high percentage of CGI responders ("much" or "very much" improved) of 69%.

In more than 90% of the patients no adverse events occured (57.4%) or were rated as subjectively not impairing (33.3%). The most frequent adverse events were somnolence, nausea, drowsiness, and weight gain.

Conclusion: Mirtazapine is a quick and effective antidepressant for the treatment of depression and symptoms of depression-related anxiety. Mirtazapine is very well tolerated by the patient.

P02.238

PSYCHIATRIC DISORDERS AND PSYCHIATRIC TREATMENT IN ECSTASY USERS COMPARED TO USERS OF OTHER ILLICIT DRUGS AND CONTROLS IN A REPRESENTATIVE SAMPLE OF YOUNG GERMANS

C.G. Schütz[1]*, R. Lieb[2], H. Pfister[2], U. Wittchen[2]. [1]*Department of Psychiatry Ludwig Maximilian University, Nussbaumstr. 7, 80336 Munich;* [2]*Dep. of Clinical Psychology and Epidemiology, Max Planck Institute of Psychiatry, Kraepelinstr. 2-10, 80804 Munich, Germany*

The current study investigates patterns of ecstasy use, associated psychopathology, use of other substances, and self reported treatment seeking in a representative sample of a young population from metropolitan Munich.

Data were collected as part of the baseline and the two follow-up investigations of the Early Developmental stages of Psychopathology (EDSP) study. The EDSP is a research program funded by the German Ministry of Research and Technology, designed to collect data on the prevalence, risk factors, co-morbidity and course of mental and substance use disorders in a representative population sample, consisting of 3021 subjects aged 14 to 24 at baseline. The overall design of the study is prospective and longitudinal. Results indicate that the average ecstasy user consumes or abuses a number of other substances, e.g. OR for alcohol abuse or dependence among ecstasy users compared to non-users is 5.85 [95%CI: 4.05–8.45], compared to users of any other illicit substance is 1.70 [95%CI: 1.20–2.40]. Ecstasy users show an increased risk for the diagnosis of a number of psychiatric disorder (as measured by M-CIDI-interview). OR for any psychiatric disorder among ecstasy users compared to non-users is 3.38 [95%CI 2.38–4.81], compared to users of any other illicit substance 1.89 [95%CI 1.32–2.70]). Further analyses suggests that psychopathology precceds onset of ecstasy use. The presented results indicate that the average ecstasy consumer is a polydrug user with a number of associated psychiatric problems. Relevance for prevention, treatment and assessment of ecstasy associated cognitive deficits will be discussed.

P02.239

FAMILY STUDY OF SUICIDAL BEHAVIOUR IN BIPOLAR DISORDER

P. Cavazzoni, B. Ahrens, A. Berghöfer, A. Duffy, E. Grof, B. Müller-Oerlinghausen, P. Zvolský, P. Grof, M. Alda*. *Department of Psychiatry, Dalhousie University, 5909 Jubilee Road, Halifax, Nova Scotia B3H 2E2, Canada*

Affective disorders are associated with a high risk of suicidal behaviour. Particularly in bipolar disorder (BD) the suicide rate has been reported as high as 20%. Suicide has been traditionally viewed as a behavioral manifestation of abnormal mood. However, several family studies suggested that it might be linked to a specific genetic susceptibility. It remains to be clarified whether the genetic factors in suicide are different from those underlying affective disorders. To this end, we conducted a family study of patients with typical BD. We studied 77 kindreds that included a total of 539 subjects, 182 of these had a disorder in the bipolar spectrum. Thirty-six subjects had a history of suicidal behaviour (completed suicide or suicide attempt). For each subject, we determined his/her psychiatric diagnosis and a lifetime history of suicidal behaviour using semi-structured interviews and the family-history method. The risk of suicidal behaviour in affectively ill family members correlated with the number of other relatives in the same family affected with BD. The risk of suicide was not homogeneous, however. We identified three types of families, each associated with a different risk of suicidal behaviour (<0.1%, 20% and 87%). In conclusion, suicidal behaviour seems to aggregate in a subset of high-risk families; and this aggregation is not independent of the genetic risk for BD. Such finding might arise from two correlated genetic liability distributions. Alternatively, bipolar disorder associated with suicidal behaviour may represent a distinct disorder found at the extreme end of the genetic liability continuum.

P02.240

ARE CONVENTIONAL ANTIPSYCHOTICS THE ONLY OPTION FOR THE TREATMENT OF FIRST EPISODE SCHIZOPHRENIA?

M.Yu. Popov. *Bekhterev Psychoneurological Research Institute, Bekhterev Street, 3, Saint-Petersburg, Russia*

There are certain data that clozapine (atypical antipsychotic widely used for the treatment of chronic drug-resistant schizophrenia) is at least as effective as traditional neuroleptics for the treatment of non-resistant acutely psychotic patients. The studied sample included 30 in-patients (first admissions only) with acute episode of DSM-IV paranoid schizophrenia. Patients were randomly assigned to 3-week double-blind treatment with either clozapine (20 subjects) or standard conventional antipsychotic haloperidol (10 subjects) in increasing dosage. Psychopathology was assessed weekly with BPRS and CGI rating scales. Clinical response was defined as 30% decrease of BPRS total score plus rating of 2 or 1 on CGI-Improvement subscale. Adverse events were evaluated by patient query and by performing routine laboratory tests and vital signs. Data were analysed with χ^2 and t-test. It was found that clozapine produced significantly greater improvement on both BPRS and CGI scales ($P < .01$). Seventeen of the 20 patients (85%) responded to clozapine, while only 5 of the 10 subjects (50%) showed predefined response to haloperidol ($P < .05$). Integrating incidence of adverse events (total number of reports) did not significantly differ between groups but their severity was lower in clozapine-treated group ($P < .05$). No cases of agranulocytosis occurred during the study. Thus, our study demonstrated superior efficacy and tolerability of clozapine over haloperidol in subjects with the first lifetime diagnosis of schizophrenia. Since the risk of agranulocytosis is significantly decreased by relatively short exposure to clozapine, in our view, it may be worth using this atypical antipsychotic for the treatment of first episode acutely psychotic patients.

P02.241

THE IDEOLOGICAL DIMENSIONS OF THE BURNOUT SYNDROME IN PSYCHIATRIC INSTITUTIONS

E. Lozinskaya*, V.M. Bekhterev. *Psychoneurological Research Institute, Saint-Petersburg, Russia*

The burnout syndrome, "discovered" in mid-1970s, receives growing attention during recent years. The objective of the study was to make a crosscultural comparison and to explore the influence

https://doi.org/10.1016/S0924-9338(00)94649-2 Published online by Cambridge University Press

of treatment ideology upon this syndrome. Our responders were psychiatrists, psychologists and nurses working in psychiatric facilities with predominant orientation towards traditional biological treatment or towards more complex approach including both psychopharmacological and psychotherapeutic treatment modalities. The results of the study were compared with coordinate data gained in psychiatric facilities and social services in Sweden and USA. Our test battery included the well-known Maslach Burnout Inventory, the Burnout Measure by Pines & Aronson. the Bion's Ward Atmosphere Scale and Treatment Ideology Questionnaire, developed in the Umea University, Sweden. It is established that there certainly are transcultural differences in the intensity of the burnout syndrome across various countries and the dissatisfied score of this syndrome correlate with the highest score of Negative Attitude and a low estimation a Family as a resource in the treatment process ($p < 0.01$).

P02.242

DELIVERING INFORMATION TO SCHIZOPHRENIC PATIENTS: A REVIEW OF AVAILABLE STUDIES

D. Gerard[1]*, N. Bazin[2], P. Nuss[3], P. Fremont[2], M. Ferreri[3]. *[1]Department of Psychiatry, Lagny-Marne-la-Vallée; [2]Hospital, Mignot Hospital, Versailles; [3]Saint Antoine Hospital, Paris, France*

Background: The effect of social skills training, family intervention and cognitive therapy in schizophrenia, have been widely investigated, but few studies have assessed the specific impact of delivering information to patients.

Method: A search was performed in the following data bases: Current Content, Embase, and Medline, covering a 25 year period.

Results: Five well conducted studies were selected. (a) Patients' level of knowledge: It was improved in two studies. After a 3 week educational program ($n = 30$) patients' knowledge was increased ($p = 0.0001$) compared to control ($n = 30$) (Goldman, 1988). At 1 month, 3 sessions of information ($n = 22$) was shown to be more effective ($p = 0.0003$) than one ($n = 22$) which was better ($p = 0.002$) than control ($n = 22$) in increasing level of knowledge about illness and treatment (Macpherson, 1996). (b) Compliance: Four studies led to negative results: Macpherson; Boczkowski (1985) in which the psycho-education group ($n = 12$) was not different than the control group ($n = 12$) on the post Session compliance score, whereas the behavioral therapy group was ($n = 12$; $p < 0.01$); Kleinman (1993) for the intra group comparison before and after information; and Atkinson (1996). (c) Quality of life and social functioning: They were improved ($p = 0.002$ and $p = 0.04$) at month 9 by a 20 week educational program ($n = 57$) compared to a waiting list ($n = 73$), in Atkinson's study. (d) Clinical outcomes: Negative symptoms were improved ($p = 0.0068$) in Goldman and in MacPherson's studies. Mental state (BPRS and GAS) was not modified in Atkinson's study.

Conclusion: Despite some encouraging results further studies are still required.

P02.243

SCHIZOPHRENIA AND PARKINSONISM VS. LATERALIZATION

D. Marinkovic. *Institute for Psychiatry, Clinical Center of Serbia, Belgrade, Serbia, Yugoslavia*

The possibility that normally lateralized aspects of the brain might be anomalous in schizophrenics and parkinsonics has come from several clinical and experimental studies. The aim of this clinical, ex juvantibus, study was to examine whether the brain-lateralized changes (parkinsonism, extrapyramidal drug-induced syndrome) are characteristic feature of schizophrenia and parkinsonism. Thirty patients were included in this study. The sample was divided as follows: 10 patients suffering from Morbus Parkinson, mean age 59.6 ± 5.3, 10 schizophrenics, mean age 27 ± 2.3; and control group of 10 Bipolar I (manic phase) patients, mean age 28.5 ± 3.1. All the patients were right handed. Psychotic patients (schizophrenic and manic) were treated with haloperidol, dose range 10–20 mg/day (without anticholinergic drugs) and parkinsonic patients with l-dopa dose range 750–1000 mg/day. Extrapyramidal syndrome in psychotic and parkinsonic patients was measured by Abnormal Involuntary Movement Scale (AIMS) adapted for laterality (Marinkovic, 1998, to be presented). Intriguing, obtained results were in favor the fact that all the patients (right-handed), regardless their quite different etiopathogenetic entities, expressed right-sided extrapyramidal syndrome, or bilateral one, but with appearance of more right than left. These results implicate that lateralization in parkinsonism and schizophrenia follows normal brain asymmetry-handedness.

P02.244

NEUROPSYCHOLOGICAL IMPAIRMENTS AND SYMPTOMS OF SCHIZOPHRENIA

S. Klingberg*, R. Gutjahr, A. Wittorf, G. Wiedemann. *Department of Psychiatry and Psychotherapy, University of Tuebingen, Germany*

The relationship of schizophrenic symptoms and measures of neurocognition is unclear. Recently some authors have conceptualized cognitive symptoms as core symptoms of schizophrenia. On the other hand there are schizophrenic patients without functional cognitive impairments. In this ongoing study we look into the relationship of three cognitive and three symptom dimensions. The cognitive dimensions are attention, executive function and verbal memory as assessed with Wisconsin Card Sorting Test, Trail-making Test, Continuous Performance Test, Auditory Verbal Learning Test, Digit-Span, and Digit-Symbol. Schizophrenic symptoms are assessed with the Positive and Negative Syndrome Scale. As earlier studies have shown that the positive/negative distinction is not satisfactory we include the disorganization dimension in the analysis. The sample currently consists of 95 schizophrenic patients (DSM IV/SCID). At the time of assessment patients are in the stabilization phase on stable medication after an acute episode of schizophrenia. The main issue of this analysis is the question whether there are differential profiles of cognitive functioning with respect to symptom dimensions. We will report the results of respective correlation and regression analysis. In addition, we look into the influence of illness stage, diagnostic subcategory (e.g. paranoid vs. undifferentiated schizophrenia) and education. The results will be interpreted with respect to the question whether or not schizophrenia is a single disease entity.

P02.245

EXTERNAL VALIDITY OF RANDOMISED CLINICAL TRIALS (RCT'S): IS THERE A SELECTION BIAS IN PSYCHOTHERAPY TREATMENT STUDIES OF SCHIZOPHRENIA?

G. Wiedemann*, S. Klingberg, A. Wittorf, A. Fischer, G. Buchkremer. *Department of Psychiatry and Psychotherapy, University of Tuebingen, Germany*

The randomised clinical trial is generally regarded as state-of-the-art for showing the efficacy of medical and/or psychotherapeutic

https://doi.org/10.1016/S0924-9338(00)94649-2 Published online by Cambridge University Press