

0.402,  $p < 0.008$ ), pathological guilt ( $\beta = 0.603$ ,  $p < 0.001$ ), self-depreciation ( $\beta = 0.513$ ,  $p < 0.01$ ) and motor retardation ( $\beta = 0.369$ ,  $p < 0.01$ ) predicted the patients' suicidality.

### P02.193

#### APINARCOTHERAPY – NEW PROGRESSIVE METHOD OF ALCOHOL AND DRUG ADDICTION TREATMENT

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Alcohol addiction treatment is one of the biggest and most serious problem of narcology. So far if the patient had problems with alcohol usage, only one variant was possible – the total refusal and all the existing treatment was turned to this not the best and suitable way for patient because we are living in society where everything is connected with alcohol and the man that doesn't use alcohol has always to be against the society, he doesn't feel well any more and all that leads to other serious problems: hypertonia, insult, infarct, depression, psychopathy, loss of interest in life. Besides, common quantities of alcohol can have positive effect over the whole organism: removal of stress, profilaxis of heart diseases and so on. That's why all narcologists have to concentrate themselves on a possibility of usage' normalization, and the total refusal should be considered as a forced temporary stage for 1–2 years, because a long term by itself is a powerful psychological pressure. Five years ago we have developed program of dosed usage of alcohol that allows to use any kind of alcohol in any situation but in certain quantities. The program is administered for 3 months. All this time the patient uses alcohol according to our specially developed program. Bee venom fractions make it possible to influence the alcoholdehydrogenase metabolism. They also normalize the metabolism in liver and pancreas, promote the production of opioid peptides in the brain, imitate alcohol effect and decrease the alcohol demand of the body, at the same time they influence mental dependence, intensify sensitivity of brain cells and active reception of psychotherapy. For 5 year 2450 people have been treated at the Center, from whom 1550 for a dosed alcohol use, 850 have got positive effect, that means working out the control during alcohol usage, forming the breaking effect, calm attitude to other who drinks and satisfaction from small quantity.

### P02.194

#### AMANTADINE IN PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER AND BORNA DISEASE VIRUS-INFECTION

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Borna disease virus (BDV) is known as pathogenic in certain animal species. Since BDV-antibodies were detected in humans, psychiatric diseases were considered to be potentially associated to BDV-infections. Further support for this hypothesis were taken from the fact that human strains of BDV were isolated from patients with recurrent mood disorders and a patient with obsessive-compulsive disorder (OCD). In this study, the use of amantadine in the treatment of BDV-infected patients with OCD was investigated. Amantadine is known to influence different neurotransmitter-systems, and to be effective against human BDV. It was further shown to reduce symptoms in BDV-infected depressive patients, thus pointing to a possible clinical efficacy in OCD. Under controlled conditions 6 OCD-patients, who were found to be BDV-infected, were treated for 12 weeks with amantadine sulfate. Amantadine significantly reduced obsessions, compulsions and secondary

depression in at least 5/6 patients. In addition, BDV activity was reduced in these 5 patients and tended to correspond with the change of OCD-symptoms. This pilot study suggests amantadine to be a promising treatment of OCD patients with BDV infection, which should be validated by double-blind and placebo-controlled studies.

### P02.195

#### ELECTROPHYSIOLOGICAL CORRELATES OF IMPAIRED COMPONENTS OF WORD RECOGNITION IN DEPRESSION

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Depressive patients show deficits in memory functions. However, most underlying mechanisms await clarification. Impairment could be related to changes of working memory capacity or other processes facilitating certain steps of the memory processing. Thus, stimulus-related factors like their semantic or emotional content, as well as the extent of abstraction or imageability related to the stimuli, may influence memory performance. The aim of this study was to investigate recognition memory with a special emphasis on the influence of imageability of words on recognition in non-medicated depressive patients ( $n = 11$ ; HAMD-score: 17–24) compared to normal controls ( $n = 11$ ) with event-related brain potentials (ERPs). In a continuous word recognition paradigm brain responses to repeated items are characterized by more positive waveforms of ERPs. This recognition-effect ("old/new effect") and has been shown to be sensitive to parameters relevant for memory processing. For the purpose of this ERP-experiment visually presented words were classified into two different categories of imageability ("high", e.g. rose; "low", e.g. future). The ERPs for the correctly detected "old" (repeated) words showed an increased positivity beginning approximately 250 ms poststimulus in the controls. In contrast, the depressive patients performed poorly, and showed no significant old/new effect. However, ERP-correlates of the different imageability (with low imageability words producing more positive ERPs between 250–600 ms) appeared not to be impaired in the depressives. These findings support the hypothesis that depressive patients are impaired in central aspects of working memory processes, but deficits regarding correlates of words' imageability were not found.

### P02.196

#### INPATIENT VS. DAY TREATMENT OF ALCOHOLICS. PRELIMINARY RESULTS OF A CONTROLLED, RANDOMIZED STUDY

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(a) **Background:** Inpatient rehabilitation has traditionally been the main-stay of addiction-related health services in Germany. However, not a single european randomized study is known to the authors that compares inpatient vs. day clinic detoxification/motivational enhancement therapy. Such studies are necessary for at least two reasons: 1. A change in the available treatments for alcoholics should depend on empirical evidence. 2. Results of anglo-american studies should not transferred uncritically to european contexts with different and varied health care systems.

(b) **Design, Variables:** All patients receive inpatient treatment until somatic detoxification is completed. Participating patients are randomly assigned either to further inpatient treatment ( $n \approx 50$ ), or

to the same therapy, but in a day-clinic form ( $n \approx 50$ ). Instruments used at baseline include the EuropASI, as well as measures of personality, cognitive functioning, motivation to change, several alcohol-related variables, and psychiatric symptoms. Follow-ups are after 3, 6, 9, and 12 months. The trial has begun 12/98 and will be completed in 2002.

**(c) Results, Observations, Statistics, P-values:** Outcomes of the 3 and 6-month follow-ups are reported. The groups showed no difference at intake. No significant differences in outcome measures between the treatment-settings were found at the 3-month follow-up. Although inpatients had a greater absolute abstinence-rate (70.5%) than day-clinic patients (29.5%), of those not abstinent, day-clinic patients had fewer drinks per drinking-day (n.s.). Additional data from the 6-month follow-up will be reported.

**(d) Conclusions:** Our study will have consequences for the evaluation and implementation of day clinic detoxification as a standard treatment and for possible differential treatment assignments.

## P02.197

### DECODING OF EMOTIONAL FACIAL EXPRESSION IN ALCOHOLICS

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**Background:** The ability to decode the emotional state of the interaction partner correctly constitutes the basis for appropriate behaviour in all social situations. It is essential for the assessment of the other persons mood and intentions and allows to predict possible reactions. These theoretical considerations on one side and well described neuropsychological dysfunctions in alcoholics on the other side form the basis of the considerations that decoding of emotional facial expression may be dysfunctional in these patients. Supporting evidence comes from the observation that behavioural aberrations can often be diagnosed in alcoholics.

**Method:** In the present study a sample of 20 patients with the ICD-10 diagnosis alcohol dependency (F1x.2) and 50 healthy controls will be examined with a computerized test (FEEL-Test). Fotos of seven different persons showing six emotions (happiness, anger, fear, sadness, disgust and surprise) will be presented. The emotion demonstrated on the foto has to be identified. The groups will be compared regarding number of correct answers, sort of mistakes and reaction times.

**Results:** So far 50 healthy controls and 10 alcoholics have been examined. First qualitative analysis of the data indicate more false identifications of emotions and longer reaction times for the alcoholics.

**Conclusion:** Decoding of the emotional facial expression is a prerequisite for adequate behaviour and control of social situations. A practical conclusion from a lack of this highly complex cognitive function could be a special perceptual training supporting deeper encoding strategies of the facial expressions of interaction partners.

## P02.198

### SUBJECT SELECTION FOR THE PLACEBO- AND COMPARATOR-CONTROLLED TRIALS OF NEUROLEPTICS IN SCHIZOPHRENIA

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Inclusion of a placebo treatment arm in controlled clinical trials might bias selection of study subjects; patients in the placebo-controlled studies are presumably more stable. However, there are

no data available to support such an assumption. We investigated a set of randomized trials of neuroleptics in schizophrenia by comparing placebo-controlled (PCT) and comparator-controlled (CCT) trials in terms of basic patients' characteristics. The results based on a total of 296 studies showed that the patients in PCT, as compared to CCT, were older ( $p < 0.002$ ), had a longer duration of illness ( $p < 0.001$ ) and a lower initial symptom severity ( $p < 0.02$ ). No difference was found in the number of subjects per treatment arm or in the proportion of females. Nonetheless, investigation of studies which used same-gender study subjects revealed that female-only populations were more likely to be tested in PCT ( $p < 0.03$ ) than in CCT. In order to investigate current trends in psychopharmacological research, we tested separately a subset of trials with new atypical antipsychotics. The results indicated a significantly smaller number of females participating in the latest PCT ( $p < 0.0003$ ). Moreover, our findings suggest that the characteristics of patients in the current controlled trials are rather uniform; thus, the generalizability of new study findings for certain groups of schizophrenics (e.g., with early or late onset, brief duration of illness) may be compromised.

## P02.199

### PHYSICAL ANHEDONIA AND PSYCHOPATHOLOGY: A STUDY IN A POPULATION OF SCHIZOPHRENIC PATIENTS

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**Background:** The goal of our study is to evaluate the relationship between physical anhedonia and positive and negative symptomatology in a population of acute schizophrenic inpatients. There are contradicted opinions whether anhedonia in schizophrenia, as well as its physical parameter, belongs to the negative spectrum of schizophrenic symptoms.

**Material-Methods:** The study group consisted of 81 schizophrenic in-patients (50 male, 31 female), consecutively admitted to Eginition Hospital, Department of Psychiatry, during one year period (February 1997–March 1998). All patients were assessed using the Revised Physical Anhedonia Scale (rPAS) and the Positive and Negative Syndrome Scale (PANSS). Information from the patient's history, concerning sociodemographic and clinical parameters were also recorded in pre-coded interview form. For the statistical analysis simple cross tabulations were initially used. Subsequently, multivariate methods (multiple regression analyses) were employed, using predictor core model variables and alternative introduced the positive and negative symptoms score as clinical standard variables to the core model.

**Results:** Only PANSS-negative symptoms patients' score is a positive predictor of the physical anhedonia score ( $b = 3.89$ ,  $p < 0.05$ ).

**Conclusion:** According to our findings the degree of physical anhedonia in acute schizophrenic in-patients depends from the severity of their negative symptomatology.