

**SEC11-3****DIAGNOSING SCHIZOPHRENIA IN THE PRODROMAL PHASE**

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The new results of the still ongoing Cologne-Bonn-Aachen Early Recognition Project will be presented. In this prospective follow-up study, the schizophrenia-predictive power of early self-experienced neuropsychological deficits, so called 'basic symptoms'; is evaluated.

Until now, 153 patients were re-examined who initially had been referred to three German university clinics for diagnostic clarification, because suspicion of a schizophrenic prodrome had emerged. At the index-examination as well as at the re-examination, they were assessed with the 9<sup>th</sup> version of the 'Present State Examination-PSE9' and the 'Bonn Scale for the Assessment of Basic Symptoms-BSABS'. None of the patients had ever shown any positive or negative symptoms of schizophrenia at the time of the index-examination. Whereas in 104 patients, the deficits present at the index-examination were classified as prodromal basic symptoms, in 49 patients, they were not.

At the re-examination that was in average eight years later, more than half of the subjects had developed a schizophrenic disorder according to DSM-III-R- or DSM-IV-criteria during the catamnestic interval. In 79%, the presence/absence of a transition to schizophrenia was correctly predicted by the presence/absence of self-experienced neuropsychological deficits of thought, speech, memory, perception and motor action at the index-examination. Thus, the presence of basic symptoms predicted the presence of a schizophrenic disorder for 72% of the cases (i.e. positive predictive power), whereas the absence of basic symptoms predicted the absence of schizophrenia for 94% of patients (i.e. negative predictive power).

These findings suggest that certain basic symptoms are able to indicate a psychosis proneness and to separate patients with a beginning schizophrenia from those with non-schizophrenic disorders in the absence of diagnostically relevant psychotic symptoms.

**SEC11-4****EARLY INTERVENTION AND THE COURSE OF RECENT ONSET SCHIZOPHRENIA**

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Recognition and intervention at the earliest possible stage of emerging florid psychosis in schizophrenia and related disorders may contribute to earlier symptom remission, delay of psychotic relapse and prevention of psychosocial deterioration. In a Dutch study young patients with schizophrenia patients participated during in-patient treatment patients participated in a highly structured programme including psycho-education for all relatives of the patients. The study addressed the question whether after the in-patient programme the introduction of a year long behavioural family intervention programme in combination with a patient oriented psychosocial intervention including maintenance drug treatment and drug management could prevent psychotic relapse and could improve the course of the disorder when contrasted with the individual intervention plus drug treatment.

The relapse rate in these young patients in both treatment conditions turned out to be low during intervention (15%). The addition of a behavioural family intervention programme failed to

make a significant beneficial effect on psychotic relapse, neither in high nor in low EE family environments. Two patients from low EE families relapsed in the individual and family intervention. EE emerged to have strong predictive value and turned out to be a robust predictor, when a conservative measure of relapse was used. Cannabis abuse was the only major predictor in the group of patients with high EE families.

One may presume that the favourable effect of the intervention programme would last after the intensive 15-month treatment programme. The results of the follow-up study are in sharp contrast with that expectation; 64% of the patients relapsed during the follow up period.

**SEC11-5****EARLY DETECTION AND TREATMENT OF AFFECTIVE DISORDER**

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Early treatment of affective disorders is hampered by a number of facts which are based on disorder as well as on diagnostic process. Risk factors belong to personal and social disposition as well as to life events. The different risks generated in these realms could be interactive as well as additive. Since the significance of a single factor in an individual life situation is unclear, prediction of a disorder requiring a specific treatment is difficult regarding to an individual. Another problem is the coupling between diagnostic criteria and treatment. From compliance as well as from ethical reasons it is difficult if not impossible to start a treatment with well known side effects if the full range of diagnostic criteria is not given. However, epidemiological knowledge suggests that subthreshold symptomatology has a high predictive value in respect to the development of an episode of affective disorder. Thus, it might be reasonable to start treatment earlier than it is possible.

Besides these theoretical problems, psychiatric reality is another factor hindering early detection and treatment: - a high number of depressives contacts only general practitioners but no psychiatrists, -according to north-american standards, in Germany most patients with depression were treated with too low dosages and for a too short period of time, -the full spectrum of therapies available in principle (TCA's, SSRI's, depression-specific psychotherapies, ECT), is not found in real life.

**S12. Negative symptoms in schizophrenia: a diagnostic and therapeutic challenge**

*Chairs: WW Fleischhacker (A), H-J Möller (D)*

**S12-1****THE EPIDEMIOLOGY AND DIFFERENTIAL DIAGNOSIS OF NEGATIVE SYMPTOMS IN SCHIZOPHRENIA**

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Attempts to identify pathognomonic symptoms in schizophrenia were constantly unsuccessful for more than one century. Clinically, three dimensions do coexist while showing some independence, these are: positive symptoms, negative symptoms (NS) and disorganisation.