

**P39.09**

Quality of life psychotics during the aerial bombing of Yugoslavia

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**Background:** Quality of life has been defined as the subjectively and objectively measured 'goodness of life' including health, physical environment, and material circumstances.

**Objectives:** The quality of life was evaluated in the group of chronic psychotic patients who attended psychosocial club in Day unit more than 6 months before and during the bombing in 1999.

**Method:** We used Global Assessment of Functioning Scale (GAF) as measured of quality of life in sample of 34 patients. The most of them were schizophrenics (61,8%), with mean aged of 34,2 years old, unemployed, single, living with parents, with mean aged of 22,8 years of onset of illness.

**Results:** Mean GAF score was  $54,6 \pm 4,2$  before and  $55,1 \pm 4,6$  after the bombing without statistical difference ( $p < 0,05$ ) in the level of moderate symptoms and difficulty in functioning.

**Conclusions:** The majority of our patients had more intensive interpersonal relations and used active coping styles during bombing. It is confirmed that more frequent therapeutic contact and maintains therapy with neuroleptics help to prevent relapse of psychotic disorders.

**P40. Psychotic disorders – other****P40.01**

Prader-Willi syndrome and atypical psychoses

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More than 20 years after the original identification of Prader-Willi Syndrome (PWS), the genetic abnormality appeared to comprise del15q11-13. Subsequently, it was recognized that in a substantial number of PWS patients, deletions were found on the chromosome 15 that originated from the father only. Consecutive research demonstrated that the phenomenon of genomic imprinting is also involved in the genetic etiology of PWS, in that maternal uniparental disomy (UDP) is present in approximately 25 percent of the patients.

Concerning the pathophysiology of PWS, appetite control, undersized sex organs, insufficient growth during puberty, temperature instability and altered pain threshold as well as disturbances in the sleep-wake cycle, all witness the existence of a hypothalamic disorder.

With respect to behaviour, a variety of behavioural difficulties may become prominent which include temper tantrums, stubbornness, impulsivity, mood lability, obsessive rituals, self-injury especially through skin picking, emotional and psychological problems as well as sleep abnormalities. Regarding psychopathology, emotional turmoil, anxieties, confusion, mood swings and psychotic features have been reported.

The present study includes 16 patients who were referred to the first author because of psychotic deterioration and increase of behavioural abnormalities. The most prominent symptoms were: emotional turmoil, anxiety, confusion, rapid mood swings, hallucinatory experiences, paranoid ideation and an increase of obsessive rituals. Psychotic episodes were characterized by subacute onset, short duration and full recovery upon treatment with mood stabilizing agents. Thus, this type of psychosis meets the ICD-10 criteria of cycloid psychosis.

**P40.02**

Evolution of epileptic psychosis

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The term "Schizoepilepsia", which was widely spread at the beginning of 20 century, is not meeting during the last years. The cause of it is not only the new methodology of psychopathologic diagnosis among epileptic patients, but it connected with pathomorphism of clinic and disease, which was happened especially among young patients. Clinic-population analysis of 2542 case records of epileptic patients for 10 years was held. Among hospitalized patients of special epileptic department of Moscow Scientific Institute of Psychiatry the specific gravity of patients with acute and chronic psychosis decrease from 17 % in 1991–1992 to 10 % in 2000. Depressive-paranoid, depressive-hypochondriac and paranoiac ideas are predominate among leading psychopathologic syndromes. Tendency to growth of frequency of nonpsychotic and personality disorders is watching clearly. Syndromes of psychic automatism's and catatonia are meeting seldom.

**Conclusion:** Comparative clinic-statistical analysis frequency of psychosis among epileptic patients certificate about tendency to reduce of its specific gravity among patients of psychiatric hospitals. Medicaments pathomorphism which connected with widening spectrum of effective anticonvulsant with normotymic and prophylactic psychotropic effects may be a certain determined factor.

**P40.03**

Period of adolescence – psychiatric differentiation of symptomatology

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The period of adolescence is of special importance because some of serious psychiatric disorders (e.g. endogenous psychoses) begin at this age. Clinical picture which manifests these disorders is often "introduced" as a variation of adolescent crisis or specific psychopathological disorders characteristic for the period of youth. It is necessary, according to clinical experience, to make essential difference, in spite of their phenomenological similarities, between psychopathology of adolescent crisis and psychopathology which only coincides to adolescent crisis but which acted as a promoting factor for deeper psychopathological manifestation. In this paper the authors pay special attention to psychoses of developmental period, as the most severe and the deepest degree of psychopathological disorders, and which can be of schizophrenic and affective type. Marginal cases, like disharmony between and inside the structure and their functions with expresses phenomena of neurotic and psychotic type, are also considered.

**P40.04**

Risperidone oral solution versus haloperidol injection

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Patients in acute psychosis were recruited from 20 US centers. DSM-IV diagnoses included mania, acute exacerbation/newly diagnosed/chronic schizophrenia or schizoaffective disorder, acute paranoid reaction, or delusional disorders. The primary efficacy

variable was a change from baseline to 1 hour on the 5-item PANSS cluster. After a 6-hour washout of all antipsychotics and benzodiazepines, 162 patients were randomized to receive 2 mg of an oral liquid solution of risperidone (+2 mg of lorazepam) or 5 mg of IM haloperidol (+2 mg of lorazepam) and evaluated for 24 hours. Data from this study will be used to assess the efficacy and safety of oral liquid risperidone administration and evaluate the use of noninvasive treatment as a viable option for patients in acute psychosis.

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#### P40.05

Formal clinical characteristics of delusional beliefs in psychotic depression

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**Objectives:** The aim of the study was to investigate the formal characteristics of delusional beliefs (DB) in unipolar psychotic depression.

**Methods:** The sample consisted of 66 consecutively admitted unipolar psychotic depressives (DSM IV criteria). The patients' DB were assessed on a semi-structured interview by means of three point ordinal scales of thirteen formal characteristics. All patients were also examined on HRSD and MMSE.

**Results:** Clarity and logicity (1) in form, lack of bizarreness (2), high rates of conviction (3), interference (4), emotional impact (5) and congruence with the affect (6), low rates of dismissibility (7), resistance (8), generalization (9), and affection to patients' overt behaviour (10), emerged as the most characteristic features of DB. Also, their systematization (11) and intersubjective evidence (12) were at a moderate degree and their duration (13) lasted less than 6 months. Patients with mood incongruent psychotic features scored lower on HRSD total score than patients with mood congruent and mixed psychotic features ( $\chi^2=10.6$ ,  $p=0.005$ , Kruskal-Wallis test). A Principal Component Analysis led to the extraction of four factors (delusional strength, cognitive disintegration, coherence, acute upsetting) with eigenvalues  $>1$ , jointly accounting for 57.6% of the variance. **Conclusion:** The DB of psychotic depressives may be better viewed as multidimensional phenomena which vary along a number of dimensions.

#### P40.06

Psychotic disorders related with the abuse of substances

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The present study tries to describe the patient's profile entered with the psychosis diagnosis due to the consumption of hallucinogenic substances (F1x. 5 - CIE-10), in the Unit of Sharp of the University Hospital San Cecilio (Granada), between January of 1995 and December of 2000, being a majority group between the 19 and 27 years, a high percentage of patient consumers of alone cannabinoids or in association (36%), what is in contradiction with the benign character that is attributed him; a high percentage of subject with associate psychiatric comorbidity; and a minimum percentage of hospital reentrance.

(1) Solomon J, Zimberg S, Shollar E (eds.) Dual diagnosis. Ediciones en neurociencias, Barcelona. 1996.

#### P40.07

Pharmacotherapy for ADHD in children and adults in the Scandinavian countries

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Scientific research and clinical experiences give strong support for the great value of pharmacotherapy with central stimulants (methylphenidate, dextroamphetamine) as part of treatment for ADHD. However, the principles for medication differ between various countries, including Scandinavia. In the year 2000 in Norway 0,35 %, Denmark 0,16 %, but in Finland only 0,02 %, of children and adolescents were on such medication. In Sweden the level of use was the same as in Denmark. An obvious increase of stimulant medication has been noticed in the country during last years and because of that and of earlier epidemic abuse of stimulants in the country the rules for prescription and follow-up are very well structured. For adults with ADHD Norway has a very clear organization for this kind of pharmacotherapy, while the situation in Sweden, Denmark and Finland is more obscure. The paper gives an over-view of different kinds of stimulant medication, its effects and side effects as well as the regulatory systems in the Scandinavian countries. Also included is a summary of alternative kinds of pharmacotherapy in ADHD and comorbid disorders.

### P42. Psychotherapy

#### P41.01

Pain thresholds and serotonin receptor 2A gene polymorphism in schizophrenic families

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Serotonin system influences a number of behavioral functions including pain sensitivity and is supposed to take a part in pathogenesis of schizophrenia. We studied pain thresholds and a number of other psychophysiological and personality parameters in 33 schizophrenic patients and 65 their first-degree relatives, who were genotyped for the serotonin receptor 2A (5HT<sub>2A</sub>) gene polymorphism. Patients and their relatives did not differ from 22 healthy controls on pain sensitivity. Parents had significantly higher pain thresholds than patients and sibs. In the patients 2/2 genotype was associated with an increase in pain thresholds, more negative symptoms and lower scores of anxiety-related personality traits. In the group of relatives, persons with 2/2 genotype had significantly lower pain thresholds than those with 1/1 and 1/2 genotypes. These preliminary results do not support the idea that pain sensitivity may be a psychophysiological marker of genetic predisposition to schizophrenia. However, the results indicate that an increase in pain threshold might be one of the traits associated with a "negative" subtype of schizophrenia.