

("this medication makes me feels stiff, impotent, fat ..."). As a consequence, it is critical that those patients experiencing their first episode of psychosis are treated with an effective drug that produces minimal side effects. Several studies have reported the improved efficacy and tolerability of second generation antipsychotics compared with conventional agents in first-episode patients. Aside from the issue of side effects, one has to be aware of the fact that compliance problems have a multifaceted etiology. It is influenced by factors related to the patients themselves, to their illness, to the treatments employed and to the patients environment, including most importantly, the relationship between the patients and their care team. All of these factors have to be taken into account when trying to tackle compliance problems. Given the tremendous impact of compliance on the outcome of schizophrenia, successful management of compliance problems has highly relevant consequences both for the welfare of our patients and the economics of our healthcare system. Fleischhacker WW, Hofer A, Hummer M (2003) *Managing schizophrenia: the compliance challenge*. Science Press.

S-51-04

Neuropsychological correlates of prodromal symptoms in first episode schizophrenia

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The differential impact of the components of the Vulnerability-Stress-Coping (VSC) model of schizophrenia on relapse and the relationship to prodromal symptoms preceding a relapse are unclear yet. As part of an ongoing comprehensive study on acute and long-term treatment strategies in first episode schizophrenia patients within the German Research Network on Schizophrenia (GRNS), the present subproject aims at (1) a longitudinal assessment of neuropsychological vulnerability indicators and (2) an investigation of the relationship of these indicators with prodromal symptoms and relapses. This subproject focuses on the predictive power of neuropsychological impairments for the risk of relapse and on a comparison of risk indicators of the first manifestation with risk indicators of relapses (in cooperation with a parallel project in high risk individuals by Wagner et al). Assessments take place at inclusion into the long-term treatment study (T0), after 1 year of controlled medication and psychological treatment (T1) and after 1 year of discontinued treatment (T2). A total of 140 patients entered the ongoing study until now. First preliminary analyses revealed the expected neuropsychological impairments at T0. These impairments are more pronounced than - but qualitatively comparable to - the impairments found in prodromal subjects before their first episode. Neuropsychological impairments prove to be unrelated to prodromal symptoms allowing to use both in combination to improve the prediction of poor clinical course. From the latter result a further improvement of relapse prediction can be expected by additional inclusion of stress and coping indicators.

Tuesday, April 5, 2005

S-60. Symposium: The European Prediction of Psychosis Study (EPOS) - First follow-up results

Chairperson(s): Joachim Klosterkötter (Köln, Germany), Don Linszen (Amsterdam, Netherlands)
16.15 - 17.45, Holiday Inn - Room 1

S-60-01

Overview on the recruitment, sample characteristics, and distribution of inclusion criteria of the European Prediction of Psychosis Study (EPOS)

J. Klosterkötter, J. Klosterkoetter, M. Birchwood, D. Linszen, R. K. R. Salokangas, S. Ruhrmann, G. Juckel, A. Morrison, S. Lewis, H. Graf von Reventlow. *Department of Psychiatry University of Cologne, Köln, Germany*

Objective: Early detection and indicated early intervention in the initial prodromal phase should considerably improve the course of psychoses. Yet, the current data base is insufficient for a conclusive, evidence-based evaluation of the benefits of such programmes. This report presents an overview on the recruitment and numbers of subjects seen for inclusion, included into the study, the general sample characteristics and distribution of inclusion criteria of EPOS, an European 4-country naturalistic field-study of the initial Prodrome.

Methods: Across six centres (Germany: Cologne, Berlin; Finland: Turku; The Netherlands: Amsterdam; United Kingdom: Birmingham, Manchester), 16 to 35 year old persons attending specialized services or general psychiatric services were examined. Inclusion criteria were the presence of APS, BLIPS, at least 2 of 9 Basic Symptoms (BS), and Familial risk or Schizotypal Personality Disorder plus reduced functioning (FR+RF). In addition, psychopathological, neurocognitive, neurobiological, psychosocial, and service and treatment-related assessments are carried out at baseline, 9- and 18-months follow-up.

Results: Shortly before the end of the inclusion period, more than 1500 persons had been seen for inclusion into EPOS, of whom almost 250 putatively prodromal persons had so far been included. A high percentage had presented themselves with BS and/or APS, a smaller percentage with BLIPS or FR+RF. However, the distribution of inclusion criteria remarkably varied among the different European regions.

Conclusion: These data will give a first sufficient foundation for an evaluation of the applicability and cost-benefit ratio of an integrative European early detection and intervention programme.

S-60-02

D. Linszen. *Academic Medial Centre, Univer, Amsterdam, Netherlands*

S-60-03

Quality of life of patients at risk of psychosis. Results of the EPOS study

R. K. R. Salokangas, R. K. R Salokangas, A.-M. Heinisuo, J. Klosterkötter, S. Ruhrmann, D. Linszen, P. Dingemans, M. Birchwood, P. Patterson. *Department of Psychiatry, Univ, Turku, Finland*

Objective: The main aim of the European Prediction of Psychosis Study is to study a large sample of young patients who are at risk of psychosis and to estimate their conversion rate to

psychosis during 18 months follow-up. The present presentation aims to describe quality of life (QOL) of the patients at risk of psychosis.

Methods: In six European centres, 16 to 35 year old patients attending psychiatric care have been examined. Inclusion criteria are basic symptoms, attenuated psychotic symptoms, brief, limited or intermittent psychotic symptoms or familial risk plus reduced functioning occurring during the past three months. Quality of life was assessed by the Modular System for Quality of Life (MSQL). Also, the Global Assessment of Functioning Score (GAF) and general functioning and interpersonal relationships were assessed. Results were compared with those from another sample of subjects vulnerable to psychosis.

Results: The patients at current risk of psychosis reported lower MSQL sum scores and their functioning was lower than those of the patients without prodromal symptoms. Major differences were found in mental state and emotions. In the comparative sample, subjects vulnerable to psychosis also revealed lower quality of life than healthy controls. Especially, difficulties in interpersonal relationships seemed to be related to vulnerability to psychosis.

Conclusion: Those of the psychiatric outpatients who are at risk of psychosis have lower quality of life than other psychiatric patients or healthy controls. Difficulties in interpersonal relationships seem to differentiate more specifically patient vulnerable to psychosis from other patients.

S-60-04

Pathways to care in the prodromal phase of psychosis

S. Ruhrmann, F. Schultze-Lutter, H. Picker, D. Köhn, K. Savic, H. Graf von Reventlow, M. Birchwood, D. Linszen, R. K. R. Salokangas, J. Klosterkötter, o. b. on the EPOS group. *Dept. of Psychiatry & Psycho, Cologne, Germany*

Objective: It was shown that only a minority of first-episode schizophrenia inpatients had sought help for mental problems during the initial prodromal phase, although the majority reported a prodrome of nearly five years on average. This lack of utilisation of either any potentially supportive contacts or even specialised services leads to a delay of appropriate treatment, which results in a substantial worsening of outcome. To improve this situation, it is necessary to analyse and optimise the existing pathways to care of persons at risk for psychosis. Moreover, mental health authorities need detailed information to plan and provide the appropriate service offers.

Methods: Within the European Prediction of Psychosis Study (EPOS), more than 200 persons with a putatively prodromal syndrome defined by attenuated positive symptoms, brief limited intermittent psychotic symptoms, a state/trait criterion or a cognitive basic symptom cluster were investigated in four European countries. Pathways to care and the delays are assessed with a specifically developed instrument based on the multicentre World Health Organization study on pathways to care in primary health care. The updated EPOS - Pathways to Care questionnaire is used to collect information on key issues related to previous contacts with helping agencies, such as: presenting symptoms, reasons for the decision to seek care and reasons for delay.

Results: First results of a comparison of the pathways in the four European countries will be presented.

Conclusion: In light of the diverse national health care systems, similarities and differences will be discussed. It is expected that these data will support the efforts of European health policy in preventing mental illness.

S-60-05

M. Birchwood. *Early Intervention Service, Un, Birmingham, United Kingdom*

Tuesday, April 5, 2005

S-61. Symposium: Overlapping of schizophrenic and affective spectra

Chairperson(s): Andreas Marneros (Halle, Germany), Eduard Vieta (Barcelona, Spain)
16.15 - 17.45, Holiday Inn - Room 2

S-61-01

Overlapping of schizophrenic and affective spectra: The clinical argument

A. Marneros. *Martin-Luther University Halle Psychiatry and Psychotherapy, Halle, Germany*

Objective: Since the Kraepelinian dichotomy of the so-called endogenous psychoses into schizophrenic and affective disorders it has been observed that some disorders could not be allocated neither to schizophrenia nor to affective disorders. We present clinical, paraclinical and prognostic features of cases-in-between.

Methods: Two studies were carried out aiming at answering the above questions: a. Schizophrenic, affective and schizoaffective patients were longitudinally compared using international standardized instruments. b. Patients with ICD-10: F 23 (Acute and transient psychotic disorders – ATPD) were compared to schizophrenic, bipolar schizoaffective and mentally healthy groups, also longitudinally and also using international and standardized instruments.

Results: Both groups – schizoaffective and acute and transient psychotic disorders – occupy a position between schizophrenic and affective disorders, presenting an overlap of schizophrenic and affective spectra. It seems that SA and ATPD are closer to affective than to schizophrenic disorders. But nevertheless they are positioned in-between which gives them special clinical, paraclinical and prognostic features.

Conclusion: There is an overlap of schizophrenic and affective spectra which may be genetically determined. It seems that neither acute and transient psychotic disorders nor schizoaffective disorders are independent entities (the „3rd or 4th psychosis“), but nevertheless they have some very special features.

S-61-02

Cognitive deficits in schizophrenia and bipolar disorder

E. Vieta, C. Daban, A. Martinez-Aran. *University of Barcelona Hospital Clinic, Barcelona, Spain*

Objective: More and more epidemiologic, genetic and neuroimaging studies show similarities between bipolar disorder (BD) and schizophrenia (SZ). The purpose of this lecture is to