

S42.04

Drug and alcohol abuse as risk factors

D. Linszen. *Amsterdam, The Netherlands*

Abstract not available at the time of printing.

S42.05

Neurobiological characteristics of the at-risk mental state

G. Juckel. *Department of Psychiatry, Ruhr-University, Bochum, Germany*

Background and Aims: The most important clinical problem with schizophrenia is the chronic course of this disease leading to severe medical and social problems. Most of the patients are unable to work at a regular base, to have a partnership or family due to persistent cognitive and emotional disturbances. This is probably caused by progression of the loss of gray matter and of cytoarchitectonical changes in the frontal and temporal lobe as well as in limbic structures. Several studies suggest that so early the patients received psychotherapeutic and/or pharmacological treatment, so better the prognosis. Neurobiological research in the early phase of the beginning schizophrenic psychosis, i.e. so-called prodromal phase, could provide information being relevant for the early recognition of those patients still far away before the acute onset of psychosis, who then can be treated adequately.

Methods: Our research is currently directed to parameters which are found changed in manifest schizophrenic patients, i.e. structural MRI and MR spectroscopy, to neuropsychological and neurophysiological examinations (serotonin indicator LDAEP, P300, P50, MMN).

Results and Conclusions: Comparisons of prodromal patients versus patients with first or multiple episodes as well as of healthy controls revealed a continuum of neurobiological impairments from the early prodromal phase to the chronic state of schizophrenia.

W13. Workshop: FIRST EPISODE PSYCHOSIS, THE DANISH NATIONAL SCHIZOPHRENIA PROJECT

W13.01

First episode psychosis. The Danish National Schizophrenia project

A. Lindhardt. *Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark*

Aim: To describe the rationale, design and methods of the Danish National Schizophrenia project, and to characterise its sample at inclusion and after 1 and 2 years concerning outcome, gender, treatment as usual and furthermore to describe interpersonal self-image as a predictor for outcome.

Method: Prospective, comparative, longitudinal, multi-centre study (16 centres), including 562 patients with a first episode psychosis of ICD-10 F-2 type, successively referred during two years.

Patients were treated with three different interventions: 1. an assertive, integrative psycho-social and educational treatment programme; 2. a supportive psychodynamic treatment as a supplement to treatment as usual; and 3. treatment as usual. Symptoms, social

function and sociodemographic data were registered regularly, and followed up after one and two years.

Results: Comparison of the outcome of the three treatment methods showed that the two methods of intervention helped the patients significantly better on several outcome measures than the 'Treatment as Usual'.

W13.02

The Danish National Schizophrenia project. Outcome and treatment modalities

B. Rosenbaum¹, S. Harder², M. Lajer³, A. Koester⁴, A. Lindhardt⁵, P. Knudsen⁶, K. Valbak⁷, G. Winther⁷.
¹ *Psychiatric Center Glostrup, Ndr. Ringvej, Glostrup, Denmark*
² *Institute of Psychology, University of Copenhagen, Copenhagen, Denmark*
³ *Augustenborg Hospital, Augustenborg, Denmark*
⁴ *Rigshospitalet, Copenhagen, Denmark*
⁵ *Amager Hospital, Copenhagen, Denmark*
⁶ *Risskov Hospital, Aarhus, Denmark*
⁷ *Private Practise, Copenhagen, Denmark*

Aims: To describe the rationale, design and methods of the Danish national Schizophrenia Project, and to characterise the sample at inclusion and after 1 and 2 ys.

Method: Prospective, comparative, longitudinal multicenter-study (16 centers distributed all over Denmark), including 562 patients with a first episode psychosis, ICD 10 F- 2, successively referred during two years.

Patients were treated with three different intervention types:

1. supportive psychodynamic as a supplement to treatment as usual, including antipsychotics (TAU), 2. assertive, integrated treatment with psychosocial and psychoeducation and antipsychotics 3. Treatment as usual. Data included psychopathology, social function and sociodemographic data, at baseline, years 1 and 2.

Result: Comparing the three interventions showed a significantly better outcome for the interventions 1 and 2 than 3, TAU.

W13.03

The Danish National Schizophrenia project: Treatment as usual (TAU) in FEP with focus on continuity of treatment

M. Lajer¹, A. Køster², A. Lindhardt².
¹ *Psychiatric Hospital, Augustenborg, Denmark*
² *Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark*

Background: Very few research projects describe the clinical routines and every day treatment procedures, and correlate these to the outcome.

Objectives: To determine the possible correlation between continuity of treatment and compliance leading to a positive impact on level of psychopathology and better social functioning.

Methods and Material: Patients with FEP of F2-diagnosis in The Danish National Schizophrenia Project (N=269) were consecutively included during a two years period to be followed up for five years. Data were collected concerning continuity of relationship in treatment, treatment conditions, medication, psychotherapy and social support and training.

Results: We will present data from the TAU-registration for the patients concerning continuity of relationship in treatment and the correspondence with level of psychopathology, compliance, social functioning, treatment and abuse at baseline, year 1 and year 2.