiated first episode study combining different treatment strategies within the German Network on Schizophrenia Research (2) will be presented.

(1) Gaebel W, Jänner M, Frommann N, Pietzcker A, Köpcke W, Linden M, Müller P, Müller-Spahn F, Tegeler J (2000) First Episode vs Multiple Episode Schizophrenia: Two-Year Outcome of Intermittent vs Maintenance Neuroleptic Long-Term Treatment. Submitted
(2) Gaebel W, Wölwer W (2000) German Research Network on Schizophrenia. Schizophrenia Research 41 (1): 176

W06.05

NEW STRATEGIES IN PREVENTION AND REHABILITATION OF RESIDUAL SCHIZOPHRENIA

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Schizophrenic patients suffer from a variety of symptoms and functional impairments. In the framework of a multidimensional treatment a sophisticated integration of biological, psychological and social interventions is necessary. Psychosocial treatment programmes focus on relapse prevention, on residual symptoms, and on functional impairments. However, the empirical validation of these strategies is heterogeneous. Programmes for relapse prevention include early signs monitoring, patient and family psychoeducation and (early) symptom management. The evidence for the efficay of these strategies is increasing. With respect to symptoms there is promising evidence for the efficacy of cognitive therapy for residual positive symptoms. Theoretically interesting but currently not sufficient validated are strategies of cognitive remediation (e.g. computer based training of attention, memory, abstraction). An unsolved problem is the treatment of negative symptoms. According to different conceptualizations of these symptoms as deficit or as coping different treatment strategies would be required. An important but neglected field of research is the validation of vocational training programmes, in Germany called work therapy. There are no adequate empirical outcome studies and only few considerations on the theoretical foundation of such programmes. In conclusion, the theoretical and empirical status of this field is heterogeneous and intensive research is required in order to improve routine care.

W06.06

MOLECULAR-GENETIC PREDICTORS OF ILLNESS MANIFESTATION, COURSE, AND TREATMENT RESPONSE

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This network component is dedicated to three topics:

1. Prediction of individual response to neuroleptics (wanted + unwanted effects) by the individual genetic unterpriming of a patient in the treatment programmes.
2. Clarification of mechanisms of action mediated by expression of genes and induction of signalling pathways in in vitro model systems (lymphocytes, neural cells).
3. Identification of genetic determinants of individual plasma levels of neuroleptics.

Following the rationale for the development of neuroleptic drugs the first focus in 1. and 2. will be on the dopaminergic and the serotonergic systems; most genes coding for the elements of these systems and their regulative elements are polymorphic with a high number of functional variants, and might therefore explain a substantial proportion of the interindividual variability of response to neuroleptics. First focus in 3. will be the highly polymorphic cytochrom-450 complex.

W08. Prevention of addiction: programme for elementary and high school pupils

Chair: A. Springer (A)

W08.01

AN EDUCATIONAL PROGRAM FOR THE PREVENTION OF DRUG ABUSE IN A HIGH - SCHOOL

E. Koumbi

No abstract was available at the time of printing.

W08.02

EARLY PREVENTION OF DRUG ABUSE: METHODOLOGICAL AND CONCEPTUAL CONSIDERATIONS

E. Tempesta

No abstract was available at the time of printing.

W08.03

THE PLANNING AND IMPLEMENTATION OF PRIMARY PREVENTION PROGRAMMES IN SCHOOLS. EVIDENCE BASED RECONSIDERATION

C. Kröger

No abstract was available at the time of printing.

https://doi.org/10.1016/S0924-9338(00)94269-X Published online by Cambridge University Press