were dexamethasone non-suppressors of whom two were depressed and one borderline. Suppressors and non-suppressors differed significantly in their BPRS ($p < 0.04$) and HRSD ($p < 0.03$) but not in their SANS scores. The BPRS, HRSD and the SANS scores were significantly different in those with and without a history of attempting suicide. *Conclusions* These findings confirm high rates of depression and parasuicide in schizophrenia. It failed to replicate the high rates of dexamethasone non-suppression in other studies. Furthermore, dexamethasone non-suppression was associated with depression and not with negative symptoms. These data do not support the hypothesis that hypercortisolaemia in schizophrenia may be related to the cognitive decline associated with negative symptoms. The findings also emphasise the importance of distinguishing between negative symptoms and depression in schizophrenia and that when these two behaviours are separated out, dexamethasone non-suppression is a marker for affective, rather than core schizophrenic symptoms.

P3a OF EVENT-RELATED POTENTIALS IN METHAMPHETAMINE PSYCHOSIS

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Methamphetamine (MAP), which is chemically closely related to amphetamine (AP), has central effects more pronounced than AP. In the early 1970s, a second epidemic of widespread MAP abuse developed in Japan. Some researchers have noted that MAP use may result in psychotic symptoms persisting for more than several months. In addition, Sato et al. reported that patients with MAP psychosis show a marked tendency to recur even after long-term abstinence. These clinical features of MAP psychosis suggest that some biological changes occur in the central nervous system in MAP psychosis. In this study, to examine impairment of information processing in MAP psychosis, auditory event-related potentials were recorded, using an oddball task and an ignore task similar to those by Squires et al. Fifteen MAP psychotics (12 men and 3 women, mean age 32.7 years) and 15 normal volunteers (12 men and 3 women, mean age 32.7 years), who each provided informed consent, were included in the present study. MAP psychotics, meeting DSM-III-R criteria for amphetamine or similarly acting sympathomimetic amins, were in the residual state following remission of acute psychotic symptoms. Those patients meeting the DSM-III-R criteria for schizophrenia, major mood disorders, and other substance use disorders were excluded. In the oddball task, subjects were required to press a button in response to rare target tones (1500 Hz) embedded ramdomly in a series of frequent tones (1000 Hz). In the ignore task, subjects were required to ignore stimuli. The scalp EEG was recorded from midline Fz, Cz, and Pz referred to linked earlobes. EEGs were sampled every 2.5 msec from 40 msec before to 600 msec after the stimulus omset. The P300 area was measured in both conditions. MAP psychotics showed a normal P300 area in the oddball task, but they showed reduced a P300 area (P3a area) in the ignore task. These results suggested central noradrenergic dysfunction in MAP psychosis.

REVIEW OF THE RELATIONSHIP BETWEEN USE OF PSYCHOACTIVE SUBSTANCES AND PSYCHOTIC DISORDERS. STUDY OF ONE CASE

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Objective: Bibliographic review of the possible relation between the consumption and abuse of psychoactive substances (alcohol, stimulants, cannabis, hallucinogens and narcotics) and the establishment and/or maintenance of psychotic disorders in a patient with personality disorders.

Case study of a male with a history of two admissions to psychiatric units with psychotic episodes characterised by hallucinations and delusions related to environmental circumstances and the recent consumption of drugs of abuse.

PSYCHOSIS AND HYPNOTIC CONSUMPTION

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The aim of this study was to evaluate hypnotic prescription among inpatients suffering from schizophrenic and schizoaffective disorders in an adult Psychiatric Department of a French University Hospital.

Method. We analyzed the data on hypnotic prescription and psychiatric diagnosis (ICD-10), supplied by our computer system for the year 1994. We divided hypnotics in 3 pharmacological groups: benzodiazepines, new drugs (zolpidem, zopiclone) and others (phenothiazines, associations etc).

Results. The total number of admittances for psychosis in 1994 was 673. Hypnotics were used in 54 admittances. Benzodiazepines accounted for 51.8% of all hypnotics, followed by new drugs (29.6%) and others (18.5%). Percentage of hypnotic prescription in schizophrenic and other psychotic disorders was as followed: paranoid schizophrenia 4.5%; hebephrenic schizophrenia 9.7%; catatonic schizophrenia 0%; undifferentiated schizophrenia 6.4%; residual schizophrenia 6%; simple schizophrenia 0.8%; schizoaffective disorder manic type 2.7%; schizoaffective disorder depressive type 25%; non schizophrenic psychosis 13.6%.

Conclusion. Only 8% of our inpatients suffering from psychosis were treated with hypnotic drugs. Benzodiazepines were the most widely prescribed group. Hypnotic prescription was usually associated with schizoaffective disorder depressive type, non schizophrenic psychosis and hebephrenic schizophrenia. Sleeping pills were unfrequently used in other cases, unless sedative neuroleptics were prescribed.

CLOZAPINE EFFICIENCY AND WEIGHT GAIN

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The aim of this study was to evaluate weight gain during clozapine treatment and determine possible relationship between psychiatric improvement and weight gain.

Fifteen treatment-resistant schizophrenic inpatients were assessed by rating scales (BPRS, PANSS) for 21 months. Body weight was evaluated before inclusion and at each subsequent psychiatric assessment after the beginning of clozapine treatment.

In a first period, all patients presented with a significant improvement in total BPRS and other rating scales, reaching at 10 months a 58% decrease from initial value of BPRS. But in a second period, we clearly identified two patterns of evolution: in group 1, where patients experienced a marked improvement in symptoms of schizophrenia followed by subsequent stability, a regular weight gain was observed; in contrast, no significant weight profile was noted in group 2, where patients, after initial response for 10 months, experienced clinical instability which required higher doses of clozapine.

These results can be considered as an argument in favor of a common substratum to the clinically observed correlation between long-term antipsychotic efficiency of clozapine and weight gain.