

FC36-2**COGNITIVE IMPAIRMENTS IN SUBTYPES OF SCHIZOPHRENIA**

P. Brazo*, I. Halbecq¹, R.M. Marié¹, L. Segard², P. Delamillieure¹, F. Thibaut¹, S. Langlois-Théry², A. Van Der Elst², T. Vasse¹, M. Petit², S. Dollfus¹. *Groupe de Recherche (UPRES JE2014) et Programme Hospitalier de Recherche Clinique (PHRC); ¹C.H.U Côte de Nacre, 14033 Caen; ²CHS Sotteville les Rouen 76301, France*

Most of the authors use a dimensional approach to describe relationships between schizophrenic symptoms and cognitive variables (Liddle 1991). But, because symptomatic dimensions may overlap, distinguishable cognitive impairments may be difficult to identify (Norman 1997).

The Aim: of the study was to characterize the cognitive functioning in homogeneous symptomatic subgroups of schizophrenic patients. We have tested the hypothesis that subtypes suffering from specific cognitive impairments may be individualized.

Methods: The Schedule of Deficit Syndrome (Kirkpatrick 1989) and the item "Conceptual Disorganization" of the Positive And Negative Syndrome Scale (Kay 1987) were used to categorize 53 DSM IV patients into deficit (Def) (N = 12), disorganized (Dis) (N = 9) and non deficit non disorganized residual patients (Res) (N = 32). They were evaluated with frontal cognitive tests.

Results: Patients performed more poorly than healthy controls (N = 27) for all the tests ($p < 0.05$). (Def) patients were more impaired on the Wisconsin Card Sorting Test perseverations than (Res) patients (6.7 ± 4.5 vs 3 ± 3.6 ; $p < 0.05$), whereas (Dis) patients were more impaired on the Trail Making Test B than (Res) patients (176.3 seconds ± 51 vs 129.3 ± 68.4 ; $p < 0.05$).

This study argues for categorical approach to isolate distinct patterns of cognitive impairments in schizophrenic subgroups.

FC36-3**GERMAN VERSION OF THE SNAITH-HAMILTON-PLEASURE SCALE (SHAPS-D): ASSESSING ANHEDONIA IN SCHIZOPHRENIC PATIENTS**

M. Franz¹*, T. Meyer¹, F. Ehlers¹, P. Runzheimer¹, B. Gallhofer¹. *¹Centre for Psychiatry, Justus-Liebig-University Giessen, Germany*

The Snaith-Hamilton-Pleasure-Scale (SHAPS, Snaith et al. 1995) assesses self-reported anhedonia in psychiatric patients. It has proven psychometric properties and advantages in applicability compared to other instruments assessing anhedonia. This study presents results of a translation of the SHAPS into German (SHAPS-D) according to a systematic transcultural protocol. Quality of translation was confirmed on the one hand by bilingual reviewers with regard to equivalence in content and tone. On the other hand stable results were found in a test-retest-design crossing the English and German version with bilingual persons. Subsequently the SHAPS-D was applied to schizophrenic patients (n = 50) and healthy controls (n = 67). Results on applicability, internal consistency ($\alpha = .84$) and relationships to depression ($r = .43$, $p < .01$), subjective quality of life ($r = -.49$, $p < .001$), well-being ($r = .53$, $p < .001$) as well as psychopathology ($r_{\text{PANSSPositive}} = -.07$, n.s.; $r_{\text{PANSSNegative}} = .29$, $p < .05$) within schizophrenic patients indicate that the SHAPS-D is a useful and promising instrument in assessing anhedonia.

FC36-4**NEGATIVE SYMPTOMS IN SCHIZOPHRENIA: PREDICTIVE VALUE OF SEX, AGE, SUBTYPES AND CONCOMITANT PSYCHOPATHOLOGICAL SYMPTOMS**

C.G. Schütz*, R. Bottlender, A. Strauß, H.J. Möller. *Department of Psychiatry, University of Munich, Munich, Germany*

Negative symptoms in patients with a schizophrenic syndrome are one of the major challenges in Psychiatry. An enhanced understanding of these clinical features is needed for a better comprehension of concomitant neurobiological processes and development of rational treatments.

The current study is based on AMDP ratings on 6953 admissions of patients with a broadly defined schizophrenia diagnosis (ICD 9: 295, 297, 298.3 and 298.4). All patients were treated at Munich University Hospital between 1980–1995.

After probing distributions and analyzing cross-tabulations multivariate analysis using logistic regression models were applied. The outcome variable consisted in the Negative syndrome as defined by Angst et al. (1989). We applied a cutoff of 12 as a minimum overall score. Other definitions of the Negative syndrome will be examined. We found female gender to be significantly associated with an odds ratio (OR) of 0.58. This indicates a "protective" impact of female gender. Age in our sample did not show a significant association. Adding diagnosis to the model reduced the OR for females to 0.73. The subtype diagnosis schizoaffective disorder (OR = 0.32) and Paranoia (OR = 0.31) showed lower association with Negative syndrome compared to other schizophrenic subtypes. In further steps we analyzed the association with other psychopathological symptoms. Adding for example all disorders of perception we found significant associations with verbal hallucinations and bodily hallucinations, but not the other items. In depth analysis of the complete psychopathological structure will be presented and possible explanations for these empirical findings will be discussed.

FC36-5**ACUTE TRANSIENT PSYCHOSES: A SUBGROUP OF SCHIZOPHRENIA?**

A. Marneros*, F. Pillmann, A. Haring. *Dept. of Psychiatry and Psychotherapy of the Martin-Luther-University Halle-Wittenberg, Germany*

Introduction: Acute transient psychotic disorders (ATP) as defined by ICD-10 (F23) seem to be relatively rare in the industrialized countries but frequent in "third-world-countries". We investigated within a follow-up study - among other aspects - also their relation to schizophrenia.

Methods: We diagnosed all patients admitted in the Psychiatric Hospital of Halle-Wittenberg University during a 4-year-period according to the criteria of ICD-10. From 787 patients diagnosed as having major psychotic disorders or affective disorders 31 fulfilled the criteria for acute transient psychotic disorder (3.9%). Symptomatology, family and sociodemographic data, treatment, level of functioning, course and outcome were compared with schizophrenic and schizoaffective disorders also diagnosed according to ICD-10.

Results: Following features differ significantly in ATP: 1. female predominance, 2. higher age at onset, 3. acute onset of symptomatology, 4. shorter duration of psychotic and non-psychotic symptomatology, 5. predominance of positive symptoms especially of delusions and hallucinations, 6. less negative symptoms, 7. more favourable response to antipsychotic drugs, 8. higher level