

### SOCIO-CULTURAL PATHOMORPHOSIS OF DELUSION (COMPARATIVE ANALYSIS OF DELUSION CONTENT IN 1983 AND 1993 IN UKRAINE)

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Nowadays in Ukraine it is noted the peculiar pathomorphosis of mental diseases reflecting new social and economic conditions, values, and general world view of society.

The investigation is aimed to study of the character of changes in clinical manifestations of delusions influenced by socio-cultural factors.

For this purpose the contents of delusions in 1983 and in 1993 were compared. The data were obtained from case histories of male patients first hospitalised in psychiatric hospital of Kyiv with prevailing delusion disturbances. According to these criteria 140 case histories (the mean age of patients was 35.3 years, SD = 14.1, range 18–86) were included in the group of 1983 and 121 case histories (the mean age of patients was 31.7 years, SD = 12.1, range 16–69) were included in the group of 1993.

While analysing contents of delusions we have found that in 1983 non-differentiated delusions involving people and actual environment (17.6%), stories based on domestic issues (14.0%), on job issues (12.6%), on persecution of KGB and police (8.6%), on political issues (8.2%) were the most offend. In the sample of 1993 the stories reflected religious issues, non-differentiated delusions, stories based on evil forces, putting a jinx on and witchcraft, on bioenergetic ideas (extrasensors, bio-fields), on domestic issues were prevailing and constitute 17.6%, 15.5%, 9.4%, 8.8%, 8.3% respectively.

Thus, there is an obvious tendency of transition from rational interpretation of psychopathological experience to irrational one. This tendency reflects spiritual context of post-communist society determined by devaluation of communist ideology and associated with the dissemination of new information concerning traditional and non-traditional religious, mystic, occult directions.

### SUBJECTIVE AND OBJECTIVE SLEEP IN SCHIZOPHRENIA

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In order to perform a study in schizophrenic patients, comparing double-blind the effects of haloperidol and risperidon on sleep EEG parameters, we first evaluated the subjective experience on sleep in this population. 93 clinically stable out-patients (46 M, 47 F; mean age 47 Y), using oral neuroleptics and without acute psychotic symptoms, were asked about their sleep: 1. do you have problems with your sleep? If yes 2. problems with falling asleep? 3. problems with maintaining sleep? 4. early awakening?

35 patients (37.6%) complained about their sleep in general. Early insomnia was reported by 26%, middle insomnia by 23% and early awakening by 16% of the patients. Hypnotics were used by 33 patients (35.5%) of whom 14 still had complaints. Diagnosis of affective psychosis resulted in significantly more sleep problems (46.2%) compared to patients with a diagnosis of schizophrenia (30.4%). *Conclusion:* sleep problems are common in schizophrenics and are more related to the diagnosis than to the kind of neuroleptic used. Since hypnotics seem not to be very effective in this population, research of antipsychotics (D2-antagonists) in combination with sleep improving properties (5HT2-antagonism) is deemed necessary. Specifically the 5HT2 antagonist should restore the defective Slow Wave Sleep (SWS), generally found in schizophrenics and probably related to negative symptomatology.

34 patients (22 M, 12 F) entered the double-blind sleep EEG trial:

completed the whole study (n = 16); drop-out due to side-effects and aggravation of symptoms (n = 8); exclusion sleep efficiency > 80% (n = 8); still in trial (n = 2). At baseline a statistical significant positive correlation is found between general psychopathology (PANSS scale), REM latency and superficial sleep. A negative correlation was found with SWS and REM sleep. Since the medication code will be broken at the end of the whole trial period, the effects of haloperidol and risperidon on sleep are not yet known.

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### THE EFFICACY AND SAFETY OF 28-DAY TREATMENT WITH ZIPRASIDONE IN SCHIZOPHRENIA/SCHIZOAFFECTIVE DISORDER

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This was a double-blind, randomized study comparing the safety and efficacy of treatment with ziprasidone (an antipsychotic with combined antagonism at 5HT<sub>2A</sub> and D<sub>2</sub> receptors) and placebo in patients with an acute exacerbation of schizophrenia or schizoaffective disorder. After a 4 to 7-day placebo washout period, patients were given 20 mg or 60 mg ziprasidone or placebo twice daily for 28 days. A total of 131 patients were included in the intention-to-treat efficacy analysis and 76 patients completed the trial. There was a statistically significant improvement in psychotic symptoms versus placebo in the 120 mg ziprasidone group, as measured by the total BPRS and CGI scores. Evaluations for parkinsonian symptoms, akathisia, abnormal movements, and sedation did not reveal any notable treatment effects. There were no notable treatment differences in the incidence or severity of adverse events, laboratory test abnormalities, or serious adverse events. This study, therefore, showed that 60 mg ziprasidone twice daily was an effective dose in this group of patients.

### NEGATIVE SYMPTOMS AND BEHAVIOUR IN SCHIZOPHRENIC PATIENTS

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*Introduction and Aims:* The past five years have brought major advances in the understanding of schizophrenia in three major areas. First, advances in brain imaging techniques, especially magnetic resonance imaging (MRI) and refinements in neuropathological techniques have focused much interest on the pathophysiology of schizophrenia. Second, after the introduction of atypical antipsychotic drugs (clozapine, risperidone, etc.) there has been a significant amount of research regarding the negative symptoms of schizophrenia. Third, as drug treatments improve and as a solid biological basis for schizophrenia is recognized, there is an increase in interest in the psychosocial factors affecting schizophrenia. Thus, recently a great deal of scientific concern is encouraged by behavioral factors in schizophrenia. This preliminary work aims at studying apparent and overt behavioural variables in chronic schizophrenic patients undergoing treatment and follow-up in a University Hospital. *Method:* 1. *Subjects:* Thirty chronic schizophrenic outpatients. 2. *Material: Rating Scale.* The Spanish version of PANSS (Positive and Negative Syndrome Scale) of Kay et al. (1987) was applied to the sample during the assessment and treatment routine in the outpatient facility. *Results:* Passive Social Withdrawal (2.77, s.d. 1.70), Emotional Withdrawal (2.43, s.d. 1.22), Hallucinatory Behavior (2.43, s.d. 1.65), Active Social Avoidance (2.20, s.d. 1.40) and Poor Impulse Control (2.03, s.d. 1.63) are the variables that record higher mean scores. *Discussion & Conclusions:* The highest scores correspond to behavioural variables

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 IQ 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 IQ 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 Antipsychotic 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 dose 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 stereotactic 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 hypercortisolism. 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