

PTSD is associated with increased medial prefrontal activity in response to threat (Lanius et al. 2002). This accords with neurobiological models that implicate a corticolimbic disconnection in dissociation (Sierra & Berrios 1998). It is critical to explore both the cortical and subcortical networks associated with dissociation during different levels of awareness of fear processing in PTSD. We predicted that whereas conscious processing of fear would be associated with increased mPFC activity, nonconscious processing would bypass inhibitory control and be associated with exaggerated amygdala activity. Twenty-three participants with PTSD, classified as dissociative ( $n = 12$ ) or nondissociative ( $n = 11$ ), viewed masked and unmasked fearful and neutral facial expressions. Amygdala and anterior cingulate function was examined with functional magnetic resonance imaging. In line with our predictions, the dissociative PTSD group showed increased ventral anterior cingulate activity to conscious fear faces relative to nondissociative PTSD. In contrast, the dissociative group showed bilateral amygdala activity to masked fear faces compared with nondissociative PTSD. These findings suggest that dissociative PTSD is associated with enhanced automatic amygdala activity under masked conditions and increased regulatory prefrontal processing under controlled processing conditions.

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## Schizophrenia and Bipolar Disorder in the Real World – ‘Best Buys and Best Bets’

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### Overview

Given the high cost of serious mental illness, both in terms of cost to the health care system and to the person and the society in which they live, it is important that considerable attention be given to the policies and health services that manage these conditions. We present a series of ‘real-world’ studies evaluating the clinical and economic outcomes of disorders such as schizophrenia and bipolar disorder, including early-intervention models and their evaluation, which are necessary to help determine where to invest scarce resources in the Australian mental health care system.

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## The Australian SCAP Study: real-world schizophrenia – outcomes and economics

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**Background:** In a climate of intense debate about where to invest scarce resources in Australia’s mental health treatment system, to achieve optimal outcomes, ‘real-world’ studies, such as the Schizophrenia Care and Assessment Program, provide comprehensive and broad-ranging data that undermine ‘hypothetically’ based models that deter investment in low-prevalence disorders such as schizophrenia.

**Methods:** A cohort of 347 patients with schizophrenia was followed up over 3 years. Clinical outcomes were assessed at 6 monthly intervals, and resource utilization and costing data was collected continuously from internal and external databases as well as from participants directly.

**Results:** The majority of participants showed significant improvement in clinical outcome measures of symptomatology, functioning and quality of life, although the level of employment remained low throughout the study. A small minority of participants consumed a disproportionate amount of resources and costs. Despite an increase in the use of the more expensive atypical antipsychotic medications, the total treatment costs for the cohort decreased significantly over the course of the study, largely related to a reduction in hospitalizations.

**Conclusions:** For the majority of people with schizophrenia, investment in assertive treatment programs and measures to reduce hospitalization will result in enhanced functioning and quality of life, as well as a reduction in long-term societal and government costs. Investment in employment rehabilitation programs is an important step to completing the positive gains made by people like those who participated in the Australian SCAP.