FC14. Schizophrenia: identification and aspects of treatment

Chairs: T Schütze (DK), W Lemmer (D)

FC14-1

THE OCCURRENCE OF LOW BIRTH WEIGHT, PRETERM BIRTH, AND PERINATAL DEATH AMONG CHILDREN OF SCHIZO-PHRENIC WOMEN

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Aim: To test the hypothesis, that certain adverse outcomes of pregnancy are more frequent in schizophrenic women compared with the general population.

Background: Schizophrenia is associated with increased prevalence of lifestyle factors like smoking and substance use, which are known to be predictors of preterm birth, low birth weight, and perinatal death. Therefore increased incidence of these adverse outcomes of pregnancy should be expected among schizophrenic women.

Methods: Data was derived from registers containing information about all childbirths and all admissions to psychiatric departments in Denmark. We compared 2,299 childbirths to schizophrenic women during 1973–93 with 126,346 births which was a 10% random sample of all childbirths in Denmark in the same period.

Results: Average birth weights in the schizophrenic group and the control group were 3,292 g and 3,416 g ($p < 0.001$). The proportions of children with birth weight below 2,500 g were 8.2% and 5.0% ($p < 0.001$). The proportions of preterm births were 5.2% and 3.4% ($p < 0.001$). The children of schizophrenic women had an increased risk of stillbirth or death during the first year of life. The relative risk was 1.70 (95% CI 1.29, 2.21). The reported differences were still present after adjustment for year of birth, sex of child, and mother's age and parity.

Conclusion: Children of schizophrenic women are at increased increased risk of low birth weight, preterm birth, stillbirth and early death.

FC14-2

EARLY DETECTION AND INTERVENTION IN FIRST EPISODE PSYCHOSIS

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The TIPS study is an international multi-site study (Stavanger, Oslo and Roskilde) of the effect of early detection and treatment of first episode psychosis. Studies of untreated psychosis reveal consistently that patients are often psychotic for very long periods before receiving treatment. Other studies further suggest that intervening early and minimizing the duration of untreated psychosis (DUP) may improve long term prognosis. The study aims to detect whether DUP can be reduced by an early detection program (in Stavanger), and if so, whether non-self-selected DUP is related to the course and outcome. The Middle sector in Roskilde County, Denmark is one of the two comparison sites of the TIPS project. It has a population of 93.000 inhabitants. We have 12–15 first-episodes of psychosis a year. Premorbid, clinical, functional and psychosocial characteristics of approximately 20 patients included in the project will be presented. Preliminary data on the 13 patients included in the study are as follows: 8 male and 5 female patients, age 20–48, median age 25. Diagnosis: Paranoid Schizophrenia 8, Schizo-affective disorder 1, Disorganized Schizophrenia 2, Psychosis NOS 2. Alcohol and substance abuse was a major problem in 5 of the patients. These patients had a long duration of untreated psychosis, the abuse presumably masking the severe symptoms. Duration of untreated psychosis: 1–988 weeks, median 78 weeks. Prodromal phase: 0–780 weeks, median 278 weeks. Initial GAF ratings: Symptoms 23–38, median 30, functional level: 28–45, median 35. Initial PANSS ratings Positive subscale: 14–25, median 17, negative subscale 7–30, median 12.5. Updated data from the Roskilde site will be compared with the data from the other two sites.

FC14-3

DURATION OF PSYCHOSIS BEFORE FIRST ADMISSION

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Objectives: In an attempt to elucidate the reported relationship between duration of untreated psychosis and prognosis, we examined the factors predicting the delay between onset of psychotic symptoms and first admission

Methods: Consecutively first-admitted patients presenting with psychotic symptoms were drawn from a 250 000 inhabitants urban catchment area. Age at onset of psychotic symptoms was ascertained by interviews with the patient and with family members. Statistical analyses were performed using logistic regression

Results: During one year, 59 patients were included, of whom 49 (83.1%) were neuroleptic-naive. The median of the delay was 3 months (IQR 0.5–14). A "long" delay ($\geq$3 months) was independently predicted by a family history of psychiatric hospitalization ($OR = 12.1$, 95% CI 1.15–97.0, $p = 0.02$), a low educational level ($OR = 0.13$, 95% CI 0.02–1.02, $p = 0.05$), a low GAF score during the previous year ($OR = 0.93$, 95% CI 0.86–0.99, $p = 0.04$) and, at trend level, by a high CGI score at admission ($OR = 4.0$, 95%CI 0.87–18.3, $p = 0.07$). No association was found between delay and DSM-IV diagnosis or previous psychotropic treatment

Conclusion: As these factors are also known to predict poor outcome, our result suggest that the association between duration of untreated psychosis and poor prognosis is mediated, at least in part, by demographic and clinical variables.

FC14-4

THE DRUG PRECRIPTION IN SCHIZOPHRENIA: TWO COMPLEMENTARY APPROACHES

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Two epidémiological studies have in France between 1993 and 1998 know a great number of information notably on characteristics of psyhotropic drug processings in the schizophrenia. By putting in relationship inquires epidémiological study about schizophrenic mortality (Casadebaig F. Philippe A. Quémada N.) realized in 1993 and in 1996 with the epidémiological study on neuroleptics modes of prescription (Lachaux B.) realized in 1995 and 1998 it is on the

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one hand more of 3,000 and on the other hand more of 6,000 case of prescription that are analyzeed.

This database on practices allows to better surround characteristics of drug psychotropic processings in schizophrenic pathology notably as compared to history of the pathology and the coprescriptions.

FC14-5

THERAPY OF RESISTANT PSYCHOSES: COMBINED TREATMENT WITH CLOZAPINE

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According to the actually valid treatment guidelines the combined application of clozapine and other neuroleptics, also with high potent neuroleptics, is not admissable.

A retrospective data analysis with 27 chronically productive schizophrenic patients, who had been hospitalized in many cases for several years, showed that after complete treatment failure of classical neuroleptic therapy and treatment failure of a high dosage clozapine monotherapy these patients profited from a combined application of clozapine and high potent neuroleptics.

19 patients improved to an exent that they clould leave the hospital, 4 patients experienced an essential improvement of their complaints. Only 4 patients under this combined treatment did not show a treatment success. In the course of this treatment no severe side effects were recorded, especially there were no changes of blood picture.

Since the good response to this combined application of clozapine and high potent neuroleptics is possibly hard to explain due to the still limited knowledge of action, controlled experimental investigations should be carried out in order to eventually correct the actual treatment procedures.

FC14-6

CARE PATHWAYS FOR PSYCHOSIS & AFFECTIVE DISORDER

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Background: Care Pathways (CPs) cover a patient's experience from the onset of symptoms, to arrival at specialist services, as well as subsequent management. This study constructs CPs for patients admitted with psychosis or major affective disorder using routine contracting data from hospitals

Design: Patients admitted under general adult & forensic psychiatrists in Birmingham, completing inpatient treatment in the financial year of 1996–7, were identified using the Contract Minimum Data Set (CMDS)

Results: 1231 patients were identified. The vast majority were admitted as an emergency (85%) from their usual place of residence (80%). Another 10% were admitted from general medical wards and 6% from prisons. Patients of Afro-Caribbean or other black backgrounds were over three times as likely to be admitted from prison than any other group ((Odds ratio (OR) = 3.6 (95% CI = 2.1–6.3)). 85% of individuals were discharged to their usual place of residence. Approximately 6% were admitted to a further health service facility and just over 0.5% to local authority accommodation. Factors associated with discharge to a usual place of residence included younger age (OR = 2.5 (95% CI = 1.6–3.3)), admission from home (OR = 2.6 (95% CI = 1.7–3.8)), and affective as opposed to non-affective disorder (OR = 1.6 (1.1–2.5)). Patients admitted from institutional care were half as likely to be discharged to a non-institutional setting (OR = 0.4 (95% CI = 0.2–0.6)). Just under 1% died (n = 15), and these were more likely to be of older age (OR = 13.8 (95% CI = 3.4–48.8)), and have come from health service institutional care (OR = 3.6 (95% CI = 1.2–10.6)) or a general hospital (OR = 3.4 (95% CI = 1.1–10.8))

Conclusions: Data collected for contracting can be converted into patient-based records to study service delivery. This reveals that the treatment experience & outcome of patients is associated with socio-demographic & social characteristics as well as clinical diagnosis.

FC14-7

COMPARISON OF FACTOR-ANALYTICAL DERIVED CONSTRUCTS OF SUBJECTIVE QUALITY OF LIFE IN SCHIZOPHRENIC PATIENTS AND HEALTHY CONTROLS

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Instruments assessing the subjective component of quality of life (S-QL) in schizophrenic patients have traditionally been adopted from the normal population or additionally been modified according to the researcher's view on S-QL. It is not clear, however, whether the construct of S-QL is represented by different frames of reference in healthy subjects and schizophrenic patients. Since there are by definition no external criteria to validate subjective assessments, the present study investigated the internal validity of S-QL.

The internal structure of S-QL-data was compared between long-stay schizophrenic patients (LSP) and healthy controls (HC). S-QL was assessed by means of the Munich Quality of Life Dimensions List in 168 LSP and 316 HC. Two separate factor-analysis were conducted (PCA, eigenvalue >1, VariMax rotation). Subjects with definite response sets were eliminated prior to analysis.

Four factors could be found in both LSP and HC. Although similar in certain aspects, the solutions differed remarkably with regard to the components of the factors. The factor structure of HC is similar to the factors postulated by the authors of the MLDL.

Results indicate that the construct of S-QL, although similar to HC to some degree, is represented in a different manner in LSP. The factor structure of the S-QL in LSP implies a different perspective of S-QL. It seems necessary to investigate this specific perspective more thoroughly.

S15. Presentation of scientific issues from ECCAS

Chairs: AH Ghodse (UK), C Rösinger (D)

S15-1

A MODEL FOR MULTICENTRE COLLABORATION IN ADDICTION RESEARCH ACROSS EUROPE — EXPERIENCES FROM ECCAS (EUROPEAN COLLABORATING CENTRES IN ADDICTION STUDIES)

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In Article 129 of the Maastricht Treaty (1992) which gave the European Union a mandate to help prevent major health scourges,

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