

**Method:** We used data from the national psychiatric registry. Age- and sex-adjusted relative risks were calculated by Poisson regression analysis.

**Results:** Age-adjusted relative risks of a first discharge for schizophrenia were significantly higher for male than for female immigrants.

The age- and sex-adjusted relative risks were 3.8 (3.5–4.1) for Surinamese-born immigrants and 3.9 (3.5–4.5) for the Antillean-born.

**Conclusion:** The results provide evidence of a high incidence of schizophrenia in these immigrant groups and support similar findings on Afro-Caribbeans in the UK. Migration from Surinam was of such a large scale that selective migration of persons at risk for the disorder is unlikely to explain these findings.

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## S19. Borderline syndromes and self-mutilation in adolescence and adulthood

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### DIFFERENTIAL ASPECTS OF IMPULSIVITY IN PATIENTS WITH SELF MUTILATIONS

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Self-mutilative behavior meets with the DSM-IV criteria of impulse control disorder which describe a failure of behavioral control. Beside behavioral problems, self-mutilators report an enduring tendency to sudden and extreme reactions towards stimuli in general, that means on a cognitive, emotional and behavioral level of personality functioning. Our study aims at giving empirical data in support of a model of impulsivity which regards a high cognitive tempo and an affective hyperreagibility as subfeatures of an impulsive personality. Subjects were recruited from a population of female patients attending a treatment program for personality disorders. Four groups of subjects were studied: 25 self-mutilators, 25 patients with other modes of impulsive behavior, 25 patients without any impulsive behaviors, and 25 normal controls.

Concerning the problem of cognitive impulsivity, the following objective parameters were assessed beside a battery of self-assessment inventories on impulsivity: time estimation, stimulus reaction time, Matching Familiar Figures Test (MFFT) and a special version of the Stroop test. The hypothesis was that high-impulsive subjects underestimate time intervals, show lower performance in stimulus reaction tasks, lower response latency at the cost of unaccuracy in the MFFT, as well as an impaired inhibition of an automatic overlearned response.

Affective reagibility was studied by an experimental design in which affects are induced based on a short story. Information is given on intensity and run of affect during the course of the story. Preliminary results show intense and frequently alternating affective responses to stimuli of negative and positive valence in self-mutilators. In a frustration experiment self-mutilators responded with a stronger affect of anger or depression than control subjects.

### TREATMENT OF SEVERE BORDER-LINE PERSONALITY DISORDERS WITH SPECIAL REGARD TO BORDERLINE-SYNDROMES: COMPARISON OF PSYCHODYNAMIC AND BEHAVIOURAL THERAPY SETUP

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Since BECK's cognitive and LINEHAN's dialectic behaviour therapy, behaviour therapy in general has become more important for the treatment of severe personality disorders, a field of intensive research by psychodynamic therapists already since KERNBERG. By this development the question of differential indication of psychotherapeutic methods is raised, i.e. which personality disorder does gain more benefit from a behavioural and what more from a psychodynamic therapeutic strategy? As an empirical contribution to answering this question, patients suffering from personality disorders were compared in a behavioural (Luisen Hospital Bad Dürkheim) and a psychodynamic oriented (the ward 'von Baeyer' of the Psychiatric University Hospital Heidelberg) institution. They were assessed by the same standardized psychopathological and psychological instruments at admission, at discharge, and half a year and one year after discharge. The psychotherapeutic process in the hospital is recorded with the 'psychotherapy-hour sheet' of GRAWE et al., which is filled in after each session by patients and therapists alike.

Implications of the design and some special aspects of recruiting patients for this particular sample are discussed with examples.

### BORDERLINE SYNDROMES IN ADOLESCENCE

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A sample of 183 patients (24 diagnosed as borderline disorder, 93 as emotional disorders, 48 as externalising disorders, 18 with the diagnosis of psychosis) and a control sample (n = 166) were investigated with the Borderline Syndrome Index (BSI), a self report questionnaire. Differences in mean scores and main results from the factor analysis are reported. Profiles of the different groups by using the statements most often agreed to in this questionnaire are described. In a smaller subsample the Diagnostic Interview of the Borderline-Syndrome (DIB) was carried out in addition to BSI. Comparisons of means, selected co-efficients of predictability and the correlations between BSI and DIB scores are described. The results indicate that these instruments may discriminate to a certain degree between adolescent patients diagnosed with borderline disorder and other patients as well as control group subjects. A differential analysis of gender leads to further questions.

### SELF MUTILATION- THERAPEUTIC ASPECTS

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Nach einer Schätzung führen 0.6–0.75% der Allgemeinbevölkerung gelegentlich Selbstverletzungen aus. Von diesen 'offenen Selbstverletzungen', die als unspezifisches Symptom bei zahlreichen psychischen Störungen auftreten können, müssen die heimlichen Selbstbeschädigungen bzw. die artifizialen Störungen im engeren Sinn (DSM IV, ICD 10: factitious disorders) abgegrenzt werden.

Bisher liegen keine ausreichenden Daten von Evaluationsstu-