

dopamine antagonist *in vitro* and *in vivo*, its most potent action is antagonism of 5HT_{2A} receptors, where its affinity is an order of magnitude greater than that observed for D₂ sites. Laboratory and clinical findings have led to a hypothesis that antagonism of 5HT_{2A} receptors in the brain may limit the undesirable motor side-effects associated with dopamine receptor blockade and may also improve clinical efficacy by ameliorating some of the negative or deficit symptoms of schizophrenia. *In vivo*, ziprasidone antagonizes 5HT_{2A} receptor-induced head twitch with six-fold higher potency than for blockade of d-amphetamine-induced hyperactivity, a measure of central D₂ receptor antagonism. The prediction of antipsychotic efficacy without severe motor side-effects is also supported by the relatively weak potency of ziprasidone to produce catalepsy in animals, contrasted with its potent antagonism of conditioned avoidance response and dopamine agonist-induced locomotor activity and stereotypy.

Ziprasidone has high affinity for the 5HT_{1A}, 5HT_{1D}, and 5HT_{2C} serotonin receptor subtypes. It also inhibits serotonin and norepinephrine uptake. These actions may further enhance its therapeutic potential.

In human volunteer positron emission tomography (PET) studies, ziprasidone inhibits [¹¹C]raclopride binding. Pharmacokinetic and pharmacodynamic studies indicate that a twice daily dosage regimen is appropriate.

QUALITY OF LIFE IN FIRST EPISODE SCHIZOPHRENIA

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Objectives: To evaluate the quality of life of individuals presenting to a catchment area psychiatric service and a private psychiatric hospital with a first episode of schizophrenia or schizophreniform psychosis.

Method: Thirty four patients (26 male, 8 female) who presented to the above services with a SCID diagnosis of first episode of schizophrenia (n = 22) or schizophreniform psychosis (n = 12) were assessed using the Positive and Negative Syndrome Scale (PANSS), the Global Assessment of Functioning scale (GAF) and the Quality of Life Scale (QLS). The relationship between variables was assessed using Spearman Correlation Coefficients and differences between groups using the Mann Whitney U test.

Results: These individuals had a mean total QLS score of 62 (SD ± 22.7) indicating that, prior to psychiatric treatment, they had a quality of life in the moderate range. Quality of life was correlated with the GAF score (p = 0.02) and the total PANSS score (p = 0.02) but independent of age (p = 0.14). Quality of life was independent of the Negative Syndrome score on the PANSS (p = 0.18).

Individuals with schizophrenia had a poorer quality of life compared to individuals with schizophreniform psychosis (p < 0.01) but there were no significant differences between the groups in the GAF (p = 0.78) and total PANSS (p = 0.20) scores.

Conclusions: Individuals presenting with a first episode of schizophrenia or schizophreniform psychosis have a diminished quality of life. Their quality of life is influenced by the severity of psychopathology and possibly by the length of untreated illness.

SYMPTOMATOLOGY AND LEVEL OF FUNCTIONING IN FIRST EPISODE PSYCHOSIS

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Objectives: To evaluate the diagnosis, symptomatology and level of functioning of patients presenting with a first episode of psychosis to a catchment area service and a private psychiatric hospital.

Method: All patients presenting with a first episode of psychosis were assessed using the SCID-P, the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning scale (GAF). The relationship between variables was assessed using Spearman Correlation Co-efficients and differences between groups using the Mann-Whitney U test.

Results: Sixty-three patients (36 male, 27 female) ranging in age from 13 to 65 years (Mean ± SD = 28.8 ± 11.4) were included in the study. The most common diagnosis was schizophrenia (n = 23) and schizophreniform psychosis (n = 14).

The mean total PANSS score was 85.2 (SD ± 21.4) and was strongly correlated with the GAF score (p < 0.001) but independent of age (p = 0.19). Males had a significantly lower GAF score compared to females (p = 0.02) but there was no gender difference in the total PANSS score (p = 0.23).

Twenty five patients (40%) had a lifetime prevalence of drug abuse or dependence but only 12 patients (19%) had signs of drug abuse or dependence in the month prior to presentation.

Conclusions: Level of functioning was strongly influenced by the severity of psychopathology. Substance abuse is common in individuals presenting with a first episode of psychosis.

THE EFFECT OF PSYCHOSOCIAL REHABILITATION ON QUALITY OF LIFE AND SYMPTOMATOLOGY IN SCHIZOPHRENIA

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Objectives: This study assessed the impact of a 16 week outpatient intensive psychosocial and educative rehabilitation programme on the quality of life and symptomatology of persons with schizophrenia.

Method: Twenty nine individuals with DSM-III-R schizophrenia (mean age 35 ± 12 years) were independently assessed using the Quality of Life scale (QLS) and Scales for Assessment of Negative (SANS) and Positive Symptoms (SAPS). Nineteen individuals underwent a 16 week intensive psychosocial and educative programme. Ten individuals continued conventional rehabilitation. Both groups were reassessed using the same scales at week 17.

Results: At baseline the two groups did not differ in terms of total QLS, summary SANS or SAPS scores. Neither did the two groups differ at completion in summary SANS or SAPS scores. However, there was a 46% improvement in the mean total QLS score (from 49 ± 16 to 72 ± 17, p < 0.001) for those who underwent the intensive programme but no change for those with conventional rehabilitation.

Conclusions: This study highlights the 'quality of life' benefits of psychosocial and educative rehabilitation for individuals with schizophrenia.

THE EFFICACY OF SULPIRIDE IN THE TREATMENT OF NEGATIVE FORMS OF SCHIZOPHRENIA

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Sulpiride is a substituted benzamide which has been used for years in the treatment of psychotic disorders as well as depression. Given in low doses, it acts as a presynaptic blocker therefore increasing dopaminergic transmission. This mechanism is presumed to be active in the improvement of negative symptoms in schizophrenia. In our study, 19 female inpatients who presented the clinical picture of negative form of schizophrenia were included. They all met the DSMIII R criteria for schizophrenia, and were previously intolerant to clozapine, or were simply admitted for the first time for exhibiting the nonpro-

ductive symptomatology. PANSS scale was used for the assessment of the severity of symptoms and the efficacy of treatment. They were rated at the beginning of the treatment (or after 3–7 days washout period) and once a week for six weeks. The dose range administered daily was between 100–200 mg. No other concomitant therapy was given, except for hypnotics occasionally. After six weeks treatment significant improvement was seen in 14 patients (74%) and observed as a significant decrease (more than 58%) in final PANSS scores compared to the scores at the beginning of the treatment. Greater improvement was noticed in depression than in negative subscale. Other 3 patients showed improvement noticed as 20% decrease in the final score. Two patients were nonresponders and had to be treated in a different way. The tolerability of sulpiride was very good in terms of subjective complaints, laboratory findings and ECG. The only frequent complaints were increased appetite and weight gain which was observed at the end of treatment (6–10% increase in weight from the beginning of treatment) Although our sample is small, it proves the efficacy of sulpiride in the treatment of negative forms of schizophrenia, especially when depressive symptoms are present. It should not be forgotten especially because of good tolerability.

BRAIN MAPPING, RELAXATION AND PERSONALITY

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Introduction: The bioelectrical brain activity changes in several psychophysical situations that the subject could meet. At the same time, several subjects could respond in different manner to the same stimuli. The present work studies the bioelectrical brain changes produced after applying a technique of relaxation and the differences according to some characteristics of personality.

Material and method: Subjects: 54 healthful volunteers, university students, with same distribution of sex and a range of age of 20 to 24 years old (x: 21.5). **Procedures:** all of the subjects completed the Cattell's personality questionnaire (16PF, forms A and B), a questionnaire of social abilities and a scale of manual dominance. Two electroencephalographic records were carried out to each subject: in awake resting situation with closed eyes and after applying a technique of muscular and respiratory relaxation. The records were obtained with a Cadwell Spectrum 32 equip, with 21 electrodes placed according to the 10/20 international system and linked ears reference. From each registration 30 epoch of 2.5 seconds were recorded and maps of absolute power, relative power, interhemispheric asymmetry and interhemispheric coherence were created. Maps of averages were created according to the scores obtained in the second order factors of the 16PF and they were compared among themselves and between the awake resting situation and relaxation.

Results: Significant overall differences between the two studied psychophysical situations were obtained, especially in the absolute power in the beta rhythms. At the same time, we were found bioelectrical behavior significantly different in relationship to characteristics of personality measured with the 16PF.

Conclusions: The situation of relaxation associates an bioelectrical brain activity different from awake resting situation. Some characteristics of personality are related to several bioelectrical brain responses to the stimuli. Brain mapping is an useful technique in order to measure these changes.

TREATMENT RESPONSE STUDIES IN SYSTEMATIC CATATONIA (LEONHARD) II AMINEPTINE AUGMENTATION

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Objectives: Our objective was to establish the treatment response pattern of the Leonhardian group of systematic catatonias in a series of double-blind, placebo-controlled cross-over drug trials. This report presents the findings of amineptine augmentation in systematic catatonia.

Method: 21 patients with chronic schizophrenia, who met operationalized criteria for systematic catatonia according to Leonhard (Petho & Ban, 1988) and gave informed consent, were selected from the entire patient population of two long-term rehabilitation facilities. All subjects were physically healthy and had no past or current history of substance abuse. Amineptine HCl (200 mg/day) and identical-looking placebo were added consecutively for 6 weeks each to the patients' existing drug regime under double blind conditions, followed by a 4-week wash-out period. Assessment using the GAS, BPRS, HDRS, SANS, AIMS, Simpson-Angus Scale, Van Putten Akinesia Scale, Barnes Akathisia Rating Scale, Modified Rogers Scale, Bush-Francis Catatonia Rating Scale and the NOSIE was carried out at baseline and at 3 weekly intervals afterwards. Raters were blind to the patients' medication status.

Results: Amineptine HCl augmentation resulted in minimal improvement in depression and negative symptom ratings, but did not significantly change the motor status of patients with systematic catatonia.

Conclusion: Amineptine HCl is an antidepressant known to enhance dopaminergic transmission. The lack of therapeutic effect of amineptine, on catatonic symptoms appearing in systematic catatonias therefore suggests that a dysfunctional dopamine system is not a major factor in the pathogenesis of motor symptoms in these particular subtypes of catatonic schizophrenia.

HOW ARE PSYCHOTIC SYMPTOMS PERCEIVED? A COMPARISON BETWEEN PATIENTS, RELATIVES AND THE GENERAL PUBLIC

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Objective: The early detection and treatment of psychosis depends on the extent to which patients, their relatives and the general public are able to recognize psychotic symptoms as features of mental illness requiring medical attention. We compared the attitudes towards psychotic symptoms in schizophrenic patients, their relatives and the general public. We explored the relationship between such attitudes and demographic variables, as well as with a history of previous contact with mental patients. In addition, we also compared the attitudes of schizophrenic patients to the vignette with their attitudes to their own symptoms.

Method: In order to provide a common reference for comparison, we constructed a case vignette that described classical positive symptoms of schizophrenia in everyday language. The vignette approach was selected because it provided a more tangible scenario in which attitudinal responses could be measured. We used the case-vignette to compare 44 in-patients and 47 out-patients with schizophrenia, 48 of their relatives and 43 members of the general public with respect to their attitudes towards schizophrenic psychotic symptoms.

Result: Subjects from the general public tended not to recognize psychotic symptoms as features of mental illness and they tend not to consider drug treatment and hospitalisation as indicated. Sex, ed-