

**Conclusion:** ECT can be useful in the therapy of schizoaffective disorder.

- (1) Miroslava Jasovic-Gasic. *Is ECT Efficient in Therapy Schizoaffective Disorders*. ECNP Congress, 1996.
- (2) Shapira B. et al. *Enhanced Serotonergic Responsivity Following Electroconvulsive Therapy in Patients with Major Depression*. British Journal of Psychiatry, 1992; 160: 223.

### Wed-P36

#### SOME PERSONAL EXPERIENCE OF PSYCHOTHERAPEUTIC AID ON THE EXAMPLE OF A PSYCHO-NEUROLOGICAL OUT-PATIENT CLINIC OF A MOSCOW DISTRICT

V.A. Skavych<sup>1</sup>. <sup>1</sup>*Psycho-neurological out-patient clinic N 7, Moscow, Russia*

From 1995 to 1996 more over 200 patients addressed to the out-patient clinic of the one of the regions of Moscow to get psychotherapeutic aid. All of them were examined beforehand by psychiatrist. After preliminary diagnostic test 108 patients (35 men and 73 women) were selected. The variety of age of the patients was from 19 to 63 years old, 22% of which were officially invalidated in connection with their mental disease. The data distribution table N 2 shows and compares the results of the work with the patients according to the psychiatric diagnoses (ICD-10) and psychotherapeutic methods applied. The methods of psychotherapeutic treatment accounted to:

1. Weekly individual conversations with psychoanalytic orientation per 50 minutes each. It included from 7 to 12 talks (22 persons).
2. Weekly hypnosis group sessions including some elements of assertiveness training (41 persons).
3. Psychocorrectional groups for communication in which patients searched some affinity (45 persons). In the group for affinity more than half of the persons had severe disorders, mainly schizophrenia.

**The Findings:** In the process of individual psychodynamic psychotherapy the patients' attitude was becoming smoother to the environment for they realized their inadjustability in behaviour as well as their character peculiarities. After attending the group of hypnosis neurotic symptoms of the patients disappeared to some extent and were not so vivid. For example, either they again managed to use Underground without any fear, or they manager (twice as less) to reduce their doses of tranquilizers and antidepressants taken. In the process of attending a serie of the group of affinity a patients' low self-appraisal and inferiority complex disappeared, but their search for affinity and emotional syntonia increased. We obtained the increase of the level of adjustability with 11 out 24 schizophrenic patients. I suppose that it should be urgent to arrange psychocorrectional groups as well as apply reinforcing psychopharmacologic therapy during the periods of remission of the patients that suffer schizophrenia provided there is a regional out-patient clinic.

### Wed-P37

#### VITAMIN E: AN ALTERNATIVE TO ANTICHOLINERGIC DRUGS?

A. Ben-Dor\*, M. Gelkoph. *Lev Hasharon Medical Center for Mental Health, Pardesia, Israel*

The degeneration of nigral neurons due to the oxidative formation of free radicals (Fr. R.) and the depletion of Fr. R scavenger enzymes, is the underlying process of neuroleptic induced pseudo-parkinsonism (Ps.P), as of parkinson (P.D). The phenotiazines form

Fr.R. intermediates, during their metabolism. Vitamin E. (V.E), protects cell membrane from damage, by Fr. R. since it attenuates the oxidation of unsaturated fatty acids (U.F. Ac). Our survey compared of V.E - effective in treating P.D - versus placebo, on neuroleptic treated schizophrenic patients' extrapyramidal side effects (E.S.Ef), in order to use it as a valid alternative to the anticholinergic drugs, of limited efficiency and of unpleasant and even harmful side effects.

**Method:** Thirty chronically hospitalized schizophrenic patients (16 male, 14 female), on the average 53 years old, after a two-week washout of neuroleptic and anticholinergic, were given haloperidol and V.E (2000 lu/Day) or matching placebo capsules, double-blind. After psychiatric and medical testing, patients were repeatedly (3 days after washout and then every 2 weeks, thrice) compared on two dyskinesia and E.S.Ef scales (SAS and AIMS). The study was monitored from outside and took about 7 month. 21 patients (11 on V.E, 10 on placebo) finished the trial. Dropout was due to persistent side effects.

**Results:** Using anova procedures no difference could be observed between both groups. The only exception was a strong trend on the AIMS between the two groups ( $F = 3.86$ ,  $DF = 13.15$ ,  $P = 0.16$ ).

**Conclusion:** VE seems not to be effective in treating neuroleptic induced Ps.P in chronically hospitalized schizophrenic patients. The study although based on firm theoretical grounds did not support the hypothesis. The reasons may be, the small sample used, the possibility of the dopaminergic system of such long lasting patients, being damaged and an inappropriate dosage as no dosage changes were made in V.E during the trial.

### Wed-P38

#### THE DRUG PRESCRIPTION IN SCHIZOPHRENIA PATHOLOGY IN FRANCE

B. Lachaux<sup>1</sup>\*, G. Ardiet, D. Adouard. <sup>1</sup>*Médical Doctor, Psychiatrist, Chief Physician, CH Saint Jean de Dieu, 290, route de Vienne, 69373 Lyon cedex 08, France*

From an épidémiological study realized in France during two resumptions in April 1995 and in April 1998 it is possible to have an analysis of modes practice concerning neuroleptic prescription in the schizophrenia on more of 1.000 files to each stop.

The analysis will focus on two aspects:

1. - characteristics of the neuroleptic processing and the other psychotropics processings associates.
2. - the evolution of these characteristics in 3 years considering the evolution of the references.

The population of schizophrenic patients seems to be distribute by an heterogeneous manner: there are 3 types of patients which can be differentiate by the drug treatment.

### Wed-P39

#### MEMBRANE PHOSPHOLIPID ABNORMALITIES AS A BIO-CHEMICAL BASIS FOR THE NEURODEVELOPMENTAL CONCEPT OF SCHIZOPHRENIA

D.F. Horrobin. *Scotia Research Institute, Castle Business Park, Stirling, FK9 4TZ, Scotland*

The neurodevelopmental hypothesis is supported by changes in brain morphology, by behavioural abnormalities prior to the development of overt schizophrenia, by the increased risk of schizophrenia associated with viral infections during pregnancy and with perinatal complications, and by an association with minor physical abnormalities. The hypothesis fails to account for the genetic basis