

namely social, professional and marital is minimum or even absent. A score below 6 was recorded by almost half of the patients in both study groups. By using the functioning areas as a criterion of analysis, I conducted that a large percentage (70%) at the disturbances is due the professional and social areas and only 30% are due the marital ones.

### P01.112

#### AUDIBLE THINKING: A SPECIFIC TRAIT MARKER FOR SCHIZOPHRENIA?

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**Background:** Early detection of schizophrenia is an important challenge. It is essential to identify clinical markers to predict schizophrenia and therefore allow an early treatment. "Audible thinking", defined as "hearing one's own thoughts in the form of sounds" could be such a marker.

We used an open standardised questionnaire to record the presence or absence of this symptom, to describe its features and its repartition among psychiatric patients.

A first study compares audible thinking in schizophrenic patients according to DSM III-R (n = 33) versus non schizophrenic patients (n = 70). Results are as follows.

	SP		non SP		p	Sens. <sup>1</sup>	Spec. <sup>1</sup>
aud. think.	26/31	84%	14/63	22%	<10 <sup>-3</sup>	84%	78%
permanent	16/31	52%	4/63	6%	<10 <sup>-3</sup>	52%	94%
long lasting	23/31	74%	10/63	16%	<10 <sup>-3</sup>	74%	84%

<sup>1</sup> Sens., sensitivity; Spec., specificity.

A second study, provides data about an heterogeneous group of 59 psychotic patients diagnosed according to DSM IV (48 schizophrenic patients, 7 schizoaffectives, 4 mood disorders with psychotic features) wich underwent the same interview. Main results are as follows.

audible thinking	permanent	long lasting
34/59	58%	20/59
	34%	25/59
		42%

As we expected, frequency of audible thinking is significantly different (X<sup>2</sup> test, p < 0.01) between groups. But there is a significant association between audible thinking and auditive hallucinations (X<sup>2</sup> test, p = 0.016).

**Conclusion:** Audible thinking is a frequent phenomenon in schizophrenia, usually permanent and long lasting; its appears early in life, before the onset of the disease, and easily detected. It could mark vulnerability to auditory hallucinations and at least some subtypes of schizophrenia.

### P01.113

#### INPATIENT SERVICE UTILISATION IN FIRST EPISODE PSYCHOSIS: PATTERNS AND PREDICTORS DURING THE FIRST THREE YEARS

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**(a) Background to Study:** Some community orientated services report progressive reductions in the proportion of first episode cases

of psychosis admitted to hospital. (Harrison et al. 1991) Little is known however about subsequent patterns and predictors of in-patient utilization. We analysed data from a consecutive series of treated incident cases of psychosis, identified from a geographically defined population. We aimed to: 1.) Profile the pattern of inpatient service utilisation over a three-year period of follow-up and 2) Determine factors associated with admission.

**(b) Design, Variables Studied:** Cohort study of all first episode cases of psychosis (defined as first service contact) ascertained in Nottingham, UK between 1992 and 1994, and followed-up over three years. Diagnostic categories and psychopathological symptom scores were determined from full SCAN interviews (70% of cases) or Item Group Checklists (IGC). Differences between subgroups were analysed using Chi Square and Kruskal Wallis tests.

**(c) Results:** For the 166 patients included into the study the. Median time between first contact and first admission was 3 days (95% CI: 0-9 days). 53% (n = 88) were admitted within 7 days of first contact; 19.9% (n = 33) were never admitted during the three years of follow-up. Those admitted immediately were more likely to have manic symptoms (p = 0.02) and a shorter duration of untreated illness (median 44 days, p < 0.001). Patients admitted after seven days had significantly more negative symptoms (p < 0.001) and a longer duration of untreated illness (median 168 days, p < 0.001). Trends also suggested worse outcome scores on the GAF disability scale at three years (p = 0.05) and a higher proportion of males (p = 0.07) in this 'late admission' group.

**Conclusions:** Community orientated services might delay rather than prevent inpatient service utilisation, especially in male patients with negative symptoms and a long duration of untreated illness. We also found a worrying trend towards a less favourable outcome in this group. Further research into the effect of changing admission patterns on outcomes is needed.

### P01.114

#### MENTAL HEALTH AND MODERN ARMED CONFLICT IN THE CHECHEN REPUBLIC

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**Introduction:** In the modern world the problem of mental health of the people in a zone of the military conflict, gets the increasing urgency. At the same time, for the clear reasons, the disadvantage of the researches executed immediately during an armed opposition, and concerning revealing of character of stressful influence, prevalence and structure of psychopathologic disorders is marked.

**Method:** We examined 138 subjects addressed for the help according to the clinical interview based on ICD-10 criteria.

**Results:** In overwhelming majority of cases the revealed mental infringements can be connected with the acute stress impact which has arisen during last dashing actions, the relative frequency of pseudo-dimensional condition is marked as against from the similar conflicts in other countries, fast rate of formation at the sensitized persons mental disorders was marked in comparison with the previous campaign of battle actions.

**Conclusions:** The acuteness of a problem has amplified in comparison with the last campaign of dashing actions. It would be important to learn from our experiences and to find out common strategies to cope with consequences of military actions and to mitigate the mental health problems among victims of modern war conflicts.