reintegration and the subjective perception of a drug's benefit/risk profile.

SS-09-02

Efficacy beyond the PANSS

H.-J. Möller. *Ludwig-Maximilians-Universität Klinik für Psychiatrie, München, Germany*

With the advent of the second generation antipsychotics the concept of efficacy criteria has changed. In the time of traditional neuroleptics, efficacy in reducing positive symptoms was the primary and more or less single goal. Nowadays efficacy is also conceptualised in terms of negative symptoms and even depressive symptoms. A large amount of evidence is available that second generation antipsychotics are advantageous in this respect. However, there is even a focus on additional domains of efficacy, domains which are not primarily covered by applying the widely used standardised rating scales. Especially cognitive disturbances are seen as a major treatment goal in schizophrenia. There is evidence that second generation antipsychotics have more pronounced influences on these cognitive disturbances than traditional neuroleptics. These positive findings appear not to be mediated by differences in symptoms or side effects between second generation antipsychotics and the traditional neuroleptics. The subjective dimension of the patients themselves is increasingly also included as an outcome domain. Especially quality of life measurements are more and more frequently integrated as a part of the drug evaluation in schizophrenia research. Several results indicate that second generation antipsychotics are favourable compared to traditional neuroleptics in terms of quality of life. Although this does not appear to increase patient compliance to a great degree, as is demonstrated particularly by long-term studies, at least the principal acceptance of second generation antipsychotics by patients is better than it used to be with the traditional neuroleptics.

SS-09-03

EUFEST: A randomized pragmatic long-term trial in first episode schizophrenia

R. Kahn, H. Boter. *University Medical Center, GA Utrecht, Netherlands*

Objective: Second generation antipsychotics have proven to be at least as effective as the earlier antipsychotics in treating schizophrenia and preventing relapse. Clinical trials have also persistently shown a lower incidence of extrapyramidal side effects with the newer agents. However, most of the studies comparing the second generation drugs with the older antipsychotics have been conducted in more or less chronic patients with schizophrenia. Another problem is even more pervasive: studies examining drug effects have mostly been conducted in highly selected samples, for instance excluding patients with concomitant drug abuse or patients who are aggressive, suicidal, or less likely to comply with the prescribed regimen. Thus, the generalizability of the studies assessing the efficacy of the newer, atypical antipsychotics is limited at best. Finally, it has been argued that the beneficial effects of the new antipsychotics would fail to materialize when compared with lower doses of first-generation antipsychotics. This issue, however, has not been tested in first-episode schizophrenia patients. The European First Episode Schizophrenia Trial (EUFEST) is developed to answer these questions. In an unselected group of 500 first-episode patients this open randomized clinical trial compares the treatment with regular doses of one of four second generation antipsychotics (amisulpride, quetiapine, olanzapine, and ziprasidone) to that of a low dose of haloperidol on lost of retention to allocated treatment in one year follow-up. Secondary outcomes are psychopathology, side effects, compliance, quality of life, patients' needs, and substance abuse. The study is currently running in 14 European countries involving 49 sites.

SS-09-04

Quality of life as an important outcome parameter

J. Bobes Garcia. *University of Oviedo Med. Dept., Psychiatry Area, Oviedo, Spain*

Objective: The aim of this presentation is to assess the frequency of Obesity, Metabolic Syndrome and Cardiovascular Disease in Spanish population treated with atypical antipsychotics and haloperidol.

Methods: A retrospective, cross-sectional, multicenter study was carried out by 49 Spanish Psychiatrists (the CLAMORS Collaborative Group). 517 evaluable, consecutive outpatients meeting DSM-IV criteria for Schizophrenia, Schizophreniform or Schizoafective Disorder, and treated with haloperidol (n= 84), amilsupride (n =78), olanzapine (n= 106), quetiapine (n= 79), risperidone (n=81) and ziprasidone (n= 89) for at least 12 weeks, were recruited.

Results: The treatments with the highest number of patients with Obesity were quetiapine (52%) and amisulpride (51.5%), and the lowest ziprasidone (32,9%). The treatment with the highest number of patients with any component of Metabolic Syndrome were qutiapine for abdominal obesity (52,2%) and dyslipidemia (43.1%), and olanzapine for hipertrygliceridemia (46.5%), hypertension (54.3%) and glucose intolerance (21.0%). Finally, according to ATP-III, the treatments with the hightest number of patients with very high/moderate risk of Heart Disease were olanzapine (51.9%) and haloperidol (51.2%).

Conclusion: The frequency of Obesity and Metabolic Syndrome, and the risk of Heart Disease, was different according to the type of antipsychotic therapy.

Tuesday, April 5, 2005

SS-15. Section symposium: Cognitive endophenotypes and pharmacological treatment of schizophrenia

Chairperson(s): Tonmoy Sharma (Dartford, United Kingdom), Wolfgang Fleischhacker (Innsbruck, Austria)
16.15 - 17.45, Gasteig - Black Box

SS-15-01

F. Rybakowski. *Poznan University of Med. Sci. Psychiatry, Poznan, Poland*

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SS-15-02

V. Kumari. *Institute of Psychiatry, London, United Kingdom*

SS-15-03

W. Fleischhacker. *Psychiatrische Univers.-Klinik Innsbruck, Innsbruck, Austria*

SS-15-04

T. Sharma. *Clinical Neuroscience Research, Dartford, United Kingdom*

Monday, April 4, 2005

W-09. Workshop: Schizophrenia, thalamus and the cortex: Molecular and functional neuroimaging studies

Chairperson(s): Peter Danos (Giessen, Germany), Mirjam Talvik (Stockholm, Sweden)
14.15 - 15.45, Holiday Inn - Room 4

M. Talvik. *Karolinska Hospital, Stockholm, Sweden*
V. Kumari. *Institute of Psychiatry, London, United Kingdom*
R. Schloesser. *University of Jena, Jena, Germany*
P. Delamillieure. *CNRS, University of Caen et Pa, Caen, France*
M. Kromkamp. *University Medical Center of U, Utrecht, Netherlands*

Dr Talvik's (Karolinska Hospital, Stockholm, Sweden) PET examinations of drug-naive patients with schizophrenia indicate a lower dopamine D2 receptor binding in the right thalamus as compared to control subjects. This preliminary result has recently been confirmed by two other PET groups. Taken together this new in vivo data adds to results from studies using different methods that all indicate an aberrant thalamic dopamine system in schizophrenia. Dr. Kumari's (Institute of Psychiatry, London, UK) presentation will focus on the role of thalamus as a 'sensory filter' and on schizophrenia as a 'disorder of deficient sensory gating' as assessed with prepulse inhibition of the startle response. Prepulse inhibition provides a cross-species neuropsychological model of sensorimotor gating, serving to prevent the interruption of ongoing perceptual and early sensory analysis. There is reliable evidence for deficient prepulse inhibition in schizophrenia patients and recent neuroimaging evidence demonstrates that thalamic abnormalities play a critical role in this aspect of schizophrenia. Dr. Schloesser (University of Jena, FR Germany) will highlight the connectivity between thalamic and cortical areas during working memory performance in schizophrenic patients and healthy subjects using functional MRI and structural equation modeling. Dr. Delamillieure (University of Caen and Paris V, France) will focus on the results of proton magnetic resonance spectroscopy of the thalamus in schizophrenia. The purpose of these studies is to show the utility of this technique in the understanding of the pathophysiology of schizophrenia. Dr. Kromkamp's (University of Utrecht, Netherlands) studies suggest a shared vulnerability to develop psychosis in thalamic circuits in schizophrenia and bipolar disorder. Homeobox genes involved in development and differentiation of the brain could play an important role in these disorders.

Sunday, April 3, 2005

C-03. Educational course: How to develop a programme against stigma and discrimination because of schizophrenia

Course director(s): Norman Sartorius (Genf, Switzerland)
08.30 - 12.00, Hilton - Salon Studer

The descriptions of the work needed to develop a programme in a setting will serve to illustrate various ways of starting programmes, overcoming obstacles, building teams and evaluating the results of the work done. The course will be interactive, allowing participants who have an interest in starting programmes to obtain advice and guidance from the faculty. Materials that have been developed during the WPA Global Programme Against Stigma and Discrimination because of Schizophrenia will be made available to the participants.

Tuesday, April 5, 2005

C-12. Educational course: Cognitive dysfuction in schizophrenia - Brief clinical assessments and treatment strategies

Course director(s): Tonmoy Sharma (Dartford, United Kingdom), Veena Kumari (London, United Kingdom)
08.30 - 12.00, Hilton - Salon Bialas

Schizophrenia, the most severe form of psychopathology, affects about 1% in the general population. Cognitive impairment is a central feature of this illness and causes poor functional outcome, including deficits in social, occupational, and self-care activities. The cost borne by the society in terms of social welfare administration and criminal justice, the time spent by unpaid caregivers, and the great loss of productivity due to the illness itself, are perhaps greater than the direct costs, such as, hospitalization. Functional deficits in schizophrenia are most strongly predicted by the current severity of cognitive impairment, followed by the severity of negative symptoms. Severity of positive symptoms is not strongly associated with the level of functional impairments, even in those with very poor outcome schizophrenia. There is thus an urgent need to find strategies for improving cognitive functioning in schizophrenia. Whilst atypical antipsychotics have been found to have greater effects on cognitive and negative symptoms than conventional antipsychotics, patients with schizophrenia still have lingering deficits. The proposed course will concentrate on the recent advances of the techniques that enable us to characterize cognitive deficits in schizophrenia clinically and possible methods both psychological and pharmacological in its treatment.

Wednesday, April 6, 2005

C-19. Educational course: Delusions - diagnosis and treatment

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