SES06. AEP Section "Epidemiology and Social Psychiatry": Part I. Early detection and intervention in psychosis

Chairs: A. Mann (UK), H. Häfner (D)

SES06.01
ANTECEDENTS AND EARLY COURSE OF AFFECTIVE PSYCHOSIS

H. Verdoux

No abstract was available at the time of printing.

SES06.02
PRODROMI AND EARLY COURSE OF SCHIZOPHRENIA AND ITS CONSEQUENCES

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In the ABC Schizophrenia Study we analysed the development of positive and negative symptoms, social disability and social course in the early course of schizophrenia and their consequences for the patients' illness and social biography before and after first admission. The study relied on a population-based first-episode sample (n = 232) of broadly defined schizophrenia, assessed retrospectively with the IRAOS, and a subsample of 115 patients followed up prospectively at 6 cross sections over 5 years.

The first signs of schizophrenia occurred about 6 years and the first psychotic symptoms about 1 year before the maximum of positive symptoms. The 10 most frequent initial symptoms were mainly negative and depressive symptoms. As a consequence of the early functional impairments social disabilities emerged 4 to 2 years before first admission leading to processes of social decline in late onset schizophrenics and to social stagnation in early onset schizophrenics during the prodromal phase and the psychotic prephase. This unfavourable course, especially in men, continued in the five years after first admission. Age at onset considerably influenced the social course of schizophrenia by determining the level of social development at onset. The predominantly socially adverse behaviour of young men was an additional factor contributing to the poor social course. A path model showed that the effect of gender and age at onset upon social outcome after first admission was indirectly moderated by social development and socially adverse illness behaviour in the prodromal phase and the psychotic prephase.

As the social course of schizophrenia is decided in the prodromal phase long before the first psychotic symptoms occur, early identification and early treatment is of increasing importance for research and clinical practice. As schizophrenia can be diagnosed only on the basis of positive symptoms, early treatment has to avoid false positive, and therefore must be syndrome-related, e.g. specific for negative and depressive symptoms. Additionally, the early use of psychosocial techniques for the management of social disabilities and the role deficits also is indicated.

SES06.03
PREDICTING THE RISK OF PSYCHOSIS

K. Maurer

No abstract was available at the time of printing.

IS01. Suicide – the difference in age and gender (Supported by The Lundbeck Institute)

Chairs: J. Angst (CH), N. Sartorius (CH)

IS01.01
SUICIDE IN ADOLESCENTS

C. van Heeringen. *Belgium*

Studies of the epidemiology of adolescent suicidality show that up to 21% of adolescents in the general population report to have shown suicidal ideation at some point in their lives, while up to 8% indicate a history of attempted suicide. Rates of attempted suicide among the young appear to increase, while in many countries across the World suicide rates are increasing, especially among young males. The interrelationship between different facets of suicidality as shown in clinical and general population studies indicates a continuum of suicidal phenomena, suggesting a common underlying vulnerability which can be defined in individual and environmental terms and has been studied most extensively in clinical samples. Individual correlates include characteristics in the psychological, psychiatric and biological areas. Psychological characteristics associated with suicidal ideation and behaviour include developmental issues related to adolescence, low self-esteem, problem-solving deficits, impulsivity and hopelessness. With regard to psychiatric disorders depression, schizophrenia, and substance abuse play an important role. Evidence of a biological involvement of the serotonergic system is increasing which may be due to a genetic loading or to traumatic behaviour in families, peers, or mass media, and to current or past adverse life events including physical or sexual abuse. The recent increase in the occurrence of suicidal behaviour among the young can be explained in terms of simultaneous period and cohort effects. Currently known risk factors for adolescent suicidality may be organised in a model that describes suicidal behaviour as the consequence of trait and state dependent characteristics, and provides clues as to its prediction, treatment, and prevention. There is little evidence supporting the choice of a particular psychopharmacological or psychotherapeutic treatment approach to suicidal adolescents. Based on our current knowledge a combined psychopharmacological and psychotherapeutic approach could be advocated taking environmental and compliance-related problems into account.

IS01.02
SUICIDE IN WOMEN

I. Brockington. *UK*

Women are more involved in self-poisoning (parasuicide) and suffer from more depression than men, but this does not necessarily mean that suicide rates are higher. There is some evidence that men use more violent methods, and the incidence of the comparatively dangerous bipolar disorder is approximately equal. The suicide of women, however, has particularly serious effects, because of their frequent pivotal position in families, and their role in caring for dependant relatives after the menopause. This paper will examine:

- The differences in suicide rates between the two sexes during different life stages
- The effect of the greater longevity of women
- The differences between European countries

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