S36.04
FIRST-RANK SYMPTOMS IN SCHIZOPHRENIA: NO BASIS IN EVIDENCE

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Background: One of the major assumptions of the categorical approach to schizophrenia is that there are symptoms wich are relatively characteristics of the disorder. The paradigm of such as symptoms are the so called first-rank symptoms (FRS). The present study was aimed to examine the diagnostic relevance of these symptoms for schizophrenia.

Methods: Six-hundred sixty psychotic inpatients were assessed for FRS' and their diagnostic value for schizophrenia (Feighner criteria) was tested against nonschizophrenic psychoses by means of the likelihood ratio (LR). Logistic regression analysis was used to determine the influence of confounding variables (clinical and demographic) and broad vs narrow FRS definitions on the association between FRS and schizophrenia. ROC analysis was used to determine the influence of the number of SPR in their diagnostic value.

Results: FRS were highly prevalent in both, schizophrenic and nonschizophrenic psychoses. The LR of at least one FRS for schizophrenia was 1.06 (95% CI = 0.94–1.20). After adjusting for confounding variables the association between FRS and schizophrenia remained nonsignificant (OR = 1.25, 95% CI = 0.88–1.80). Neither broad nor narrow definitions of FRS were associated with schizophrenia, respectively (OR and 95% CI): 1.35 (0.98–1.87) and 1.29 (0.94–1.77). The number of FRS present did not influence their (lack of) diagnostic value (AUC = 0.54, 95% CI = 0.49–0.58).

Conclusions: FRS are not useful in differentiating schizophrenia for nonschizophrenic psychoses, and as a consequence they should not be given diagnostic prominence in future diagnostic criteria of schizophrenia. These data are in agreement with a dimensional view of the psychopathology of the psychoses and with the psychotic continuum hypothesis.

S36.05
ARE SCHIZOPHRENICS COGNITIVELY IMPAIRED MANICS?

R.M. Murray

No abstract was available at the time of printing.

S37. Suicide Part II. Clinical evaluation of suicidal behaviors

Chairs: J. Angst (CH), Y. Lecrubier (F)

S37.01
PSYCHOLOGICAL AUTOPSY STUDIES

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Psychological autopsy is one of the most valuable tools of research on completed suicide. The method was developed in the USA, and the first psychological autopsy study of suicides in St. Louis was published in 1959. Since that there have been over twenty major

psychological autopsy study projects in North America, Europe, Australia, New Zealand, Israel, Taiwan and India. The method involves collecting all available information on the deceased via structured interviews of family members, relatives or friends as well as attending health care personnel. In addition, information is collected from available health care and psychiatric records, other documents, and forensic examination. Thus a psychological autopsy synthetizes the information from multiple informants and records.

The early generation of psychological autopsies provided descriptive information on suicides, and has established the view that irrespective of setting, more than 90% of completed suicides have suffered from usually comorbid mental disorders, most of them mood disorders and/or substance use disorders. Furthermore, they revealed the remarkable undertreatment of these mental disorders, often despite contact with psychiatric or other health care services. More recent psychological autopsy studies have mostly used case-control designs, thus having been able to find and estimate the risk factors for suicide. The questions to be investigated in the future psychological autopsy studies may be somewhat different from those of the past. In particular, they may be more focused on interactions between risk factors or risk factor domains; focused on some specific suicide populations of major interest for suicide prevention, or combine psychological autopsy methodology with post mortem brain imaging, molecular genetic methods, or other biological measurements.

S37.02
THE INFLUENCE OF COMORBIDITY ON THE PREVALENCE OF SUICIDAL BEHAVIOUR

Y. Lecrubier

No abstract was available at the time of printing.

S37.03
SUICIDE ATTEMPTS IN PLACEBO CONTROLLED TRIALS

T. Laughren

No abstract was available at the time of printing.

S37.04
THE EFFICACY OF PSYCHOSOCIAL AND PHARMACOLOGICAL TREATMENT FOLLOWING DELIBERATE SELF-HARM: A SYSTEMATIC REVIEW

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Deliberate self-harm is an important health problem, associated with considerable risk of subsequent self-harm, including completed suicide. In a systematic review of the world literature we have examined the effectiveness of various treatments for deliberate selfharm patients in terms of prevention of suicidal behaviour. Promising results were found for problem-solving therapy, depot flupenthixol for recurrent repeaters of self-harm and long-term psychological therapy (dialectical therapy) for female patients with borderline personality disorder and recurrent self-harm. Interesting but non-conclusive results were found following sub-group analyses in trials of antidepressants for recurrent self-harm patients and the provision of a card to allow emergency contact with services. However, insufficient numbers of subjects in nearly all the trials limit the conclusions that can currently be reached about the most