

Wed-P12**STRATEGIES FOR ENHANCING SELF-ESTEEM AND SOCIAL INTEGRATION OF PATIENTS WITH SCHIZOPHRENIA**

R. Haghghat. *The Tavistock Clinic, London, UK*

Objectives: Investigation of illocutionary and perlocutionary effects of linguistic presentations of the diagnosis of schizophrenia, on the patients' self-concept, which may have significant effects on the prognosis of schizophrenia.

Methods: 200 patients with schizophrenia in remission were asked how they wished people to refer to them if they (the patients) develop or have already developed schizophrenia (schizophrenia sufferer; schizophrenic; person with schizophrenia, or any other alternative). This led to self-reports which indicate the impact of the diagnosis on patients' self-concept. A separate questionnaire assessed any stigmatising social response towards each of the designations and towards the concept of schizophrenia.

Results: About 15% of patients fully internalise the stigmatising social response into their self-concept or use it as a compensatory mechanism. Twenty percent totally resist accepting the diagnosis. Twenty per cent accept the diagnosis but reclaim positive attributes for it or use it as a means of declaring their solidarity with other patients. Ninety per cent accept the diagnosis but propose alternative linguistic formulations to reduce stigmatisation.

Conclusions: Patients with schizophrenia employ Linguistic Intervention, Solidarity and Reclaiming as defence strategies against stigmatisation. The latter should be encouraged to enhance the patients' self-esteem and cooperation with treatment.

Wed-P13**SELF-AWARENESS IN CHRONIC SCHIZOPHRENIA: BILATERAL ASSESSMENT OF NEGATIVE SYMPTOMS (BAINSA)**

B. Weber*, J. Eckert, C. Husemann, J. Fritze, K. Maurer. *Department of Psychiatry and Psychotherapy I, J.W. Goethe University, Frankfurt/Main, Germany*

Self assessment of psychopathological symptoms in schizophrenia is restricted by the disturbance of self-awareness. There exists no generally applicable operationalization for a quantitative measurement of unawareness of negative symptoms. In the present study 33 chronic schizophrenic out-patients were examined by the 'Scale for the Assessment of Negative Symptoms' (SANS, Andreasen 1984) and an analogously scaled 'Questionnaire for Negative Symptoms'. Differences between item scores were taken as item values constituting a new scale of the 'Bilateral Assessment of Impairment of Negative symptoms' Self-Awareness' (BAINSA). No significant correlation was found between SANS and QNS scores. BAINSA scores significantly correlated to SANS scores ($R = 0.69$; $p < 0.000008$). The results confirm a disruption of self-awareness and indicate that schizophrenic patients with a high extent of negative symptoms underestimate and less impaired patients overestimate their negative symptoms. It is proposed to introduce SANS-QNS differences as BAINSA scores for the quantitative measurement of the self-awareness of negative symptoms in schizophrenia.

Wed-P14**VALIDATION OF THE BEHAVIOURAL ACTIVITY RATING SCALE: A MEASURE OF ACTIVITY IN AGITATED PATIENTS**

R.H. Swift¹*, E.P. Harrigan¹, J. Cappellen¹, D. Kramer¹, L.P. Chandler¹. ¹*Central Research Division, Pfizer Inc, Groton, CT 06340, USA*

The rapid-acting, intramuscular (IM) formulation of the novel antipsychotic, ziprasidone, reduces symptoms of acute agitation in patients with psychosis but is not profoundly sedating. For the Phase III clinical trials of IM ziprasidone an objective measurement that accurately characterized the effect of ziprasidone IM on activity levels in patients with psychosis and acute agitation was required. The seven-point Behavioural Activity Rating Scale (BARS), a novel measure of agitated behaviour, ranging from 1 (difficult or unable to rouse), through 4 (quiet and awake/normal level of activity), to 7 (violent, requires restraint) was developed. Data from a Phase III clinical trial were used to validate the BARS. Convergent validity was assessed using Spearman's correlation coefficient between BARS scores and the sum of a PANSS agitation grouping (hostility, excitement, anxiety and tension) and between BARS and CGI-S scores. Divergent validity was assessed by using Spearman's correlation coefficient between BARS and PANSS negative subscale scores. Effect sizes of the BARS, PANSS agitation grouping, and CGI-S were compared to measure the responsiveness to treatment differences. The discriminant validity of the BARS between two different patient populations (one from another study) at baseline was evaluated with the Wilcoxon rank sum test. Inter- and intra-rater reliability were examined using investigator training data. The correlation coefficients between the baseline BARS and the PANSS agitation grouping (0.33) and CGI-S scores (0.40) were statistically significant, whereas the coefficient between the BARS and PANSS negative subscale scores (0.16) was not. The effect size was larger for the BARS (0.83) than for the PANSS agitation grouping (0.52) and the CGI-S (0.60). A significant difference in BARS scores at baseline was found between the two distinct populations ($P < 0.05$). Perfect inter- and intra-rater reliability were achieved. The BARS is a psychometrically valid and reliable scale to objectively measure the level of activity in acutely agitated patients with psychotic disorders treated with rapid-acting, IM ziprasidone.

Wed-P15**ARE THE COSTS OF TREATMENT IN SCHIZOPHRENIC PATIENTS RELATED TO PSYCHOPATHOLOGY, SOCIAL DISABILITY AND SUBJECTIVE CONCEPT OF ILLNESS?**

T. Steinert*, R.P. Gebhardt, M. Krueger, P.O. Schmidt-Michel. *Centre of Psychiatry Weissenau, Dep. of Psychiatry I of the University of Ulm, Mailbox 2044, D-88190 Ravensburg, Germany*

Objective: It should be examined whether the use of medical and social support in chronic schizophrenic patients - summarized in the total costs of treatment - is correlated to the subjective concept of illness and outcome variables as psychopathology and social disability.

Method: Out of a sample of 138 patients with diagnosis of schizophrenia or schizoaffective disorder (ICD-10) first time hospitalized between 1990 and 1993, 31 patients rehospitalized between 1994 and 1996 were prospectively investigated (t1, index admission; t2, one-year-follow-up). Both times, psychopathology was recorded by the Positive and Negative Syndrome Scale (PANSS), social disability by the german version of the Disability Assessment Schedule (DAS) and subjective concept of illness by the illness