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SUBJECTIVE WELL-BEING UNDER NEUROLEPTIC TREATMENT. RELEVANCE FOR COMPLIANCE AND REMISSION

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Within the last decade, success criteria of antipsychotic treatment became more ambitious. The most important change is the long overdue consideration of the patient's perspective. Among other scales, a self-report instrument has been constructed to evaluate "subjective well-being under neuroleptics" (SWN). Studies indicate:

- a. schizophrenic patients, if no longer acutely psychotic or suffering from severe cognitive deficits, are able to reliably assess their SWN,
- b. high SWN is correlated with high compliance,
- c. atypical antipsychotics increase SWN,
- d. individual improvements of SWN and of PANSS are not strongly related ($r = -.30 - -.40$), and e) dopamine D2 receptor blockade is highly correlated to reduced SWN ($r = .66 - .76$).

Several open trials reveal the relevance of early improvement of subjective well-being: In a 12-week trial with 727 patients, 95% of those with early subjective response (within 4 weeks) showed later subjective and/or psychopathological improvement, but only 9% without early subjective response showed later improvement. In another 3-year trial of 2690 patients, again psychopathological response as well as symptomatic and functional remission were mostly related to early (within first 3 months) subjective improvement. Finally, in a first-episode study of 110 patients with a follow-up of 5 years, within the first 6 weeks of antipsychotic treatment only improvement of SWN was related to enduring symptomatic remission ($p = .004$) while early reduction of PANSS did not predict long-term course. These data indicate the usefulness of self-rating in schizophrenia, insufficient subjective improvement needs to be identified early.