

**Discussion:** Concepts and misconceptions concerning protective and risk factors must be discussed in the light of cultural and circumstantial interferences. Harm reduction strategies should be seriously considered.

### FC06.05

Predicting an effective treatment for alcohol dependent patients

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**Aims:** To ascertain factors associated with adherence and relapse among alcohol dependents.

**Methods:** Three hundred alcoholic patients were interviewed at hospitalization and again 3 and 6 months thereafter. Assessment included the SCID-I to check for the presence of Axis I mental disorders, a questionnaire focusing on patient relationship with AA groups, and specific questions about participation in psychotherapy. A logistic regression analysis was performed to determine predictive variables for relapse and adherence.

**Results:** Previous treatment for alcohol dependence (OR=3.65; CI:1.77-7.05) and being single (OR=2.39; CI:1.06-5.42) proved to be associated with relapse, whereas adherence to AA mutual-help groups (OR=0.31; CI:0.15-0.66), presence of a co-morbid depressive disorder (OR=0.46; CI:0.23-0.92), and probably adherence to psychotherapy (OR=0.52; CI:0.26-1.04) could be associated with abstinence. Higher educational level was predictive of adherence to AA (OR = 2.19; IC 1.08-4.41). Besides higher educational background (OR = 3.60; CI 1.6-7.9), the presence of a co-morbid depressive disorder (OR = 3.47; CI 1.8-6.5), the use of other drugs together with alcohol (OR = 3.08; CI 1.5-6.19), and having been previously treated (OR = 2.87; CI 1.29-6.40) were related to adherence to psychotherapy. The presence of a substance-induced anxiety disorder emerged as a factor of non-adherence to psychotherapy (OR = 0.27; CI 0.63-0.003).

**Conclusion:** These findings reinforce the importance of psychotherapy and AA groups as strategies for alcoholics to remain abstinent for longer periods. The identification of predictors of adherence and relapse are important to guide clinicians in the choice of the treatment strategies more likely to be successful.

### FC06.06

Heroin assisted treatment for opioid-dependence: a randomized controlled trial in Germany

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A substantial number of opiate dependent patients does not benefit sufficiently from methadone based treatment. Aim of this study was to explore the effectiveness of heroin-assisted treatment in methadone patients who continue intravenous heroin use and in heroin dependent patients currently not in treatment. The trial was designed as an open-label multi-centre randomised controlled study, 1,015 heroin dependent patients, either continuing intravenous heroin use while on methadone maintenance or currently not in treatment, received a variable dose of either injectable heroin (N=515) or oral methadone (N=500) for 12 months. In an ITT analysis, two response criteria, improvement of physical and/or mental health and decrease in illicit drug use, were used. Retention was higher in the heroin (67.2%) than in the methadone group (40.0%) and the heroin group showed a significantly greater response than the methadone group on both

primary outcome measures. More SAEs related to the medication were found in the heroin group, mainly associated to the intravenous use of the substance. Heroin-assisted treatment is more effective than methadone maintenance treatment for opioid dependent persons who continue intravenous heroin use while on methadone maintenance or who are not enrolled in treatment. Despite a higher risk, it should be considered as an option for these treatment resistant patients provided it is administered under medically supervised conditions.

### FC06.07

Reasons for increased rates of violence among persons with schizophrenia

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**Background and Aims:** Evidence suggests that persons with psychiatric diagnosis born in late 1940s and 1950s are at higher risk for violent behavior than other psychiatric patients from two reasons: 1/ these generations received inappropriate mental health care associated with deinstitutionalization; 2/ their individual characteristics may have differed because of factors, which affected their prenatal and perinatal period. The fact that between 1949 and 1989 Czech socialist health care system ignored the deinstitutionalization policy provides the opportunity for us to test this theory.

**Methods:** During our previous work we collected data on prevalence of violence in four cohorts of schizophrenic in years: 1949, 1969, 1989 and 2000. Using the chart records all 572 patients were re-diagnosed. Only those patients (N=404) meeting the DSM IV criteria for schizophrenia were included in the study. For the purposes of this study we divided all 404 patients to the three groups: Patients born before 1946 (N=249), patients born in late 1940s and 1950s - between 1946 and 1959 - (N=84), and patient born after 1959 (N=71).

**Results:** We tested the association of categorical year of birth (< 1946, 1946-1959, > 1959) and found no association (unadjusted and adjusted for cohort, observation years and gender) of year of birth and violent behavior (Pearson chi<sup>2</sup> = 0.2798, Pr = 0.869).

**Conclusion:** Our findings suggest that only organizational changes are responsible for increase risk of violence.

### FC06.08

Posttraumatic stress disorder in a Swiss offender population

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Many empirical studies have repeatedly shown an increased prevalence for Posttraumatic Stress Disorder (PTSD) in delinquents when compared with the general population - lifetime prevalence varying between 33% and 36%, and point prevalence between 17% and 21%.

The aim of this study was to examine whether these findings are valid for offenders detained in Switzerland.

The sample consisted of 86 offenders administered by the Zurich Office of Penal Correction. In order to control for over-reporting of traumatic life events three sub-samples (remand, sentenced/inpatient and sentenced/outpatient) were analyzed, the assumption being that

these three groups have a different need to over-report. PTSD was diagnosed using the PDS (Posttraumatic Diagnostic Scale), a self-rating instrument for diagnosing PTSD according to the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Version IV).

Point prevalence of PTSD was conservatively estimated at 27%. The three sub-samples did not differ in PTSD prevalence when adjusted for potential demographic differences. Seventy-five percent of the subjects had experienced at least one traumatic event that matched the criteria for a traumatic event according to the DSM-IV. The Median number of traumatizing life events according to the PDS was four in the examined sample.

Thus in this sample of male prisoners in Switzerland the point prevalence of PTSD was slightly increased compared to other international studies.

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## S47. Symposium: PRODROME-BASED EARLY INTERVENTION IN THE COURSE OF SCHIZOPHRENIA

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### S47.01

Results of the German Research Network on Schizophrenia: Early intervention in the initial prodromal phase

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**Background and Aims:** To determine whether a differential state specific intervention in the initial prodromal state is effective for preventing progression to psychosis.

**Method:** 128 patients in the early initial prodromal state (EIPS) were randomized to receive either a comprehensive cognitive behavior therapy (CBT) intervention or supportive counseling (SC) for 12 months. 124 patients in a putatively late initial prodromal state (LIPS) were randomly assigned to a needs-focused intervention (NFI) or to NFI plus amisulpride.

**Results:** In the EIPS trial Kaplan-Meier estimates of the risks of transitions to LIPS (5.3% vs. 18.5%,  $p=0.032$ ), psychosis (1.6% vs. 13.8%,  $p=0.020$ ) and schizophrenia (none vs. 13.8%,  $p=0.005$ ) at month 12 were statistically significant lower in the CBT group than in the SC group. In the LIPS trial Amisulpride+NFI produced superior effects to NFI alone on attenuated and full-blown psychotic symptoms, basic, depressive and negative symptoms and global functioning at week 12.

**Conclusion:** First results indicate that a differential intervention to the initial prodromal state is effective for preventing progression to psychosis.

### S47.02

The OPUS trial: Transition from schizotypal disorder to psychotic disorder. A RCT of integrated treatment and standard treatment

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**Background:** Only a few randomized clinical trials have tested the effect on transition rates of intervention programs for patients with sub-threshold psychosis-like symptoms.

**Aim:** To examine whether integrated treatment reduced transition to psychosis for first-contact patients diagnosed with schizotypal disorder.

**Methods:** Seventy-nine patients were randomized to integrated treatment or standard treatment. Survival analysis with multivariate Cox-regression was used to identify factors determinant for transition to psychotic disorder.

**Results:** In the multivariate model, male gender increased risk for transition to psychotic disorder (relative risk = 4.47, (confidence interval 1.30-15.33)), while integrated treatment reduced the risk (relative risk = 0.36 (confidence interval 0.16-0.85)). At two-year follow-up, the proportion diagnosed with a psychotic disorder was 25.0 percent for patients randomized to integrated treatment compared to 48.3 percent for patients randomized to standard treatment.

**Conclusion:** Integrated treatment postponed or inhibited onset of psychosis in significantly more cases than standard treatment.

### S47.03

Results of the German Research Network on Schizophrenia (GRNS): Prodrome-based treatment in first-episode schizophrenia

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**Background and Aims:** After a first episode in schizophrenia, maintenance treatment is recommended for at least 1 year. In addition to maintenance treatment or particularly in case of drug discontinuation prodrome based early intervention is a recommended (supplemental) long-term treatment strategy to prevent relapse. Drug discontinuation, although inferior to maintenance treatment in multiple-episode patients, showed comparable relapse preventing results in first-episode patients (Gaebel et al. 2002). However, more empirical data is strongly needed, to evaluate this treatment strategy in first-episode patients.

**Methods:** Accordingly, a 2-years long-term trial in first-episode schizophrenia was conducted within the GRNS. In the first treatment year, maintenance treatment with risperidone was compared to treatment with (low-dose) haloperidol (randomized double-blind design). In the second treatment year, continued neuroleptic treatment was compared with stepwise drug withdrawal (randomized design) both supplemented by prodrome-based early intervention.

**Results:** From the 96 patients after 1-year maintenance treatment, about 50% were not eligible for both treatment strategies due to doctors concerns (particularly to discontinue drug treatment) or to patients decision. Likewise to the first treatment year, relapse rate is very low, and preliminary results seems to indicate a higher risk for relapse and deterioration after drug discontinuation. Early recognition of relapse based on prodromal symptoms and other early warning signs showed satisfactory results with the highest relapse predictive validity for a composite score of unspecific prodromes.

**Conclusions:** The results emphasizes the need to evaluate and provide various effective long-term treatment strategies to take patients conditions and circumstances into account.

### S47.04

The MESIFOS-trial: Treatment strategies in remitted first episode psychosis