

of the negative spectrum followed by positive and general behavioral ones. Concerning schizophrenia the symptoms can be considered as negative symptoms and the accessory symptoms consequently as positive symptoms (Bleuler, 1924). Pathological psychology deals with disturbed expression of normal mental functions, and "hedonia" is one of the most fundamental attributes of a man as a social creature. Anhedonia is the first negative of vital brain properties. Deficits in social functioning are key characteristics of schizophrenia as defined by DSM IV. Such deficits are associated with poor prognosis and low quality of life. Thus, patients with predominant negative symptoms are among the most socially impaired people with mental illness.

GRAPHIC REPRESENTATION OF PSYCHIATRIC INPATIENT MEDICATION

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Psychiatrists managing inpatients usually rely on treatment sheet prescriptions and data to monitor and review medication. It is relatively easy to recall and visualize the medication given when the patient has been in hospital only a short time and the number of medications prescribed are few. It is much more difficult and time consuming to review and visualize the medication given when the patient has been in hospital for a longer period and when the number of medications is large and when there have been a number of changes to medication and dosage. A particular method of graphic representation of the medication given to the patient has been developed to overcome these difficulties. The spreadsheet and graphing capabilities of an available commercial computer program were used and in practice the graphs are produced when needed to assist with management review. Examples of the graphs are provided to demonstrate the advantages.

DESCRIPTION OF A SAMPLE AT HIGH RISK FOR SCHIZOPHRENIA AND CONTROLS

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Background. This sample and the data presented form an interim report of a large ongoing prospective family study being conducted in Edinburgh and funded by the MRC.

Recruitment details 70 subjects (mean age = 22.1, sd 2.6; 48% male) who had at least 2 relatives with schizophrenia (one first degree and at least one other) were recruited and compared with 25 normal controls (mean age 21.8, sd 2.4; 52% male). Of the subjects 7 were recruited from High Density families, 33 had a parent with schizophrenia and one other affected relative; 50 had a first degree relative with schizophrenia and another affected relative. No first or second degree relatives of controls suffered from psychotic illnesses. An attempt was made to match for paternal social class.

Methodology Both subjects and controls were interviewed for general background details including: educational attainment, employment status, alcohol use, drug use, early language development, and forensic history. They also completed the SADS-L, RISC (Rust Inventory of Schizotypal Cognition's), and the SIS (Schizotypy Interview Schedule).

Neuropsychological parameters were assessed using the WAIS-R, Word Fluency, Semantic Fluency, Stroop test, and the Hayling Sentence Completion test. The WAIS-R results were correlated with educational attainment and social class.

Results The SADS-L revealed that 36% of the subject group compared with 2% of the controls ($p = 0.01$) had a history of psychiatric events (for example childhood psychiatric contact, major depression and anxiety disorder). There was a trend towards an increased incidence of forensic history and juvenile delinquency in the subject

group. The subject group demonstrated a significantly reduced full scale I.Q when compared to the control group (mean = 98.81, sd 13.60 versus mean 106.69, sd 15.18; $p = 0.02$). The full scale I.Q correlated with educational age ($r = 0.53$; $p = 0.09$) and educational attainment ($r = 0.44$; $p = 0.03$) in the control group but only with educational age ($r = 0.28$; $p = 0.02$) and not educational attainment ($r = 0.06$; $p = 0.64$), suggesting that the subject group may fall short of achieving their educational attainment.

AMYGDALOTOMY FOR UNCONTROLLABLE RAGES (CASE REPORT ON PERSON WITH SCHIZOPHRENIA)

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A 32 year man, with history of Chronic Paranoid Schizophrenia was socially disabled by uncontrollable violent behaviour, leading to multiple admissions to psychiatric hospitals and prison sentences, for inappropriate violence. He had received prolonged courses of Anti-psychotic Medication and Electro-convulsive Therapy without any apparent benefit. As a last resort, he consented to a neurosurgical procedure, to obtain relief from his condition. Mental Health Commissioners under Section 57 Mental Health Act ratified this procedure.

Operation on 23.10.88 of Bilateral Medial Amygdalotomy was carried out by Professor Hitchcock in Birmingham. This identification and localization of Amygdala by computerized tomography with contrast material in ventricles. The patient tolerated the procedure well, his aggression was controllable and behaviour showed great improvement, post operatively he settled well in the community, needing a reduced doze of anti-psychotic medication. He was followed up by Dr. Paul Bridges from Guys Hospital and at Kent & Canterbury Hospital till on 24.5 94, aged 49 yrs, he expired due to myocardial infarction associated with coronary artery atheroma.

Multi-disciplinary Studies reported in literature show that for schizophrenics with uncontrollable behaviour, bilateral stereotectic amygdalotomy is beneficial for some selected patients.

THE RELATIONSHIP BETWEEN DEPRESSION AND NEGATIVE SYMPTOMS IN SCHIZOPHRENIA: COMPARISON OF CLINICAL ASSESSMENT AND THE DEXAMETHASONE SUPPRESSION TEST

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Background Dexamethasone non-suppression has been a significant finding in schizophrenia. Some studies have attributed this to depression in schizophrenia whilst others report that negative symptoms are associated with hypercortisolaemia. These studies have been limited by small sample size, inadequate operational criteria and failure to measure both depression and negative symptoms. **Objectives.** To examine the effect of depression and negative symptoms on the dexamethasone suppression test in patients with schizophrenia. **Method** Sixty-four patients fulfilling DSM IV criteria for schizophrenia were randomly selected. Patients with alcohol and drug misuse, significant medical condition, in-patient status less than one week, and age over 65 were excluded. Patients were screened for depression as defined by DSM IV criteria. All patients were rated on 1. Brief Psychiatric Rating Scale (BPRS), 2. Scale for Assessment of Negative Symptoms (SANS) 3. Hamilton Rating Scale for Depression (HRSD). Past history of a suicide attempt was also recorded as being present or absent. The 1 mg dexamethasone suppression test was administered at 10 pm and cortisol and dexamethasone levels were measured at 4 pm the next day. **Results** 64 patients were recruited: 52 males and 12 females (mean age 37.5 years SD \pm 10). Twenty-three patients fulfilled DSM IV criteria for major depression (34%) of whom 7 were borderline; 28 patients had a history of parasuicide (44%). Three patients