

Using logistic regression analyses, the patient's fundamental attitude to longer-term medication and his satisfaction with the current medication on discharge were identified as prognostic factors. Relatives, friends, colleagues and the media were found to have no influence on the course of medication compliance. Nor did the compliance rate differ significantly between individual preparations or groups of preparations.

The results show that field studies with long-term follow-up periods are an important supplement to the generally short-term clinical studies when dealing with the question of medication compliance.

#### P45.05

Who says what? – Statements by schizophrenics and their psychiatrists on the current neuroleptic medication

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Cooperation based on mutual trust between patients and psychiatrists is a central precondition for successful neuroleptic relapse prevention in schizophrenic outpatients. On the one hand, scientific investigations into treatment compliance are often based on the assumption that the doctors giving the treatment cannot reliably estimate the compliance of their patients. On the other hand, statements made by patients with respect to their medication are seen as unreliable.

These two assumptions were subjected to verification within the framework of a follow-up field study of an unselected cohort of schizophrenic patients (N=169) six months after their discharge from hospital. Subject to the consent of the patients (N=81 / 66), the doctors treating them were interviewed in parallel (response rate 99%).

In the paired comparison, high and significant conformity ( $\kappa=0.729$ ;  $p<0.001$ ) was recorded between the statements made by the doctors and by the patients with respect to different groups of psychotherapeutic agents (e.g. anti-depressants, neuroleptics). The same applied to various groups of preparations (e.g. typical / atypical). With respect to statements on the dose of the preparation, the conformity rate between doctors and patients was 77%.

In contrast, there were major discrepancies in the statements made with respect to the acceptance of supplementary care offers and to re-hospitalisations. According to the present results within the framework of follow-up studies, reliable information on medication, but not on other aspects of psychosocial care, is to be obtained from both patients and doctors.

#### P45.06

Self-control and frontal lobe function in psychosis

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Studies have shown that the experience of self-control in psychiatric patients is related to treatment outcome. In addition, numerous studies have reported frontal lobe dysfunction in groups of psychotic patients. It is however, still unknown to what extent a frontal lobe dysfunction might be related to a subjective experience of self-control in such patients.

**Methods:** The patient group consisted of nineteen subjects with schizoaffective psychosis or schizophrenia (mean age:35 (24–48 years)). Clinical ratings of self-control were made by Structural

Analysis of Social Behaviour (SASB). Brain function was assessed by regional cerebral blood flow.

**Results:** Patients who had relatively low level of subjective self-control (median cut) had relatively lower frontal lobe function, compared to those with higher self-control. The degree of self-control was also significantly correlated with level of perceived external support and involvement.

**Conclusion:** These observations suggest the possibility to identify subgroups of patients who differ in the degree to which they perceive external support in their rehabilitation process, and that such perceptual difference are related to self-control and brain function.

#### P45.07

Cannabis use and the expression of psychosis vulnerability in daily life

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**Objective:** This study investigated in a non-clinical population the interaction between cannabis use and psychosis vulnerability in their effects on psychotic experiences in daily life.

**Methods:** Subjects (n=79) with high or low levels of cannabis use were selected among a sample of 685 undergraduate university students. Experience Sampling Method was used to collect information on substance use and psychotic experiences in daily life. Vulnerability to develop psychosis was measured using a clinical interview assessing the level of psychotic symptoms.

**Results:** The acute effects of cannabis are modified by the subject's level of vulnerability for psychosis. Subjects with high vulnerability for psychosis are more likely to report unusual perceptions as well as feelings of thought influence than subjects with low vulnerability for psychosis, and they are less likely to experience enhanced feelings of pleasure associated with cannabis. There is no evidence that use of cannabis is increased following occurrence of psychotic experiences as would be expected by the self-medication model.

**Conclusion:** Cannabis use interacts with psychosis vulnerability in their effects on experience of psychosis in daily life. The public health impact of the widespread use of cannabis may be considerable.

#### P45.08

Cannabis use and dimensions of psychosis in a non-clinical population of female subjects

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**Objective:** The aim of the present study was to explore the pattern of associations between cannabis use and dimensions of psychosis in a non-clinical population of female subjects.

**Method:** The Community Assessment of Psychic Experiences (CAPE), a 42-item self-report questionnaire that evolved from the Peters et al. Delusions Inventory (PDI) was used to measure dimensions of psychosis in a sample of undergraduate female students (n=571). The participants were also asked to complete a self-report questionnaire collecting information on substance use.

**Results:** Three correlated dimensions of positive, negative and depressive experiences were identified using principal components factor analysis. Frequency of cannabis use was independently

associated with the intensity of both positive and negative psychotic experiences. No significant association was found between cannabis use and the depressive dimension, or between alcohol use and any of the three positive, negative and depressive dimensions.

**Conclusion:** This cross-sectional study supports the hypothesis that exposure to cannabis may induce the emergence of positive psychotic symptoms in subjects without clinical psychosis, and additionally suggests that cannabis users present with greater levels of negative symptoms. Prospective studies are required to explore the direction of causality and the impact of cannabis on the course of psychotic experiences in subjects from the general population.

#### P45.09

Lycanthropy – psychopathology and psychodynamics

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Lycanthropy is the delusion of being transformed into an animal. Keck et al. defined it not only as the subjective feeling verbally announced by the patient but also as the clinical impression of a undoubtedly animal-like behaviour. Lycanthropic symptomatology was reported in diverse psychiatric diseases, mainly in affective and schizophrenic psychoses or induced by psychotropic substances. Psychodynamically this delusional symptom can be interpreted as an attempt to express subconscious affects e.g. aggression. Two case reports and a review of the literature are illustrated and the psychodynamical aspects are discussed.

#### P45.10

"State of suicidality" in schizophrenia – a case report

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The use of violent methods of suicide and a high medical seriousness in suicide attempts of schizophrenic patients is known. Schizophrenic patients have a life-time risk of completed suicide up to 13%. Several risk factors for suicide in schizophrenia have been described but the assessment of suicidality in schizophrenia seems to be very difficult, e.g. because of the abruptness of change of psychopathology.

We report the case of a 35-year-old male suffering from schizophrenia for fifteen years who had never been hospitalised. We describe a "state of suicidality": for several days the acute psychotic patient tried in various violent ways to commit suicide and was at last admitted to the hospital with a severe laceration of one arm. We use the term "state of suicidality" for this rarely described chain of violent suicidal attempts without the patient being able to distance himself through the course of events from his suicidality.

#### P45.11

Effect of risperidone versus haloperidol on sleep in schizophrenics

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**Introduction:** Sleep disturbances are commonly reported in schizophrenia. Risperidone, an atypical antipsychotic, has been shown to improve sleep efficiency in schizophrenic patients.

**Objective:** The current randomised double-blind, parallel group study compared the effects of risperidone and haloperidol on the sleep of schizophrenic patients.

**Methods:** Twenty-three patients were randomised to risperidone or haloperidol. Polysomnography was performed and subjective sleep evaluation was obtained.

**Results:** Adequate sleep data were obtained in 15 patients (risperidone 6, haloperidol 9). The duration of stage 3 slow wave sleep (SWS) increased significantly in the risperidone group (+14 min) versus haloperidol (-3 min). Compared to baseline values, sleep maintenance increased more in the risperidone group compared to haloperidol and tended to be higher at endpoint. The number of short awakenings decreased in the risperidone group, but was unchanged in patients receiving haloperidol.

**Conclusion:** This study demonstrated that sleep maintenance and continuity were improved. There was a significant prolongation of slow-wave sleep with risperidone compared to haloperidol. The positive effects of risperidone on SWS may contribute to a better clinical outcome in schizophrenic patients.

#### P45.12

Genotype-environment interaction in the Finnish adoptive family study

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A nationwide Finnish sample of schizophrenics' offspring given up for adoption was compared blindly with matched controls, which were adopted offspring of non-schizophrenic biological parents. Adoptive families have been investigated in their homes. Individuals at genetic risk showed the greatest vulnerability to environmental adversities in 19 years follow up. In addition, the MR results are compatible with the hypothesis that healthy rearing environment can have protective effect. Genotype-environment interaction can be defined as a genetic control of sensitivity to environmental factors, or environmental control of gene expression. It is possible that neither the genetic susceptibility nor the risk factor can influence the disease risk by itself, but risk is increased when both are present. These and other examples are important in that they illustrate that a genotype associated with a disorder may not indicate any genetic role in the causal pathway to the disorder but may identify who is or is not susceptible to an environmental causal factors.

#### P45.13

Predictors of admission status in first episode schizophrenia

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**Objective:** To examine predictors of involuntary admission in consecutive cases of first episode schizophrenia from a geographically defined catchment area.

**Method:** We assessed individuals presenting to a catchment area service with first episode schizophrenia, using the Positive and Negative Symptom Scale (PANSS) and Structured Clinical Interview for the DSM-III-R (SCID).

**Results:** Seventeen (23%) of the seventy-three patients with first episode schizophrenia were admitted on an involuntary basis. Involuntary patients had a mean age of 33.0 years (SD=12.6) which was significantly higher ( $p<0.05$ ) than that of voluntary patients (25.4 + 7.3). Gender, marital status, drug misuse and living alone