A 130-item pilot-version of the QoL instrument in schizophrenia (QLIS) was analysed in 203 schizophrenics. Items were selected according to psychometric properties and content.

In a validation study the resulting questionnaire was completed by n=136 schizophrenic patients along with the WHOQOL-Bref, SWN-K and the German Version of the LQLP, and by n=49 in a test-retest design. Reliability coefficients for the 10 subscales were satisfactory to good (median of retest-coefficients: r=.80, median of internal consistencies: a =.75). Validity coefficients show that QLIS-scales differ empirically from present QoL instruments.

QLIS, therefore, offers an opportunity for specific, comprehensive and reliable self-reported evaluation of QoL in schizophrenia.

P45.27

The subjective/objective dichotomy in schizophrenia-data from Striatal Dopamine Depletion Study

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The commendable efforts to objectify observations and standardize diagnosis has,unfortunately,left out a big chunk of psychiatric phenomenon as being subjective, i.e. not reliable and mostly non-measureable. It is our thesis that the Subjective/Objective dichotomy is rather false; being not completely understandable is not a good reason to ignore it. Over the years, we demonstrated the importance of subjective experiences on antipscyhotic medications for management and outcomes. We have developed appropriate methodologies for measuring and quantifying subjective phenomena, related to the effects of antipsychotics. Using a dopamine depletion SPECT design, we recently demonstrated the significant inverse correlation of subjective responses on medications to striatal dopamine receptor binding ratio. This is an example where the subjective and objective blend together. In essence, we demonstrated that once appropriate methodologies to assess subjective phenomena and relate it to specific brain function exists, the dichotomy becomes a non-issue. It is our belief that classificatory multiaxial systems need to consider adding a subjective axis. For that to become useful, further research is needed.

P45.28

Cognitive dysfunctions in prepsychosis

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Introduction: Psychotic episodes in patients are often proceeded by a prepsychotic period with several symptoms: isolated psychotic symptoms and anxiety, anhedonia, apathy, irritability, sleep disturbances, etc. However, little information is available about the cognitive dysfunctions during this stage of psychotic disorders. Our aim was to characterize the cognitive dysfunctions in patients during prepsychotic period by neurocognitive tests.

Patients and Method: Ten patients fulfilling the criteria for prepsychotic symptoms of psychosis were studied. All patients had no history of psychotic episode or severe mental disorder. Cognitive functions were measured by the computerized Cambridge Neuropsychological Test Automated Battery (CANTAB). Thirteen tests covering various aspects of cognitive functions were evaluated.

Results and Conclusions: In prepsychotic period impaired cognitive functions were found in new information learning (Paired Associated Learning, PAL), in spatial recognition memory (SRM), sustained attention (Rapid Visual Information Processing, RVIP), and spatial working memory (SWM) compared to a standard healthy control group. Visual memory and executive functions were in the normal range. The results show that marked cognitive impairments are present at the prepsychotic period in patients.

P45.29

Reduced energy metabolism in schizophrenia

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Objectives: An altered membrane phospholipid composition have been shown in schizophrenia. Such a disturbance may effect integral proteins and energy demanding processes as ion transport. This motivates exploration of overall energy metabolism and simultaneous determination of polyunsaturated fatty acids (PUFA).

Method: Basal metabolic rate (BMR) was measured with indirect calorimetry in 22 patients with schizophrenia and 16 controls. Measured BMR was compared with a predicted level for each individual by use of anthropometry-related equations (FAO/WHO/UNU). PUFA in plasma were determined with gas chromatography.

Results: Patients with schizophrenia showed a significantly lowered BMR compared with the expected level. There was a slight nonsignificant decrease also in the control group. The mean reduction of BMR was −172,8 kcal/d in the patients and −50,1 kcal/day in the controls, (p=0,01). A tendency towards lowered levels of PUFA in plasma was seen in patients compared to healthy controls, (p=0,052 for eicosapentaenoic acid).

Conclusion: Reduced BMR was shown in patients with schizophrenia. The changes were so pronounced that the finding can not be explained by deviations in diet or physical activity. The effect of neuroleptics has however not been elucidated.

P45.30

Acceptance of pharmacological treatment by schizophrenic patients

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The aim of the study was to assess clinical and demographic factors associated with the acceptance of pharmacological treatment in schizophrenic patients.

Method: Forty inpatients with schizophrenia (20 male, 20 female, mean age 42,2 years) were studied. Acceptance of the necessity of medication and awareness of its effects were assessed by means of Insight into Illness Scale and semi-structured questionnaire. Intensity of symptoms of schizophrenia (using PANSS), depressive symptoms (HDRS), extrapyramidal symptoms (Simpson scale) and quality of life (WHO Bref) were also evaluated.

Results: Only 14 patients (35%) acknowledged the necessity of pharmacological treatment. Acceptance of treatment correlated with other dimensions of insight into illness and compliance in ambulatory treatment. Inverse correlation between treatment acceptance and negative symptoms severity and extrapyramidal symptoms intensity was also found. Patients accepting treatment were significantly less frequently hospitalized in "chronic wards" than non-acccpting, despite similar duration of illness, number of previous hospitalisations and age of onset of illness.

Conclusions: The results point to the low percentage of patients accepting treatment and suggest the role of treatment acceptance in the social outcome of schizophrenia.

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