verbigeration and a paradoxically increased agitation after i.v. application of haloperidol.

The provisional diagnosis of neuroleptic induced catatonia was made because catatonic symptoms were not present initially. Therefore we decided to discontinue the neuroleptic medication and started an intravenous monotherapy with lorazepam (2 mg b.i.d. or t.i.d.). All patients showed marked improvement of catatonic symptoms within two days although other psychotic symptoms persisted. Subsequent treatment with clozapine, risperidone or flupentixol resulted in a remission of the acute symptoms in all patients while the lorazepam dosage was stepwise lowered.

We conclude that temporary discontinuation of neuroleptics (and short term administration of lorazepam) might help to avoid adverse reactions as a result of an increased neuroleptic dosage.

DEINSTITUTIONALISATION AND SCHIZOPHRENIA IN FINLAND

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Finland has experienced one of the most rapid psychiatric deinstitutionalisation processes in the whole world. Since 1980, the use of psychiatric beds has decreased about two thirds. The effects of this deinstitutionalisation process was studied in a national study project of the Discharged Schizophrenic Patient by three representative samples of schizophrenic patients discharged from Finnish mental hospitals in 1982, 1986 and 1990. In all, 3 300 patients were studied and followed for three years.

The in the beginning of the 1990s discharged schizophrenic patients were older, more disturbed and had been ill for longer time than at the beginning of the 1980s discharged patients. The use of out-patient care increased and that of hospital care decreased but because of the increased residential out-patient care the total amount of residential care did not change during the study period; re-admissions to hospital increased, however. In the patients with a long duration of illness the increase of re-admissions was exceptionally high; they also seemed to be loosing their share of the residential out-patient services. During the study period, the number of patients living alone in the community increased but the housing conditions became rather better than worse. At follow-up, the patients living in the community were more satisfied than the readmitted patients.

On the whole, the deinstitutionalisation process seemed to have proceeded fairly successfully from the point of view of the psychiatric treatment system. It proved to be able to re-direct and use the resources available more effectively and modify the structure of services according to the changing needs of patients discharged from hospitals. The well developed social services have also supported this adaptation to the decreasing use of mental hospital beds.

PHENOMENOLOGY OF CYCLOID AXIAL SYNDROMES AND ITS DIFFERENTIATION FROM CORE SCHIZOPHRENIA

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The concept of cycloid psychoses means a certain species as part of the group of schizophrenias. From our clinical point of view, the subtypes of Leonhard respectively their poles are axial syndromes. They can occur simultaneously or are intermingling during one phase. In the present phenomenological study the inner connections of these axial syndromes are shown. Apart from these connections, cycloid psychoses can be differentiated from core schizophrenia by three conditions: 1. the lack of deformations of affect and affect expression, 2. the lack of deformations of thought structure, and 3. the lack of certain movement deformations, e.g. parakinesis.

Applying phenomenological criteria in the cases diagnosed as 'cycloid' we did not find any characteristical schizophrenic defect.

QUALITE DE LA VIE CHEZ DES SCHIZOPHRENES

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L'évaluation du bien être des malades mentaux chroniques a trouvé sa place en psychiatrie depuis les années quatre-vingt. La plupart des études classiques sur l'évaluation de la schizophrénie privilégient la suppression du symptôme comme seul critère de l'efficacité du traitement. Dans cette étude nous avons évalué la qualité de la vie de 50 patients schizophrènes à l'aide de l'échelle proposée par D.W. Heinrichs [1] (traduction française par Guelfi et Salinas). Parmi les 21 femmes et 29 hommes inclus (âge moyen 31.5 ans, de 19 à 55 ans), 19 (38%) répondaient au type désorganisé, 17 (34%) au type indifférencié et 14 (28%) au type paranoïde. La durée moyenne d'évolution était de 8.58 années (± 6.54). La classification des patients selon le score différentiel de l'échelle composite de la PANSS (Positive and Negative Syndrome Scale) retrouve 3 patients "positifs" et 47 "négatifs". La note totale moyenne de la BPRS (Brief Psychiatric Rating Scale) est de 45.04 (écart-type 7.59). Les items évalués par l'échelle de Heinrichs montrent des valeurs moyennes basses avec un écart type faible en faveur d'une certaine homogénéité de la population étudiée. L'étude des corrélations entre les différents items et la symptomatologie négative montre qu'elles sont statistiquement significatives pour 17 items sur 21. Ces corrélations restent modérées et n'excèdent pas 0.54, sauf pour l'item 21 sur la participation active à l'entretien (−0.68). Ce résultant évoque une dépendance discrète de l'échelle de Heinrichs vis-à-vis de l'intensité de la symptomatologie négative.

[1] Heinrichs, D.W. et al. (1984). The Quality of Life Scale: an instrument for rating the schizophrenic deficit syndrome. Schizophr. Bull. 10, 388–398.

A NEUROCHEMICAL BASIS FOR THE ANTIPSYCHOTIC ACTIVITY OF LOXAPINE: INTERACTIONS WITH DOPAMINE D_1, D_2, D_4, AND SEROTONIN 5-HT_2 RECEPTOR SUBTYPES

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Loxapine is a typical neuroleptic that shows great structural and functional homology to the atypical antipsychotic clozapine. Chronic loxapine treatment is usually associated with extrapyramidal symptoms (EPS), whereas clozapine treatment is not. Conversely, loxapine does not produce the agranulocytosis that often results from protracted clozapine treatment. Earlier studies of loxapine have usually implicated D_2 receptor blockade as the cause of the tardive dyskinesia that occurs with chronic treatment. More recently, loxapine's ability to potentiate serotonergic neurotransmission has also been implicated. In this study, the pharmacological affinities of loxapine for the dopamine D_1, D_2, D_4, as well as serotonin-2 (5-HT_2) and NMDA receptor subtypes, were investigated through direct radioreceptor assays. The findings indicate that loxapine displays an extremely strong binding affinity for dopamine D_4 and serotonin 5-HT_2 receptors, which suggests that both serotonergic and dopaminergic mechanisms contribute to the antipsychotic drug action and EPS associated with loxapine in the treatment of schizophrenia.