

In the context of this Joint Section Workshop – jointly organized by the AEP Sections 'Women's Mental Health' and 'Philosophy and Psychiatry' - on 'Scientific reading and writing in psychiatry' the title of this talk poses the question of the rapport between two kinds of knowledge: theoretical knowledge and practical knowledge. Some clinical problems and a paradox derive from this: Does theoretical knowledge stand in the way of practical skills like the immediate grasping of the other's experience as in empathic understanding? Does theoretical knowledge act as a set of prejudices tackling "taking inside" the other's thoughts and feelings? The paradox is the following: Do we understand other persons thanks to our prejudices (or a set of commonly shared prejudices)? A tentative way out from these problems and paradoxes are Giordano Bruno's concept of "docta ignorantia" or Edmund Husserl's definition of the phenomenologist as an "eternal beginner". The notion of epoché, i.e. bracketing one's background knowledge in order to highlight it, may prove useful too.

Workshop: Danish national schizophrenia project, 5 years follow up

W02.01

The Danish national schizophrenia project – two- and five-year follow-up

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Background: The Danish National Schizophrenia project for persons with a first episode psychosis within the schizophrenia spectrum (F20-29) has initially collected data for 562 persons, included consecutively in a 2 years period (1997-1999). The investigation covers 45% of the Danish population.

Objectives: To present a prospectively investigation of three types of treatment: Psychodynamic Psychotherapy, Integrated Treatment and Treatment as usual.

Results: Measurements of psychopathology, social functioning, and psychological functions (Rorschach and WAIS) showed that the group of patients who were treated by the intervention methods did better than the group who received the Treatment as usual. Preliminary 5 years data will also be indicated.

Conclusion: After two years patients receiving integrated treatment and the psychodynamic treatment will do better than the group of patients getting Treatment as usual. Integrated treatment is superior compared with the two other modes of treatment. After five years only minor advantages of adding psychodynamic treatment to Treatment as usual can be shown on the general symptom and social functioning scales.

W02.02

Mental health services in Denmark. Where are people with schizophrenia treated in the Danish national schizophrenia project?

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Mental health services in Denmark are rapidly changing in terms of heightened focus on outpatient and assertive treatment. Community mental health services are closely connected with inpatient treatment and comprises comprehensive services with easy accessibility. There is a strict division between the responsibility of mental health services and social services concerning the individual patient. This puts emphasis on the necessity to provide continuity and to coordinate services between the sectors. The changes in service delivery which has been taking place during the 10 years since the start of Danish National Schizophrenia project will be described and related to key issues of the treatment as usual.

W02.03

The Danish national schizophrenia project. Premorbid functioning and early course in first episode psychosis

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Background: Investigations in the premorbid and early phases of psychosis are important for enhancing early intervention programmes. The purpose of the present study was to examine premorbid functioning in a large sample of individuals admitted to their first treatment for psychosis.

Method: 184 first-episode psychotic patients participated in the study. The relationship between premorbid adjustment, initial presentation and one-year outcome was examined using Premorbid Adjustment Scale (PAS), Positive and Negative Symptoms Scale (PANSS) and Global Assessment of Functioning (GAF). Social and academic dimension of PAS was analysed. Cluster analyses were used to identify patterns of premorbid adjustment over four developmental periods.

Results: A poorer premorbid adjustment was consistently related to more negative symptoms at initial presentation and more negative symptoms and poorer social functioning at one-year outcome. PAS contributed to outcome at one year independent of initial presentation. No relationship between premorbid adjustment and DUP was found and DUP was associated only with positive symptoms at one year. A stable-poor and a deteriorating premorbid adjustment course lead to a similar poorer initial presentation and poorer outcome at one year compared to a stable-good premorbid adjustment. The social dimension seems to contribute more importantly to outcome than the academic dimension.

Conclusions: The results support a heterogenetic view of schizophrenia where premorbid adjustment and DUP could be understood as influencing different rather independent pathological domains. The findings point to a possible need for early intervention in case of social maladjustment, independent of later transition to psychosis.

W02.04

Danish national schizophrenia project. Psychiatric service development in Denmark during the course of DNS

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Background: Conceptualisation of disorders amongst the public as well as service delivery are in some undefined way related to outcome in a naturalistic long term multicenter study, as the Danish National Schizophrenia project. DNS was planned from 1995-1997. Patients were included from 1997-1999. The follow up took place until

2004. At the same time important changes took place in the service delivery. This might affect long term outcome. Denmark is a fairly small and uniform country so dissemination of knowledge, formally as well as informally, spread quickly.

Aim: To describe changes in mental health service delivery, during the 10 years from 1995–2004. To compare delivery of services between the different centers in the study such as beds available, and outpatient services available. To compare basic features as DUP between the centers, and to look at use of services in terms of use of beds, and use of outpatient services between the centers.

Results: During the years of the investigation a growing political and public interest was directed towards First Episode Psychosis. Three large investigations, TIPS, OPUS and DNS were initiated and two of those were initially financed by the ministry of health, whereas they were initially rejected for funding from the Danish medical research council.

A lot of local publicity was attached raising awareness of detection and intervention in these years. This affects of course Treatment as Usual (TAU). Comparison of outcome between the centers participating in DNS show no great differences pointing to a consensus of best practise.

W02.05

Treatment as usual (tau) in the first episode psychosis (fep) with focus on continuity and compliance. The danish national schizophreniaproject

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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 and to register its impact on psychopathology and social functioning.

Method: Patients with first episode 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 social functioning, psychopathology, continuity of relationship in treatment, treatment conditions, medication, psychotherapy, compliance and social support and training.

Results: 50% has no shift of primary treatment person in the first two years. Continuity was lower in the metropolitan areas, and especially if the patients had substance abuse. Protecting factors seems to be continuity, female gender, rural area and psychotherapy.

Symposium: Are there schizophrenia subtypes?

S36.01

What psychopathology tells us about the nature of schizophrenia?

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Psychopathological symptoms are the hallmark characteristics in all schizophrenia constructs all along the history since non-clinical

domains have never been included in any of the major diagnostic criteria systems applied to schizophrenia.

Despite the critical importance of the DSM system in psychiatric nosology, a problem that is still not completely solved is clinical heterogeneity of patients, which it is not the exception but the rule. The magnitude of the problem is well illustrated by an example: There are 25 different combinations of characteristic symptoms (Criterion A), 5 schizophrenia subtypes and 9 longitudinal courses for 'DMS-IV-TR' schizophrenia disorder. Taken together, 1125 different clinical forms are possible for the same diagnosis.

Categorical approach to the assessment of symptoms and syndromes/disorders should be supplemented by dimensional analyses both at clinical and research levels. In fact, treatments for schizophrenia patients are mainly selected by their predominant symptoms and not exclusively by their diagnoses.

S36.02

Deteriorating/no deteriorating cognitive subtypes within schizophrenia

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Cognitive impairment has been at the forefront of schizophrenia research and clinical interest for the last 2 decades. The prevailing clinical impression is that individuals who meet criteria for schizophrenia also suffer from easy observable and at times severe cognitive impairment. However, when large populations of schizophrenics undergo classic psychological testing, the normal distribution of their composite scores is "shifted to the left" only moderately. There exist a very large overlaps between patients and controls in terms of cognitive scores regardless of the tests employed. An hypothesis that would reconcile the clinical observations with the research data on large population would suggest that the quality and degree of cognitive impairment that cognitive impairment in schizophrenia is heterogeneous both in quality and severity and that some subgroups of individuals perform within or above normal range on all aspects of cognition. Adding to this heterogeneity is the fact that for some individuals the cognitive impairment is static while for others it is progressively declining.

Since different aspects of cognitive impairment might have different biological substrate, investigating and sub-typing cognitive impairment could be essential to finding a therapeutic remedy.

S36.03

Longitudinal stability and long-term outcome of schizophrenia deficit and nondeficit subtypes

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Background and Aims: The concept of Deficit Schizophrenia (DS) is considered one of the most promising attempts to reduce heterogeneity within schizophrenia. Few prospective studies tested its longitudinal stability and ability to predict clinical features and outcome at five years follow-up.

Methods: In the present study 51 patients with DS and 43 with Nondeficit Schizophrenia (NDS), previously included in an Italian Multicenter Study on Deficit Schizophrenia, were reassessed after 5