increased (p = 0.003) and amplitude was decreased (p = 0.001) compared to controls. 4. In non-familial schizophrenics, there was no significant prolongation of P300 latency. P300 amplitude was decreased but this was not statistically significant. These findings point out to P300 latency prolongation as a trait marker for familial schizophrenia that could help clarify the endophenotypic status of non-affected members in genetic studies.

ABNORMAL INVOLUNTARY MOVEMENTS IN SCHIZOPHRENIA; PREVALENCE IN TREATED AND FIRST EPISODE SAMPLES

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Aims. To establish the prevalence of tardive dyskinesia in a sample of patients with schizophrenia attending our catchment area rehabilitation centre and to establish a baseline rate of spontaneous involuntary movements in first episode schizophrenia in the same catchment area.

Method. Sixty patients (28 M, 32 F) with DSM-III-R schizophrenia were randomly selected and assessed for dyskinetic movements using the Abnormal Involuntary Movements Scale (AIMS). Patients were also assessed for their level of positive and negative symptoms using the Scale for Assessment of Positive and Negative Symptoms respectively (SANS & SAPS), by a second investigator, blind to the AIMS score. Forty-five patients (28 M, 17 F) presenting over a 2 year period with first episode DSM-III-R schizophrenia were also assessed for dyskinetic movements at presentation using the AIMS scale. Tardive dyskinesia and spontaneous involuntary movements were diagnosed in both samples according to the research diagnostic criteria of Schooler and Kane.

Results. The day patient sample had a mean age of 36.6 years (s.d. 12.4 years). Fifteen patients satisfied Schooler and Kane criteria for tardive dyskinesia (prevalence rate 25%). Those with tardive dyskinesia did not differ in terms of gender, positive symptoms or current neuroleptic dose but were significantly older (p = 0.02) and had more negative symptoms (p = 0.02). The sample of 45 patients with first episode schizophrenia had a mean age of 27.8 years (s.d. 9.5 years). Two patients satisfied Schooler and Kane criteria for spontaneous involuntary movements (prevalence rate 4.4%).

Conclusions. Tardive dyskinesia accurs in a significant proportion of patients with schizophrenia during the course of their illness (25%). In this sample dyskinetic patients were older and had more negative symptoms. Spontaneous involuntary movements exist in a small proportion of patients with schizophrenia at first presentation prior to treatment with neuroleptics. We suggest that the majority of patients with schizophrenia who develop abnormal involuntary movements do so during the course of their illness and treatment.

HUMAN DOPAMINE D4 GENE EXPRESSION USING THE RIBONUCLEASE PROTECTION ASSAY

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The recent cloning and characterisation of multiple dopamine receptors, has revitalised the dopamine hypothesis of Schizophrenia, and has provided an opportunity to examine the mechanisms regulating their function in normal and disease state. The regional distribution and level of expression of dopamine receptor subtype mRNA is a potential mechanism for regulation of dopamine receptor function, an abnormality of which, is thought to underlie the neuropathology of Schizophrenia.

In a first series of experiments we have undertaken to determine the quantitative distribution of selected dopamine genes in control post mortem brain utilising the Ribonuclease Protection Assay (RPA) technique which allows us to visualise the gene expression of multiple receptors from the same anatomical region of interest and compare them quantitatively.

We have generated a D4 specific riboprobe spanning the 3′ end of the coding region and used it to detect D4 mRNA expression in poly(A) + RNA extracted from selected subcortical regions from control post-mortem brain. We also used a Glyceraldehyde 3 Phosphate Dehydrogenase (GAPDH) riboprobe as an internal standard.

D4 mRNA was predominantly expressed in the retina and was detected in most of the brain regions examined including both motor and limbic areas.

These findings argue against a predominantly limbic distribution of the D4mRNA in human brain, and might be of help in understanding the mechanism of action of novel dopamine receptor selective antagonists that might have antipsychotic properties.

NR14. Clinical aspects of affective disorders/suicide and self-harm

Chairmen: T Craig, J Neeleman

TRANSCULTURAL RESEARCH ON DEPRESSION — STUDY CONCEPT AND PRELIMINARY RESULTS FROM A KENYAN POPULATION

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The goals of our transcultural study on depression were the investigation of symptom profiles, depressive core symptoms and culture specific varieties, influencing psychosocial factors and personality aspects. A polydiagnostic approach including self rating and observer rating instruments, respectively international and culture specific instruments was chosen in order to investigate out-patients with major depression. Translation of the self rating instruments was done in a 3 step translation procedure. A culture specific questionnaire (NOK) was developed in which we laid emphasis on the symptoms not included in the international scales, as well as on the culture-specific expressions and metaphors. The initial study of this project was carried out in Kenya. 75 depressed patients and 50 healthy controls were examined by Beck Depression Inventory (BDI), Hopkins Symptom Checklist (SCL-90R), Clinical Global Impression (CGI), Hamilton Depression Scale (HAMD), Munich Personality Test (MPT) and African Depression Scale (NOK). According to ICD-10 criteria, 44 patients suffered from Major Depression, 4 patients were diagnosed as bipolar, 22 had Dysthymia, 6 patients could not be classified. The differences in average age did not reach significance. In the observer-rating (HAMD) as well as in the self evaluation scales (BDI, SCL-90R), one of the most important symptoms was somatization. In contrast to some other authors is the high percentage of patients with depressed mood (95%) and guilt feelings (65%). The NOK shows the highest correlation with the self-rating scales measuring somatization like the corresponding factor in SCL-90

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(Somatization r = 0.89). We found a high agreement between our culture-specific and the international scales. The high agreement between culture-specific and internationally used depression scales justifies the subsumption of culture-specific symptoms of depression under the category depression. Internationally used scales proved to be applicable, provided that they are carefully translated according to scientific translation methods, but they should be complemented with a culture specific instrument.

PSYCHOLOGICAL AUTOPSY IN PSYCHIATRIC PATIENTS WHO ATTEMPT DELIBERATE SELF-HARM (PRELIMINARY RESULTS)

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Prediction of suicide is complex and unreliable. Two groups with an increased risk of suicide, are those who have previously attempted deliberate self harm (DSH) and patients with a psychiatric illness. Recent local research has shown that previously identified factors predictive of deliberate self-harm (DSH) did not attain statistical significance in these groups.

This study aims to identify any undisclosed or unrecorded factors relevant to episodes of DSH in psychiatric patients. All adult psychiatric patients attempting DSH and subsequently admitted to a medical in-patient unit are recruited to the study.

Following the episode of self-harm the investigator convenes a meeting with the Mental Health Professionals involved in that patient's care. Using a semi-structured interview the investigator attempts to establish retrospectively any factors which may have contributed to the episode of DSH. Information gathered includes demographic variables, the team's working diagnosis, physical illness, current drug and alcohol use, life events, interruption in treatment, the teams estimation of why the patient attempted DSH, family and social support and previous DSH. The investigator also interviews alternate patients using a semi-structured interview and validated questionnaires are used to assess drug and alcohol use, life events and suicidal intent.

Results of 41 episodes involving 28 patients will be presented. Eighteen women (64%) and ten men (38%) make up the sample. The mean age is 38 years with a range of 16 to 72 yrs, the mode age being 50 yrs. 75% of patients had previously taken overdoses and 50% of patients had superficially cut themselves. The commonest diagnosis was depression (36%). Alcohol dependency was diagnosed in 18% and drug use identified in fewer patients. Diagnostic uncertainty was present in 36% of patients and was identified as a contributory factor to the DSH in 21%. There was a history of non-compliance with medication in 68% and non-attendance in 65% of patients. Difficulty engaging the patient was a contributory factor to the DSH in 54% of the patients.

The patients studied have different characteristics to previous studies of patients who attempted DSH, no doubt because they are all patients who are known to the psychiatric services. The patients in this study are older than those in other studies and the majority have good family and social support. The results to date demonstrate that previously unidentified factors may be important in predicting which psychiatric patients attempt DSH. Diagnostic uncertainty and difficulty in engaging patients in treatment with repeated non-attendance may act as predictive factors in identifying psychiatric patients who go on to attempt DSH.

ARE WOMEN WITH SEVERE BLUES AT INCREASED RISK OF POSTPARTUM DEPRESSION?

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Postpartum blues are traditionally thought to be benign and self-limiting. There are reports in the literature of associations with postnatal depression (PND) but there was no study which prospectively controlled for the presence or absence of blues.

103 primiparous women with severe postpartum blues and their controls with no blues matched for age, marital status and social class were followed for 6 months postpartum in order to determine the relationship between blues and postnatal depression.

The women were recruited at 30+ weeks gestation and completed a baseline Edinburgh Postnatal Depression Scale (EPDS). Following delivery, they were assigned to subject (severe blues) or control (no blues) on the basis of scores on the Blues Questionnaire completed on the 3rd and 5th postpartum days. Both groups completed monthly postal EPDS and at the end of the protocol, the Schedule for Schizophrenia and Affective Disorders was administered to high scorers and a 1 in 5 sample of low scorers. Diagnoses were made according to Research Diagnostic Criteria.

Results: The six month period prevalence of depression in subjects was 40.8% (n = 42) and 10.7% (n = 11) in controls (X^2 = 24.4, $p < 0.001$). Subjects with postpartum depressive episodes were significantly more likely to have an illness which onset in the first 2 weeks postpartum than controls (Fishers exact test, $p < 0.01$) and to have a major rather than minor depression (Fishers exact test, $p < 0.05$).

Conclusions: Women with severe blues are at increased risk of a subsequent depressive episode. This finding has implications for the aetiology of some postnatal depressions. In addition the identification of an at risk group has implications for clinical practice.

DISTURBANCES OF PERCEPTION IN DEPRESSIVE DISORDERS

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This paper attempts to give a survey of the disturbed perception in depressive disorders. Introductory remarks consider the problems of this task that arise from the missing consistent definition of perception and the manifold classifications of affective disorders.

Phenomenology and anthropological interpretations of the disturbed time- and space-experience are the main topic of this paper that presents results of clinical psychopathological research as well as of experimental studies.

Among the alterations of the subjective time-experience — directly reported by only few patients — disturbances of "erlebnisimmanente" time and reference to the future (according to Straus and v. Gebsattel) are of special importance. Up to now studies on the time estimation of depressive patients that can be located at the interface between phenomenologically deducible subjective and experimentally determinable objective time-experience have shown different results. Recent findings are the underestimation of prospective time intervals and the overestimation of retrospectively estimated intervals.

Detailed description and analysis of the disturbed space experience goes back to Tellenbach, who demonstrates applicable structures for this as well as consequences for the existential determination of life. Experimental investigations as well as systematic clinical studies concerning this phenomenon and its longer term stability are almost completely missing.

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