of treatment ideology upon this syndrome. Our responders were psychiatrists, psychologists and nurses working in psychiatric facilities with predominant orientation towards traditional biological treatment or towards more complex approach including both psychopharmacological and psychotherapeutic treatment modalities. The results of the study were compared with coordinate data gained in psychiatric facilities and social services in Sweden and USA. Our test battery included the well-known Maslach Burnout Inventory, the Burnout Measure by Pines & Aronson. the Bion's Ward Atmosphere Scale and Treatment Ideology Questionnaire, developed in the Umea University, Sweden. It is established that there certainly are transcultural differences in the intensity of the burnout syndrome across various countries and the dissatisfied score of this syndrome correlate with the highest score of Negative Attitude and a low estimation a Family as a resource in the treatment process ($p < 0.01$).

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DELIVERING INFORMATION TO SCHIZOPHRENIC PATIENTS: A REVIEW OF AVAILABLE STUDIES

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Background: The effect of social skills training, family intervention and cognitive therapy in schizophrenia, have been widely investigated, but few studies have assessed the specific impact of delivering information to patients.

Method: A search was performed in the following data bases: Current Content, Embase, and Medline, covering a 25 year period.

Results: Five well conducted studies were selected. (a) Patients' level of knowledge: It was improved in two studies. After a 3 week educational program ($n = 30$) patients' knowledge was increased ($p = 0.0001$) compared to control ($n = 30$) (Goldman, 1988). At 1 month, 3 sessions of information ($n = 22$) was shown to be more effective ($p = 0.0003$) than one ($n = 22$) which was better ($p = 0.002$) than control ($n = 22$) in increasing level of knowledge about illness and treatment (Macpherson, 1996). (b) Compliance: Four studies led to negative results: Macpherson; Boczkowski (1985) in which the psycho-education group ($n = 12$) was not different than the control group ($n = 12$) on the post Session compliance score, whereas the behavioral therapy group was ($n = 12$; $p < 0.01$); Kleinman (1993) for the intra group comparison before and after information; and Atkinson (1996). (c) Quality of life and social functioning: They were improved ($p = 0.002$ and $p = 0.04$) at month 9 by a 20 week educational program ($n = 57$) compared to a waiting list ($n = 73$), in Atkinson's study. (d) Clinical outcomes: Negative symptoms were improved ($p = 0.0068$) in Goldman and in MacPherson's studies. Mental state (BPRS and GAS) was not modified in Atkinson's study.

Conclusion: Despite some encouraging results further studies are still required.

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SCHIZOPHRENIA AND PARKINSONISM VS. LATERALIZATION

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The possibility that normally lateralized aspects of the brain might be anomalous in schizophrenics and parkinsonics has come from several clinical and experimental studies. The aim of this clinical, ex juvantibus, study was to examine whether the brain-lateralized changes (parkinsonism, extrapyramidal drug-induced syndrome) are characteristic feature of schizophrenia and parkinsonism. Thirty patients were included in this study. The sample was divided as follows: 10 patients suffering from Morbus Parkinson, mean age 59.6 ± 5.3, 10 schizophrenics, mean age 27 ± 2.3; and control group of 10 Bipolar I (manic phase) patients, mean age 28.5 ± 3.1. All the patients were right handed. Psychotic patients (schizophrenic and manic) were treated with haloperidol, dose range 10–20 mg/day (without anticholinergic drugs) and parkinsonic patients with l-dopa dose range 750–1000 mg/day. Extrapyramidal syndrome in psychotic and parkinsonic patients was measured by Abnormal Involuntary Movement Scale (AIMS) adapted for laterality (Marinkovic, 1998, to be presented). Intriguing, obtained results were in favor the fact that all the patients (right-handed), regardless their quite different etiopathogenetic entities, expressed right-sided extrapyramidal syndrome, or bilateral one, but with appearance of more right than left. These results implicate that lateralization in parkinsonism and schizophrenia follows normal brain asymmetry-handedness.

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NEUROPSYCHOLOGICAL IMPAIRMENTS AND SYMPTOMS OF SCHIZOPHRENIA

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The relationship of schizophrenic symptoms and measures of neurocognition is unclear. Recently some authors have conceptualized cognitive symptoms as core symptoms of schizophrenia. On the other hand there are schizophrenic patients without functional cognitive impairments. In this ongoing study we look into the relationship of three cognitive and three symptom dimensions. The cognitive dimensions are attention, executive function and verbal memory as assessed with Wisconsin Card Sorting Test, Trail-making Test, Continuous Performance Test, Auditory Verbal Learning Test, Digit-Span, and Digit-Symbol. Schizophrenic symptoms are assessed with the Positive and Negative Syndrome Scale. As earlier studies have shown that the positive/negative distinction is not satisfactory we include the disorganization dimension in the analysis. The sample currently consists of 95 schizophrenic patients (DSM IV/SCID). At the time of assessment patients are in the stabilization phase on stable medication after an acute episode of schizophrenia. The main issue of this analysis is the question whether there are differential profiles of cognitive functioning with respect to symptom dimensions. We will report the results of respective correlation and regression analysis. In addition, we look into the influence of illness stage, diagnostic subcategory (e.g. paranoid vs. undifferentiated schizophrenia) and education. The results will be interpreted with respect to the question whether or not schizophrenia is a single disease entity.

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EXTERNAL VALIDITY OF RANDOMISED CLINICAL TRIALS (RCT'S): IS THERE A SELECTION BIAS IN PSYCHOTHERAPY TREATMENT STUDIES OF SCHIZOPHRENIA?

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The randomised clinical trial is generally regarded as state-of-the-art for showing the efficacy of medical and/or psychotherapeutic

https://doi.org/10.1016/S0924-9338(00)94650-9 Published online by Cambridge University Press