

**P02.292****TRADITION, CLINICAL NEEDS AND ECONOMY: THEIR EFFECTS ON THE DEVELOPMENT OF NEURO-PSYCHOPHARMACOLOGY. CZECH AND SLOVAK EXPERIENCE**

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The sources of interest of Czech and Slovak researchers in psychopharmacology go back to the work of J.E. Purkinje. The prehistory is then marked by the experiments with mezkaline (S. Nevole) and by the publication of PHARMACOLOGY OF THE MIND (1937) by V. Vondráček. Pavlovian era, partly imposed by political pressure, taught Czech and Slovak pharmacologists to elaborate conditioned reflexes. In the years when behavioral pharmacology was the main tool how to elucidate psychotropic properties of newly synthesized compounds, Czechoslovak psychopharmacology was in the foreground of the world progress. This success was made possible thanks to a close cooperation with clinicians and their emphasis on reliable clinical methods, elaboration of sensitive rating scales, organization of multicenter randomized clinical trials and the ingenuity of the synthetic chemist M. Protiva and his group. It was not by chance that the first book on PSYCHOPHARMACOLOGICAL METHODS (Pergamon Press, 1963) had Czech Editors. With the increasing role of biochemical pharmacology in the mid-1970 necessitating expensive technical equipment and large financial resources, Czechoslovak psychopharmacology began to lose its prominent position in the World. After the Soviet occupation in 1968, the contacts with the West became more difficult. Nevertheless, some new drugs (e.g. oxyprothepine, isofloxythepine, 7-metoxycitracine) began to be investigated in the clinic, but were not registered and/or produced due to economic considerations. At present, Czech and Slovak psychiatrists cooperate mostly in multinational clinical trials sponsored by the foreign industry. Recently, first interesting results of the studies using new imaging methods appear demonstrating their predictive potential.

**P02.293****NAVIGATION AND IT'S IDIOTHETIC AND ALLOTHETIC COMPONENTS IN HEALTHY YOUNG HUMANS**

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Allothetic and idiothetic navigational strategies are combined in natural conditions. Since either can presumably be deficient in neurological and psychiatric patients, an attempt was made to evaluate each of them separately. A fully enclosed circular arena (290 cm in diameter) was used. It had a computerized tracking system and 8 electronic symbols on the inner walls that could be controlled independently by a computer. Three tests of navigation towards a previously visited unmarked circular target (35.6 cm in diameter) were administered to ten healthy young subjects. Each test consisted of 8 searches. To make background cues irrelevant, the relevant cues were electronically rotated around the arena before each search. During the first ("combined") test, the mutual positions of the start, target and two wall cues were kept constant while the start moved around the arena circumference between searches in a pseudorandom manner. Only the "start - target" or the "target - cues" relationships remained constant in the second (idiothetic) and third (allothetic) tests, respectively. Subjects were asked to walk to the target and to place a pole upon it. If incorrect, they were led to the target before the next search. The mean distances ( $\pm$ SEM) from

the pole placement to the target center did not differ among tests (combined:  $19.1 \pm 1.7$  cm, idiothetic:  $21.0 \pm 2.7$  cm and allothetic:  $19.9 \pm 1.2$  cm). The same was true for the subjects' ability to judge the radial and angular coordinates of the target relative to the arena center or to estimate the start - target distance. The bias in judging the start - target azimuth during the idiothetic and the allothetic tests was different (mean errors  $1.28 \pm 0.82$  deg and  $-1.89 \pm 0.81$  deg, respectively), while the absolute values of the azimuth errors were not. Thus the ability of healthy young subjects to use the combined, allothetic and idiothetic navigation strategies in our arena was similarly good. This provides a reasonable basis for testing this battery on patients with brain damage, e.g. with early Alzheimer's disease.

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**P02.294****POST-TRAUMATIC STRESS DISORDER IN A STUDENT POPULATION SEVERAL YEARS AFTER BOMB ATTACK**

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On 16.02.90, a class of Belgian university students during a seminar were victims of a bomb explosion. Several of them suffered from burns and showed psychological distress. Three to four years after this traumatic event, thirteen students underwent a psychological examination to evaluate the psychic post-traumatic consequences from a medicolegal point of view. On a psychopathologic level, the main complaints in decreasing order were: nervousism, anxiety, mistrust and phobic avoidance, emotional lability, recurrent recollection of the traumatic event, recurrent compulsions, awakening difficulties, physiological reactivity on exposure to external cues that remind of the trauma, irritability, neurovegetative hyperreactivity and depressed mood. All these symptoms are typical of a post-traumatic stress disorder (DSM IV). The psychometric testing revealed the presence in all patients of moderate but persistent anxious and depressive complaints. Also the data demonstrated personality disturbances of phobic and obsessive nature. Especially the MMPI and Rorschach results show phobic withdrawal and emotional and relational impoverishment. As a conclusion, we can say that a medicolegal approach of this problem reveals the reality of long-term posttraumatic sequels that consequently deserve a financial compensation.

**P02.295****AGRESSION AND PTSD: MEDICOLEGAL EVALUATION**

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Fifty consecutive patients, victims of aggression, were examined in order to assess semiological and psychometric characteristics of PTSD: 27 males and 23 females with a mean age of 41 years were examined 18 months after the traumatic event. The results showed the following semiology in decreasing order: excitability, phobic avoidance, distrust, recurrent traumatic nightmares, difficulties in concentration, impaired memory, dysphoric mood with self-depreciation and discouragement, hyperfatigability, recurrent recollection of the traumatic event, headaches, sleep disturbances, neurovegetative hyperreactivity with palpitations, trembling, sweating and oppressions. On a neurocognitive level, the results showed moderate concentration difficulties, memory disturbances and hyperfatigability. The statistical analysis of the data (Spearman) did not demonstrate a correlation between type of aggression (only

psychological trauma or only physical aggression) and cognitive and psycho-affective variables.

Otherwise, we found a statistical difference on immediate memory as far as the delay of examination was concerned.

Furthermore, most of the cognitive dysfunctions were correlated with the severity of anxiety and depression. PTSD seemed also perturbing work capacity. The details of these data will be demonstrated.

### P02.296

OBSERVATION OF AN "EMBARASSING" EFFECT DURING THE INITIAL PHASE OF TREATMENT WITH OLANZAPINE ON THE SUBJECTIVE EXPERIENCE IN THREE LONGSTAY SCHIZOPHRENIC PATIENTS WITH PROMINENT NEGATIVE SYMPTOMS

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In three schizophrenic patients in a closed ward (>10 yrs. by law) with prominent negative symptoms, olanzapine was added to the conventional depot medication. In patient A (f, 30 yrs, 105 kg, desorganized type) olanzapine 10 mg/day was added to flupenthixol dec. 80 mg/wk. After a marked improvement in daily activities, dosage was increased to 20 mg/day. She then started to complain about "all kinds of impressions, she couldn't handle" and asked for dose reduction. In patient B (f, 54 yrs, 58 kg, desorganized type) olanzapine 10 mg/day was added to flupenthixol dec. 120 mg/2 wks. While she hardly could concentrate on a talk of 5 minutes, before, she now could have a talk for half an hour, including affective contact. She started complaining then of feeling "strange in her head and hair" with a sad and desperate facial expression. She refused the olanzapine, but accepted it again a few weeks later, in a dose of 5 mg/day. Patient C (m, 37 yrs, 60 kg, paranoid type) got 5 mg/day in addition to haloperidol dec. 150 mg/3 wks and perazin 600 mg/day. After a marked improvement in selfcare and alleviation of positive symptoms as well the patient himself asked for dose increase. After some weeks with 10 mg olanzapine/day he started to express feelings of sexual attraction towards a female nurse, putting forward also his problem in making contact with women. One day he refused the olanzapine definitely.

**Conclusion:** It seems feasible to start with a rather low dose of olanzapine in chronic patients in order to give them time for adaptation to, for them, uncommon experiences during symptom improvement. Otherwise a possible promising treatment would end prematurely in rejection of the medication by the patient out of sheer "embarrassment".

### P02.297

SILDENAFIL CITRATE (VIAGRA) TREATMENT OF SEXUAL DYSFUNCTION IN SCHIZOPHRENIC PATIENT

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The sexual functioning of patients suffering from mental disorders has been largely overlooked. A high frequency of sexual problems was reported by treated as well as untreated schizophrenics. Lack of or minimal sexual activity has been reported in the premorbid lifestyle of patients with schizophrenia, due, in part, to a low degree of social competence, lack of experience with sexual relations and a high rate of celibacy. Negative symptoms like anhedonia and lack of interest and initiation may contribute to the reduced sexual desire and performance reported, even by untreated chronic

schizophrenic patients. Since in majority of cases underlying causes of sexual dysfunction are multifactorial, the treatment is quite disappointed. Recently introduced, Viagra (sildenafil citrate), is the first oral agent indicated for the treatment of impotence and in double-blind randomized controlled trial oral was found safe and effective treatment for men with erectile dysfunction of organic, psychogenic, and mixed causes. However, the place of sildenafil for treating sexual dysfunction in male schizophrenic patients has remained to be determined. We present a case of 26 years old man suffering from schizophrenia and having significant libidinal, erectile and orgasmic dysfunctions, who was successfully treated with Viagra for 0.5 year. To our best knowledge this is the first report of such beneficial use of Viagra in a clinical psychiatric practice. This case represents the complex character of sexual dysfunction in male schizophrenic patients.

(1) Aizenberg D, Zemishlany Z, Dorfman-Etrog P, Weizman A. Sexual dysfunction in male schizophrenic patients. *J Clin Psychiatry* 1995; 56: 137-141.

### P02.298

SWITCHING FROM CONVENTIONAL TO NEW ATYPICAL ANTIPSYCHOTICS IN SCHIZOPHRENIC PATIENTS: A STUDY ON PATIENT'S SATISFACTION

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The purpose of the study was to assess subjective, self-experienced and self-reported changes in schizophrenic patients after switching from conventional to new atypical antipsychotics, as well as to explore the relationship between satisfaction with treatment and clinical improvement. 74 chronic schizophrenic (DSM-IV) have been switched to risperidone, olanzapine or quetiapine after having responded to conventional antipsychotics with unsatisfactory clinical improvement or intolerance of side effects. After third month of the new pharmacotherapy the patient's satisfaction questionnaire was filled out, and the global clinical improvement was estimated by the treating doctor.

More than half of the patients was fully or very satisfied with the new medication and 45 (60%) evaluated it as much better than former therapy. 35 patients experienced no side effects in the last month of the treatment, and 62 (83%) said they wished to continue the therapy. Taking the new atypical antipsychotics, patients experienced most favourable changes in the area of the quality of life. There was no strong relationship between satisfaction with treatment and clinical improvement, which supports the proposed conceptual model for patient's satisfaction, that satisfaction is influenced by several other factors as well. Our results, similarly to data from other authors, indicate that administration of new atypical antipsychotics in schizophrenia results in greater subjective satisfaction than with conventional drugs. This has a favourable effect on compliance, which might indirectly lead to avoidance of complication and thus to a decrease in costs of treatment.

### P02.299

EARLY ONSET OF SCHIZOPHRENIA AND EFFICACY OF RISPERIDONE

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When compared with studies in adults, the number of studies that have been performed in young patients with schizophrenia is