

S51. The prodromal symptoms of psychosis: objective and subjective

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S51.1

Basic symptom concept (BSC) and prodromal psychosis

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The BSC was developed gradually since the 50s, starting with the “pure defect” and “cenesthetic schizophrenia”. The pure defect and the prodromes of cenesthetic and other types of schizophrenia (schi) are determined by basic symptoms (BS). The patients perceive and report BS as deficiencies and are able to develop coping strategies. In the Bonn Schi Study prodromes lasted 3.3 y on average (range: 0.2–35 y). Besides cenesthetic, dynamic and vegetative BS were described as further categories of the Bonn Scale for the Assessment of BS (BSABS – 1962, 1987) thought, perception and motor BS and operationally defined. It ensued a new doctrine of hitherto neglected symptoms of schi spectrum, the BS, experiential and not – as negative symptoms and “prodromal and residual symptoms” of DSM – behavioral in kind. It enabled the Bonn-Cologne Prospective Early Recognition Study and the Bonn Transition Row Study proving that distinct cognitive BS are predictors of the psychosis and the “basis” for distinct FRS. The results of the BS research provide by early intervention in the precursors the chance to inhibit the outbreak of the psychosis and to improve the long-term prognosis (Huber, Gross [1998] *Neurol Psychiatry Brain Res*, 5:183–190).

S51.2

The onset of schizophrenic psychosis

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Prepsychotic prodromal stages are determined by dynamic and cognitive basic symptoms (BS) as has been first described in our systematic study of prodromes and outpost syndromes (Gross 1969) and in the Bonn Schizophrenia Study (Huber et al 1973, 1979). It has been shown that the patients’ ability to perceive and report the BS and to develop coping strategies is decisive for clinical and therapeutic utility and an important difference to negative and prodromal and residual symptoms of DSM-III-R. Our studies of the last decades reveal that prodromes, assessed with the Bonn Scale for the Assessment of BS (BSABS), provide a chance to recognize the true onset of the disorder and to prevent the psychosis by early treatment. Many seemingly neurotic developments prove to be according to the prospective Bonn-Cologne Early Recognition Study prepsychotic basic stages or formes frustes of the schizophrenia spectrum (Gross 1997 *Schi Res* 28:187–198). Similar approaches concerning the onset and early detection of schizophrenia, also as to the vulnerability model with its relations to the BS concept, and own contributions of the 90s, addressed to this issue (review: Sillwold and Huber 1986, Springer, Berlin; Huber and Gross 1998) are reported in regard to the relevance for the subjective and objective aspects of precursor symptoms of psychosis and early intervention.

S51.3

Conceptual problems with early stages of psychosis

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The prospect of early identification of psychotic development before the overt psychotic break is an alluring one for clinicians, who retrospectively recognize the presence of abundant psychological and functional morbidity in the pre-psychotic life history of many clinical cases. However, the early detection agenda also presents us with conceptual problems: The concept of psychosis itself is difficult one with multiple definitions, indeterminate boundaries and unclear content. And the application of the retrospectively derived descriptions of pre-onset symptomatology for prospective purposes meets with both conceptual (Can we expect reasonable specificity from precursors to heterogeneous psychiatric syndromes like psychosis or schizophrenia?) and ethical (What are the consequences of labelling the patient’s experiences or behaviour as pre-psychotic?) problems. In this paper I will discuss the grammatical features of “prodromal symptom of psychosis”, with an eye on its proper role in psychiatric practice. This discussion has relevance for both diagnostic practices and ethical debate on the early intervention agenda.

S51.4

The prodromal symptoms of psychosis: experiences from the TOPP clinic

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Background: This project is a part of an ongoing international multi-site study testing the efficacy of Early Treatment and Intervention in schizophrenia (TIPS).

Methods: The project tests two hypotheses: 1) That “prodromal” people (symptomatic, pre-psychotic) can be identified who are at very high risk for developing psychosis. 2) That neuropsychological measures can improve upon clinical measures in predicting which prodromal people will become psychotic. The sample consists of treatment seeking patients aged 15–45 who are at very high risk for imminent conversion to psychosis. They are informed of their state of being at risk and recruited for a five year follow-along study with supportive psychotherapy, and assessment after 3 months, 1,2 and 5 years. A Norwegian version of the SIPS (structured Interview for Prodromal Symptoms) are used to assess conversion to psychosis.

Conclusion: The design of the project will be presented together with experiences from the first years of the study. In general it has been hard to recruit patients into the study, but the conversion rate for the first 10 patients is 40 % for the first year of follow-up.

S51.5

Results from Copenhagen prodrome project

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No abstract was available at the time of printing.