

and knowledge of the subject's inner life is of more benefit both in research and clinical practice.

### ANTHROPOLOGICAL PERSPECTIVES IN PSYCHOPATHOLOGY

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Anthropology is the discipline studying the way man fits into his own environment and shapes his own existence adopting or creating cultural models. *Philosophical* anthropology is mainly concerned with a definition of human nature, *cultural* anthropology with the description of human societies and customs. Applied to psychopathology, anthropology addresses the issue of the relationship between the person and its own vulnerability to mental illnesses. The anthropological style of thinking in psychopathology dates back to the epochal change in western society brought about by the Enlightenment and its emphasis on individualism and reason — as a matter of fact the 'citizen' Ph. Pinel was one of the first to demonstrate that the manifold pictures of mental illnesses were the result of the different *degrees of alienation* of the person. One century later, E. Bleuler relied on the same dialectic principle pointing out his theory of primary and secondary symptoms in schizophrenias — secondary symptoms, such as delusions, being for him the result of *personal reaction* towards more basic disorders. Bleuler's disciple Wyrsh developed this idea pointing out the role of the person in constituting psychotic phenomena, courses and outcomes. The Golden Age of anthropological psychopathology started in the 1930es, along with a strong cooperation with the Phenomenological Movement in philosophy, but in the last two decades the increasing emphasis on quantitative research supported by neo-empiricism contributed to relegate anthropological psychopathology into the limbo of unmeasurable and therefore 'mere' speculation. Such criticism, maybe too severe but not completely undeserved, can be the point of departure of non-reductionistic and *at the same time* quantitative research programs, such as the ones relying on the anthropological reformulation of the vulnerability paradigm.

Identification of distinct behavioral patterns, together with physical and neurological characteristics led to the demarcation of these syndromes, before genetic underpinning through molecular biology was possible. Reviewing the particularly problematic behavior of PWS-patients it is quite surprising to find that a few systematic studies on the effectiveness of drug treatment for these "specific" and "non-specific" maladaptive behaviors have been reported.

Although scientific inquiry in behavioral phenotypes associated with biologically distinct conditions is growing, it is also quite surprising to find that few systematic studies on personality characteristics have been reported.

Current knowledge about the combination of particular behaviors and cognitive patterns of the two syndromes will be reviewed with special attention to the result of a multicenter study aimed at personality profiles.

### REGIONAL SURVEY OF ADULTS WITH LEARNING DISABILITIES (MENTAL RETARDATION) RECEIVING DEPOT NEUROLEPTICS: DRUG USAGE IN THOSE WITH CHALLENGING BEHAVIOURS

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A regional survey of consultant psychiatrists in local learning disabilities (LD) services identified 79 adult service users receiving depot neuroleptics. Consultants completed a data checklist for each subject allowing patient, practice and service factors associated with depot usage to be analysed. Whilst 61 (77%) subjects had psychotic disorders, the other 18 (23%) had various aggressive, destructive, self-injurious, overactive and repetitive challenging behaviours (CB). Compared with subjects with psychotic disorders, those with CB were more likely to be male ( $p = 0.02$ ) and aged under 40 years ( $p < 0.02$ ) with moderate or severe LD ( $p < 0.001$ ).

Compared with subjects with psychotic disorders, those with CB were more likely to experience medication side-effects ( $p < 0.05$ ) and to be prescribed oral anti-cholinergics ( $p = 0.02$ ). Those with CB were also more likely to be receiving concurrent oral neuroleptics ( $p < 0.001$ ) and other psychoactive medications ( $p = 0.03$ ). Discussion of the data's implications will focus on the improvement of psychiatric prescribing and monitoring practices.

## S67. The pathogenesis and pharmacology of challenging behaviour in mental retardation

*Chairman:* WMA Verhoeven

### BEHAVIORAL PHENOTYPES IN CHILDREN AND ADOLESCENTS WITH PRADER-WILLI SYNDROME AND WILLIAMS-BEUREN SYNDROME

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Over the life course persons with Prader-Willi syndrome in contrast to for instance Williams-Beuren syndrome, show problematic behaviors like hyperphagia, aggressive outbursts, self-injury, lability of mood and inactivity.

Both Prader Willi syndrome and Williams Beuren syndrome are examples of syndromes associated with biologically determined handicapping disorders.

### STEREOTYPES AND SELF-INJURIOUS BEHAVIOR; THE PATHOGENETIC ROLE OF STRESS HORMONES AND SEROTONERGIC VARIABLES

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In mentally handicapped persons, a high prevalence of stress related psychopathological disorders seems to be present, such as anxiety-, mood- and impulse regulation disturbances, that may present predominantly with stereotyped behavior (SB) or self-injurious behavior (SIB). It is for this and other reasons remarkably that relatively little attention is paid to the neurobiological systems which functional integrity is essential to cope with stressful stimuli.

Data from preclinical research present compelling evidence that disturbances in the homeostasis of septo-hippocampal cortisteroid and serotonergic receptor systems are critically involved in the pathogenesis of SB and/or SIB and that these behavioral phenomena may be considered as mechanisms with a de-arousal function. The persistent character of these abnormal behaviors may be the result of a biologically deficient feedback mechanism, in which the 5-HT<sub>1A</sub> receptor system is involved critically.

Supportive evidence for this hypothesis can be derived from the observations that plasma levels of the stress parameter beta-