SES14.3
Novel antipsychotics and weight gain

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Obesity is common in schizophrenia. The tendency of many of the newer antipsychotics to induce weight gain to a larger extent than that of traditional low dose neuroleptics has renewed the interest in weight problems of patients with schizophrenia. Weight gain has been identified as a major risk factor for various medical disorders such as type 2 diabetes and cardiovascular disease. This might be one of the causes for the increased morbidity and mortality rates of patients suffering from schizophrenia. Furthermore, weight gain has a major impact on compliance. Low age, female sex and low pre-treatment weight have been suggested as predictors of antipsychotic induced weight gain. Weight gain in turn has been suggested as a predictor of clinical response. The newer antipsychotics vary greatly in their tendency to induce weight gain. There are various potential mechanisms by which the newer antipsychotics could increase weight. Better knowledge of this might eventually lead to development of antipsychotic drugs without these side effects, or new strategies to counteract the weight gain.

SES14.4
Depression and ischemic heart disease

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Depression can be seen as a response to stress, causing activation and hyperactivity of the hypothalamic-pituitary-adrenocortical axis and thereby hypercortisolemia. Hypercortisolemia induces hypertension, hypercholesterolemia, hypertriglyceridemia and hyperglycemia which all are risk factors for IHD. The increased level of cathecolamines causes increased heart rate, vasoconstriction and decreased heart rate variability. Diminished heart rate variability predisposes to ventricular arrhythmias. The depletion of seretonin in depression increases the expression of seretonin receptors in trombocytes. Seretonin in itself is a weak trombocyte agonist but it also potentiates the effects of other agonist such cathecolamines. The binding of seretonin to a trombocyte causes aggregation, release of intragranular products and activation of the archidonic pathway which all in the end causes the formation of a thrombus. Seretonin receptors are also found on the vessel wall causing vasocontriction. This occurs especially in areas with dysfunctional endothelia such as atherosclerotic areas. The physiological consequences of depression may therefore induce risk factors for IHD, arrhythmias, trombocyte activaton and high procoagulant properities. This will be illustrated by recent research findings.

S54. Immigrants and psychiatry: a European perspective

Chairs: T. McNeil (S), R.M. Murray (GB)

S54.1
What explains the increased incidence of schizophrenia in some immigrant groups to the Netherlands?

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There have been reports of an increased incidence of schizophrenia in first- and second-generation immigrants to the Netherlands from Surinam, the Netherlands Antilles and Morocco. The incidence for immigrants from Turkey, first- or second-generation, was not increased.

Selective migration has been ruled out as the sole explanation for immigrants from Surinam. More than one third of the Surinamese-born population had migrated to the Netherlands.

A problem for an interpretation in terms of biological factors is how to explain the increased risk in immigrants of both first and second generation. One could speculate that female immigrants, when pregnant, produce an abnormal immune response to a virus in Western Europe and that this response damages the foetal brain. But this hypothesis does not explain the increased incidence in those of the first generation.

The stress of acculturation, which will often lead to a breakdown of social bonds and previously consensual worldviews, operates across both generations. It is conceivable that this highly unstructured environment precipitates the disorder in subjects who are genetically at risk. The normal rates for Turkish immigrants could be due to the protective effect of their strong social and family networks. Evidence for a greater stability in the Turkish community is provided by the crime rates, which are lower for Turkish immigrants than for Moroccan, Antillean and Surinamese subjects in the Netherlands.

S54.2
Evidence that ethnic group effects on psychosis risk are confounded by experience of discrimination

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Background: Minority populations who report chronic discrimination have higher rates of psychosis. However, a direct link between experience of discrimination and psychosis has not been established.

Methods: 4722 people were interviewed with the Composite International Diagnostic Interview (CIDI) at baseline, and one and three years later. At baseline, subjects were asked about their experience of discrimination on the basis of age, sex, handicap, appearance, ethnic group and sexual orientation. Ethnic minority status was defined using the subject's and parents' place of birth. At year three, individuals with CIDI evidence of psychotic symptoms were interviewed by clinicians to identify new cases of psychosis. The predictors of developing psychotic symptoms severe enough to warrant treatment over the follow-up period were calculated using regression analysis.

Findings: Baseline experience of discrimination strongly predicted new onset of psychosis at year 3 (OR trend over 4 levels: 2.8,

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