

behavioural disturbance); public attitudes (eg negative social reactions); economic support for carers (eg financial dissatisfaction).

SES10.03

SPECIAL CARE UNITS FOR DEMENTED PATIENTS

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No abstract was available at the time of printing.

SES10.04

THE BURDEN OF CARE AMONG NURSES IN HOMES FOR THE ELDERLY

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Background: Geriatric caregivers are subject to a high level of occupational stress: shift work, understaffing, care of the severely disabled, frequent confrontation with death and dying. Epidemiological studies indicate that these work stressors frequently lead to physical and mental health problems. Due to the changes following the establishment (July 1, 1996) of a program of long-term care insurance in Germany, occupational stress among geriatric caregivers in long-term care institutions is assumed to have increased.

Design: We aimed to test temporal changes in the job conditions and in job strain by a representative follow-up study in 15 residential homes and nursing homes in the city of Mannheim between 1996 and 1998. 304 geriatric caregivers were surveyed before, 243 caregivers one year and 213 two years after long-term care insurance had been established. 80 persons participated in all three waves.

Results: The results confirmed marked changes in the job conditions of geriatric caregivers in the long-term care institutions observed: Within two years, the number of home personnel had been reduced twice: by 6.6 (1996 to 1997) and 7.4 percent (1997 to 1998); discrepancies between the job expectancies of the caregivers and perceived job conditions had increased significantly, whereas organizational resources had decreased. There also was evidence for an increasing prevalence of physical and mental health problems among the caregivers. Regression analyses revealed that the health problems were best predicted by the increasing discrepancies between job expectancies and perceived job conditions.

Conclusions: To prevent existing health problems from deteriorating, intervention strategies must be implemented to improve the staff/residents ratio as well as caregivers' job resources and qualifications.

S24. Is schizophrenia inscribed on the palm of our hands

Chairs: L. Fañanás (E), J. van Os (NL)

S24.01

ARE THE DERMATOGLYPHIC FINDINGS IN SCHIZOPHRENIA SPECIFIC MARKERS OF THE DISORDER? RESULTS FROM A SAMPLE OF MENTALLY HEALTHY ADULT SURVIVORS OF VERY LOW BIRTHWEIGHT

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Introduction: In the last decade, a number of well-designed studies have demonstrated specific dermatoglyphic abnormalities in schizophrenia. Among these, reduced total ab ridge count (TABRC) has been a consistent finding, but increased prevalence of ridge dissociation (RD) and vestigial patterns (VP), and increased abnormal palmar flexion creases (APFC) have also been recently reported. However, the precise nature of these findings is unclear. Do they represent specific markers of the disorder or are they merely markers of prenatal environmental adversity?

Aims: We sought to address the above question by examining these dermatoglyphic traits in a sample of adult survivors of very low birthweight (VLBW, <1501 g) and mentally healthy normal birthweight controls.

Method: TABRC, RD, VP & APFC (single transverse palmar crease, Sydney line, hypoplastic or broken creases) were measured on 72 VLBW subjects and 69 healthy normal birthweight controls. TABRC was analysed by independent-samples t test and the chi-squared test was used for RD, VP & APFC.

Results: VLBW subjects had significantly lower mean TABRC than controls (81.0 (SD 13.8) vs 76.5 (SD 11.5), $P = 0.04$). Subjects also had more VP & APFC than controls (31% vs 8%, $P = 0.03$). No difference in the prevalence of RD was noted (15% vs 19%, $P = 0.64$).

Conclusion: Similar types of dermatoglyphic and palmar flexion crease abnormalities demonstrated in schizophrenia are also evident in mentally well adult VLBW survivors. These findings suggest the possibility that these abnormalities represent a non-specific marker of adverse prenatal environmental factors, rather than specific markers of the disorder.

S24.02

IS THERE RECOGNISABLE NEUROCOGNITIVE PROFILE ASSOCIATED WITH DERMATOGLYPHIC ANOMALIES IN PSYCHOSIS?

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Introduction: A large proportion of schizophrenic patients present neuropsychological impairment detected early in the evolution of their illness. However a debate exists about the nature of these deficits and its relationship with an early developmental brain lesion. Whether or not cognitive decline in patients is prenatal, associated with the onset of the disease, medication or chronicity is a controversial issue, and no satisfactory solution has been found to date.

High levels of dermatoglyphic fluctuating asymmetry (FA) in schizophrenia have been used as a possible marker for develop-