dopamine antagonist *in vitro* and *in vivo*, its most potent action is antagonism of $5HT_{2A}$ receptors, where its affinity is an order of magnitude greater than that observed for D_2 sites. Laboratory and clinical findings have led to a hypothesis that antagonism of $5HT_{2A}$ receptors in the brain may limit the undesirable motor side-effects associated with dopamine receptor blockade and may also improve clinical efficacy by ameliorating some of the negative or deficit symptoms of schizophrenia. *In vivo*, ziprasidone antagonizes $5HT_{2A}$ receptor-induced head twitch with six-fold higher potency than for blockade of d-amphetamine-induced hyperactivity, a measure of central D_2 receptor antagonism. The prediction of antipsychotic efficacy without severe motor side-effects is also supported by the relatively weak potency of ziprasidone to produce catalepsy in animals, contrasted with its potent antagonism of conditioned avoidance response and dopamine agonist-induced locomotor activity and stereotypy.

Ziprasidone has high affinity for the $5HT_{1A}$, $5HT_{1D}$, and $5HT_{2C}$ serotonin receptor subtypes. It also inhibits serotonin and norepinephrine uptake. These actions may further enhance its therapeutic potential.

In human volunteer positron emission tomography (PET) studies, ziprasidone inhibits ^{11}C raclopride binding. Pharmacokinetic and pharmacodynamic studies indicate that a twice daily dosage regimen is appropriate.

QUALITY OF LIFE IN FIRST EPISODE SCHIZOPHRENIA

S. Browne, M. Gervin, M. Morris, C. Larkin, E. O'Callaghan. *Cluain Mhuire Family Centre, Newtownpark Avenue, Blackrock, Ireland; St. John of God Hospital, Stillogram, Co. Dublin, Ireland*

Objectives: To evaluate the quality of life of individuals presenting to a catchment area psychiatric service and a private psychiatric hospital with a first episode of schizophrenia or schizophreniform psychosis.

Method: Thirty four patients (26 male, 8 female) who presented to the above services with a SCID diagnosis of first episode of schizophrenia (n = 22) or schizophreniform psychosis (n = 12) were assessed using the Positive and Negative Syndrome Scale (PANSS), the Global Assessment of Functioning scale (GAF) and the Quality of Life Scale (QLS). The relationship between variables was assessed using Spearman Correlation Coefficients and differences between groups using the Mann Whitney U test.

Results: These individuals had a mean total QLS score of 62 (SD $\pm$ 22.7) indicating that, prior to psychiatric treatment, they had a quality of life in the moderate range. Quality of life was correlated with the GAF score ($p = 0.02$) and the total PANSS score ($p = 0.02$) but independent of age ($p = 0.14$). Quality of life was independent of the Negative Syndrome score on the PANSS ($p = 0.18$).

Individuals with schizophrenia had a poorer quality of life compared to individuals with schizophreniform psychosis ($p < 0.01$) but there were no significant differences between the groups in the GAF ($p = 0.78$) and total PANSS ($p = 0.20$) scores.

Conclusions: Individuals presenting with a first episode of schizophrenia or schizophreniform psychosis have a diminished quality of life. Their quality of life is influenced by the severity of psychopathology and possibly by the length of untreated illness.

SYMPTOMATOLOGY AND LEVEL OF FUNCTIONING IN FIRST EPISODE PSYCHOSIS

S. Browne, M. Gervin, M. Morris, C. Larkin, E. O'Callaghan. *Cluain Mhuire Family Centre, Newtownpark Avenue, Blackrock, Ireland; St. John of God Hospital, Stillogram, Co. Dublin, Ireland*

Objectives: To evaluate the diagnosis, symptomatology and level of functioning of patients presenting with a first episode of psychosis to a catchment area service and a private psychiatric hospital.

Method: All patients presenting with a first episode of psychosis were assessed using the SCID-P, the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning scale (GAF). The relationship between variables was assessed using Spearman Correlation Co-efficients and differences between groups using the Mann-Whitney U test.

Results: Sixty-three patients (36 male, 27 female) ranging in age from 13 to 65 years (Mean $\pm$ SD = 28.8 $\pm$ 11.4) were included in the study. The most common diagnosis was schizophrenia (n = 23) and schizophreniform psychosis (n = 14).

The mean total PANSS score was 85.2 (SD $\pm$ 21.4) and was strongly correlated with the GAF score ($p < 0.001$) but independent of age ($p = 0.19$). Males had a significantly lower GAF score compared to females ($p = 0.02$) but there was no gender difference in the total PANSS score ($p = 0.23$).

Twenty five patients (40%) had a lifetime prevalence of drug abuse or dependence but only 12 patients (19%) had signs of drug abuse or dependence in the month prior to presentation.

Conclusions: Level of functioning was strongly influenced by the severity of psychopathology. Substance abuse is common in individuals presenting with a first episode of psychosis.

THE EFFECT OF PSYCHOSOCIAL REHABILITATION ON QUALITY OF LIFE AND SYMPTOMATOLOGY IN SCHIZOPHRENIA

S. Browne, M. Roe, A. Lane, M. Gervin, M. Morris, A. Kinsella, C. Larkin, E. O'Callaghan. *Cluain Mhuire Family Centre, Newtownpark Avenue, Blackrock, Co. Dublin, Ireland*

Objectives: This study assessed the impact of a 16 week outpatient intensive psychosocial and educative rehabilitation programme on the quality of life and symptomatology of persons with schizophrenia.

Method: Twenty nine individuals with DSM-III-R schizophrenia (mean age 35 $\pm$ 12 years) were independently assessed using the Quality of Life scale (QLS) and Scales for Assessment of Negative (SANS) and Positive Symptoms (SAPS). Nineteen individuals underwent a 16 week intensive psychosocial and educative programme. Ten individuals continued conventional rehabilitation. Both groups were reassessed using the same scales at week 17.

Results: At baseline the two groups did not differ in terms of total QLS, summary SANS or SAPS scores. Neither did the two groups differ at completion in summary SANS or SAPS scores. However, there was a 46% improvement in the mean total QLS score (from 49 $\pm$ 16 to 72 $\pm$ 17, $p < 0.001$) for those who underwent the intensive programme but no change for those with conventional rehabilitation.

Conclusions: This study highlights the 'quality of life' benefits of psychosocial and educative rehabilitation for individuals with schizophrenia.

THE EFFICACY OF SULPIRIDE IN THE TREATMENT OF NEGATIVE FORMS OF SCHIZOPHRENIA

D. Bugarski-Kirola, Dj. Živković-Milovanović, A. Damjanović, Z. Stanković. *Institute of Psychiatry, Clinical Center of Serbia, Pasterova ul. 2, Belgrade, 11000, Yugoslavia*

Sulpiride is a substituted benzamide which has been used for years in the treatment of psychotic disorders as well as depression. Given in low doses, it acts as a presynaptic blocker therefore increasing dopaminergic transmission. This mechanism is presumed to be active in the improvement of negative symptoms in schizophrenia. In our study, 19 female inpatients who presented the clinical picture of negative form of schizophrenia were included. They all met the DSMIII R criteria for schizophrenia, and were previously intolerant to clozapine, or were simply admitted for the first time for exhibiting the nonpro-