TOWARDS PSYCHOTHERAPY FOR EATING DISORDERS OF HIGH QUALITY AND AFFORDABLE COSTS

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Clinical ambitions and responsibilities and economic possibilities are drifting apart. More than 100 clinicians and researchers of 51 clinical institutions from all over Germany came together to provide a sound empirical base to bring these two — conflicting — tendencies into a new balance.

The study is focussing on efficiency and effectiveness — rather than on efficacy — of psychodynamic treatment of patients with eating disorders. It is therefore designed as a naturalistic longitudinal study. The prominent statistical tools are: survival-analytic and logistic regression models.

Data on patient's state are collected at the begin and the end of treatment; the applied treatment measures are documented weekly. The sample includes 1,200 patients. This size provides a sufficient empirical base to come close to the intended goals.

Data analysis clearly demonstrates that there is a lawful relationship between treatment length, treatment amount and outcome.

UTILISATION OF PSYCHIATRIC BEDS IN THE TREATMENT OF ICD-8 EATING DISORDERS IN DENMARK 1970–1993, A REGISTER STUDY

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The eating disorders are characterised by high personal and societal costs. More and more ED-patients appear within the mental health care delivery system, despite a substantial reduction in number of available beds. In Denmark the number of available psychiatric beds was about 8–9,000 from 1970 to 1977, then came a strong linear reduction to around 4,300 beds in 1992 where the reduction seems to stop. The total number of beddays used by ED-patients increased linearly from 4,000 in 1970 to 15,000 in 1993. In males no trend could be found in any age group. The total number of psychiatric beddays fell from 3.5 million in 1970 to 1.4 million in 1990 where the decline stopped. Thus was 1 bedday per 1,000 used by ED- patients in 1970, but about 10 beddays per 1,000 in 1993. The data from the psychiatric register were analyzed using linear regression as well as analysis for change points. The average cost of a psychiatric bedday is about 325 US$ (2,000 Dkr.) and thus the cost of psychiatric in-patient treatment of ED-patients in Denmark in 1993 can be estimated to about 30 million Dkr. On top of that there is the costs of day-care programs, out-patient treatment and costs of somatic in-patient care.

S65. Recent advances in psychiatric genetics

Chairmen: M Owen, D Collier

TESTING CANDIDATE GENE HYPOTHESES IN SCHIZOPHRENIA

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We have used a sample of 240 schizophrenia probands derived from multiply affected families from the Irish High Density Study of Schizophrenia, and 240 population controls to test candidate gene hypotheses generated by previous case control studies in other samples.

1/ It has been suggested that there is an autoimmune component in the aetiology of schizophrenia. Of many studies using HLA antigens the most consistant finding has been and increase in HLA-A9, now split into A23/24.

2/ The dopamine receptors, especially D3 have been implicated in schizophrenia. Several studies have reported an excess of homozygosity or of the 1-1 allele of a 2 allele Msc I polymorphism (glycine to Serine substitution at position 9).

3/ Serotonin receptors are also implicated, for example Clozapine and Respiridone both have high affinity for these receptors. A higher frequency in patients vs controls of allele 2 of the T102C 5HT2a polymorphism has been reported.

Results:-1/ The frequency of HLA-A24, the major component of A9 in a subset of patients (n = 63) and Controls (n = 77) was 12.5% and 15.5% respectively. 2/ There was a small but non-significant increase in the 1-1 allele and in homozygosity (1-1 and 2-2) in patients (n = 200) vs controls (n = 239). 3/ The frequency of the 5HT2a alleles in patients and controls was; allele 1, 42% and 38%, and allele 2, 58% and 62% respectively.

In a large sample of familial schizophrenics we found no evidence to support any of the hypotheses presented above. The disease in multiply affected families might be more likely to be caused by mutations necessary and sufficient to cause disease and thus may not require a combination of minor gene effects for its expression. In contrast to the above results, data from randomly selected patients lends some support to the D3 and 5HT2a hypotheses.

ANTICIPATION IN SCHIZOPHRENIA: NEW LIGHT ON A CONTROVERSIAL PROBLEM

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Anticipation describes an inheritance pattern within a pedigree where disease severity increases or age at onset decreases in successive generations. Recently, two studies searching for anticipation in schizophrenia among a limited sample of highly loaded families found discrepant results. Our study was performed in a sample of systematically ascertained schizophrenic, identified during a one-year prevalence study in a limited geographical area in Reunion island (Indian ocean). 22 families had at least two generations affected and were available for interview. A new method allowing to calculate expected age at onset according to age at interview was created to take into account the fact that subjects are not interviewed at the same period of their life across generations. With this non-parametric