

mental instability to which the developing CNS might have been exposed

The aim of the present study was to verify whether cognitive disturbances in schizophrenic patients are associated with FA.

Method: 57 schizophrenic patients (according to DSM-IV criteria) were administered a battery of neuropsychological tests. These tests were: the Wisconsin Card Sorting Test, Continuous Performance Test and the Trail Making Test.

Dermatoglyphic analysis was conducted blind to the neuropsychological results in all the cases. FA was evaluated by taking the absolute difference of the a-b ridge count between right and left hands.

Results: Correlation between FA and the neurocognitive variables used in the present study were calculated. High scores of FA were associated with poorer neurocognitive performance although our results do not reached statistical significance.

Conclusion: These results suggest the interest to explore the prenatal origin of the cognitive impairment in bigger samples.

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S24.03

CAN THE DERMATOGLYPHIC EVIDENCE BE VALIDATED BY MRI IMAGES?

J. van Os

No abstract was available at the time of printing.

S24.04

ASSOCIATIONS BETWEEN DYSMORPHIC FEATURES, DERMATOGLYPHICS AND LATERALISATION IN PSYCHOSIS

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Dysmorphic features, dermatoglyphic abnormalities and atypical lateralisation reflect developmental disturbance and have been shown to occur to excess in schizophrenia. We examine the interaction between these indices of neurodevelopmental disturbance in a sample of individuals experiencing their first episode of psychosis (schizophrenia and affective), a sample with a longer duration of treated illness and matched controls. Findings indicate greater developmental instability in schizophrenia with increased rates of dysmorphic features, lower a-b ridge counts, increased rates of fluctuating asymmetry and atypical handedness. These findings suggest that individuals with schizophrenia may be less able to withstand the usual and often low-grade insults and stresses associated with development.

S24.05

ASSOCIATION BETWEEN CEREBRAL STRUCTURAL ABNORMALITIES AND DERMATOGLYPHIC RIDGE COUNTS IN SCHIZOPHRENIA

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Dermatoglyphic ridge counts i) reflect ontogenic processes during the second trimester of pregnancy, and ii) can be influenced by some of the factors that also affect cerebral development. Therefore, the demonstration of an association between dermatoglyphic

and cerebral structural measures in patients with schizophrenia would give credence to the view that the structural brain abnormalities associated with this disorder have their origins early in development. Twenty-eight male subjects with schizophrenia and 19 male controls underwent MRI scanning and dermatoglyphic analysis. The pattern of associations between ab-ridge count and 9 MRI features was dissimilar in cases and controls for 2 measures. Associations between dermatoglyphic features on the one hand, and frontal CSF ($r = 0.54$, $P = 0.004$) and fourth ventricular volume ($r = 0.38$, $P = 0.05$) on the other, were larger in the cases than in the controls (test for interaction $P = 0.06$ and $P = 0.08$ respectively). These findings, while in need of replication, support the view that the cerebral structural abnormalities seen in patients with schizophrenia are the result of an early pathological process impacting on the development of foetal ectodermal structures.

S25. Part I. Biomed collaborative studies in Europe: results and perspectives

Chairs: M. Maj (I), C.B. Pull (LUX)

S25.01

THE EPSILON STUDY OF SCHIZOPHRENIA IN FIVE EUROPEAN COUNTRIES

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Care for people with schizophrenia was assessed cross-sectionally in five European centres in Amsterdam, Copenhagen, London, Santander and Verona. Research instruments assessing needs, service use and costs, informal carer involvement, quality of life, and service satisfaction were subjected to a conversion procedure (translation, back-translation, focus groups). European instrument versions proved to be reliable. There was substantial variation in the provision of acute and non-acute hospital places and in residential service provision with more acute hospital places in Copenhagen and Amsterdam, few in Santander and Verona and most residential places in Copenhagen. 404 patients with a SCAN diagnosis of schizophrenia were interviewed. Numbers of total needs and unmet needs (not met needs) differed significantly, with most needs in Amsterdam and London. The total annual cost per patient for the combined sample was an estimated £5,038 (95% CI £3,888–6,237), and there were significant differences in service utilisation and costs between the sites. With respect to caregiving consequences there were some differences along a North-South axis (some scores higher in Mediterranean sites). Variation in the patient samples between sites was controlled for in the analyses. In accounting for the differences observed between study centres, cultural differences and variations in the provision of mental health care should be considered.

S25.02

THE PREVENTION OF CRIME AND VIOLENCE AMONG THE MENTALLY ILL

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Increasing numbers of persons with major mental disorders commit nonviolent and violent crimes. The cost to society, in both financial and human terms, is high.