to the same therapy, but in a day-clinic form (n ≈ 50). Instruments used at baseline include the EuropASI, as well as measures of personality, cognitive functioning, motivation to change, several alcohol-related variables, and psychiatric symptoms. Follow-ups are after 3, 6, 9, and 12 months. The trial has begun 12/98 and will be completed in 2002.

(c) Results, Observations, Statistics, P-values: Outcomes of the 3 and 6-month follow-ups are reported. The groups showed no difference at intake. No significant differences in outcome measures between the treatment-settings were found at the 3-month follow-up. Although inpatients had a greater absolute abstinence-rate (70.5%) than day-clinic patients (29.5%), of those not abstinent, day-clinic patients had fewer drinks per drinking-day (n.s.). Additional data from the 6-month follow-up will be reported.

(d) Conclusions: Our study will have consequences for the evaluation and implementation of day clinic detoxification as a standard treatment and for possible differential treatment assignments.

P02.197

DECODING OF EMOTIONAL FACIAL EXPRESSION IN ALCOHOLICS

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Background: The ability to decode the emotional state of the interaction partner correctly constitutes the basis for appropriate behaviour in all social situations. It is essential for the assessment of the other persons mood and intentions and allows to predict possible reactions. These theoretical considerations on one side and well described neuropsychological dysfunctions in alcoholics on the other side form the basis of the considerations that decoding of emotional facial expression may be dysfunctional in these patients. Supporting evidence comes from the observation that behavioural aberrations can often be diagnosed in alcoholics.

Method: In the present study a sample of 20 patients with the ICD-10 diagnosis alcohol dependency (F1x.2) and 50 healthy controls will be examined with a computerized test (FEEL-Test). Fotos of seven different persons showing six emotions (happiness, anger, fear, sadness, disgust and surprise) will be presented. The emotion demonstrated on the foto has to be identified. The groups will be compared regarding number of correct answers, sort of mistakes and reaction times.

Results: So far 50 healthy controls and 10 alcoholics have been examined. First qualitative analysis of the data indicate more false identifications of emotions and longer reaction times for the alcoholics.

Conclusion: Decoding of the emotional facial expression is a prerequisite for adequate behaviour and control of social situations. A practical conclusion from a lack of this highly complex cognitive function could be a special perceptional training supporting deeper encoding strategies of the facial expressions of interaction partners.

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SUBJECT SELECTION FOR THE PLACEBO- AND COMPARATOR-CONTROLLED TRIALS OF NEUROLEPTICS IN SCHIZOPHRENIA

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Inclusion of a placebo treatment arm in controlled clinical trials might bias selection of study subjects; patients in the placebo-controlled studies are presumably more stable. However, there are no data available to support such an assumption. We investigated a set of randomized trials of neuroleptics in schizophrenia by comparing placebo-controlled (PCT) and comparator-controlled (CCT) trials in terms of basic patients' characteristics. The results based on a total of 296 studies showed that the patients in PCT, as compared to CCT, were older ($p < 0.002$), had a longer duration of illness ($p < 0.001$) and a lower initial symptom severity ($p < 0.02$). No difference was found in the number of subjects per treatment arm or in the proportion of females. Nonetheless, investigation of studies which used same-gender study subjects revealed that female-only populations were more likely to be tested in PCT ($p < 0.03$) than in CCT. In order to investigate current trends in psychopharmacological research, we tested separately a subset of trials with new atypical antipsychotics. The results indicated a significantly smaller number of females participating in the latest PCT ($p < 0.0003$). Moreover, our findings suggest that the characteristics of patients in the current controlled trials are rather uniform; thus, the generalizibility of new study findings for certain groups of schizophrenics (e.g., with early or late onset, brief duration of illness) may be compromised.

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PHYSICAL ANHEDONIA AND PSYCHOPATHOLOGY: A STUDY IN A POPULATION OF SCHIZOPHRENIC PATIENTS

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Background: The goal of our study is to evaluate the relationship between physical anhedonia and positive and negative symptomatology in a population of acute schizophrenic inpatients. There are contradicted opinions whether anhedonia in schizophrenia, as well as its physical parameter, belongs to the negative spectrum of schizophrenic symptoms.

Material-Methods: The study group consisted of 81 schizophrenic in-patients (50 male, 31 female), consecutively admitted to Eginition Hospital, Department of Psychiatry, during one year period (February 1997–March 1998). All patients were assessed using the Revised Physical Anhedonia Scale (rPAS) and the Positive and Negative Syndrome Scale (PANSS). Information from the patient's history, concerning sociodemographic and clinical parameters were also recorded in pre-coded interview form. For the statistical analysis simple cross tabulations were initially used. Subsequently, multivariate methods (multiple regression analyses) were employed, using predictor core model variables and alternative introduced the positive and negative symptoms score as clinical standard variables to the core model.

Results: Only PANSS-negative symptoms patients' score is a positive predictor of the physical anhedonia score ($b = 3.89$, $p < 0.05$).

Conclusion: According to our findings the degree of physical anhedonia in acute schizophrenic in-patients depends from the severity of their negative symptomatology.

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