

FC14. Schizophrenia: identification and aspects of treatment

Chairs: T Schütze (DK), W Lemmer (D)

FC14-1

THE OCCURRENCE OF LOW BIRTH WEIGHT, PRETERM BIRTH, AND PERINATAL DEATH AMONG CHILDREN OF SCHIZOPHRENIC WOMEN

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Aim: To test the hypothesis, that certain adverse outcomes of pregnancy are more frequent in schizophrenic women compared with the general population.

Background: Schizophrenia is associated with increased prevalence of lifestyle factors like smoking and substance use, which are known to be predictors of preterm birth, low birth weight, and perinatal death. Therefore increased incidence of these adverse outcomes of pregnancy should be expected among schizophrenic women.

Methods: Data was derived from registers containing information about all childbirths and all admissions to psychiatric departments in Denmark. We compared 2,299 childbirths to schizophrenic women during 1973–93 with 126,346 births which was a 10% random sample of all childbirths in Denmark in the same period.

Results: Average birth weights in the schizophrenic group and the control group were 3,292 g and 3,416 g ($p < 0.001$). The proportions of children with birth weight below 2,500 g were 8.2% and 5.0% ($p < 0.001$). The proportions of preterm births were 5.2% and 3.4% ($p < 0.001$). The children of schizophrenic women had an increased risk of stillbirth or death during the first year of life. The relative risk was 1.70 (95% CI 1.29, 2.21). The reported differences were still present after adjustment for year of birth, sex of child, and mother's age and parity.

Conclusion: Children of schizophrenic women are at increased risk of low birth weight, preterm birth, stillbirth and early death.

FC14-2

EARLY DETECTION AND INTERVENTION IN FIRST EPISODE PSYCHOSIS

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The TIPS study is an international multi-site study (Stavanger, Oslo and Roskilde) of the effect of early detection and treatment of first episode psychosis. Studies of untreated psychosis reveal consistently that patients are often psychotic for very long periods before receiving treatment. Other studies further suggest that intervening early and minimizing the duration of untreated psychosis (DUP) may improve long term prognosis. The study aims to detect whether DUP can be reduced by an early detection program (in Stavanger), and if so, whether non-self-selected DUP is related to the course and outcome. The Middle sector in Roskilde County, Denmark is one of the two comparison sites of the TIPS project. It has a population of 93,000 inhabitants. We have 12–15 first-episodes of psychosis a year. Premorbid, clinical, functional and psychosocial

characteristics of approximately 20 patients included in the project will be presented. Preliminary data on the 13 patients included in the study are as follows: 8 male and 5 female patients, age 20–48, median age 25. Diagnosis: Paranoid Schizophrenia 8, Schizoaffective disorder 1, Disorganized Schizophrenia 2, Psychosis NOS 2. Alcohol and substance abuse was a major problem in 5 of the patients. These patients had a long duration of untreated psychosis, the abuse presumably masking the severe symptoms. Duration of untreated psychosis: 1–988 weeks, median 78 weeks. Prodromal phase: 0–780 weeks, median 278 weeks. Initial GAF ratings: Symptoms 23–38, median 30, functional level: 28–45, median 35. Initial PANSS ratings Positive subscale: 14–25, median 17, negative subscale 7–30, median 12.5. Updated data from the Roskilde site will be compared with the data from the other two sites.

FC14-3

DURATION OF PSYCHOSIS BEFORE FIRST ADMISSION

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Objectives: In an attempt to elucidate the reported relationship between duration of untreated psychosis and prognosis, we examined the factors predicting the delay between onset of psychotic symptoms and first admission

Methods: Consecutively first-admitted patients presenting with psychotic symptoms were drawn from a 250 000 inhabitants urban catchment area. Age at onset of psychotic symptoms was ascertained by interviews with the patient and with family members. Statistical analyses were performed using logistic regression

Results: During one year, 59 patients were included, of whom 49 (83.1%) were neuroleptic-naïve. The median of the delay was 3 months (IQR 0.5–14). A "long" delay (≥ 3 months) was independently predicted by a family history of psychiatric hospitalization (OR = 12.1, 95% CI 1.15–97.0, $p = 0.02$), a low educational level (OR = 0.13, 95% CI 0.02–1.02, $p = 0.05$), a low GAF score during the previous year (OR = 0.93, 95% CI 0.86–0.99, $p = 0.04$) and, at trend level, by a high CGI score at admission (OR = 4.0, 95% CI 0.87–18.3, $p = 0.07$). No association was found between delay and DSM-IV diagnosis or previous psychotropic treatment

Conclusion: As these factors are also known to predict poor outcome, our result suggest that the association between duration of untreated psychosis and poor prognosis is mediated, at least in part, by demographic and clinical variables.

FC14-4

THE DRUG PRESCRIPTION IN SCHIZOPHRENIA: TWO COMPLEMENTARY APPROACHES

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Two epidemiological studies have in France between 1993 and 1998 know a great number of information notably on characteristics of psychotropic drug processings in the schizophrenia. By putting in relationship inquires epidemiological study about schizophrenic mortality (Casadebaig F. Philippe A. Quémada N.) realized in 1993 and in 1996 with the epidemiological study on neuroleptics modes of prescription (Lachaux B.) realized in 1995 and 1998 it is on the