

Interview (Ripke, Gläsner 1993) while psychiatrists received a questionnaire with items about information transfer to their patients, about content and meaning of illness concepts and their significance in the outpatient treatment.

Results: The knowledge of the patients about their disease varied considerably but the majority of subjects (75%) desires more information and communication. Most of the therapists consider this as important too (50% as important, 34% individually selected information, 13% totally oppose to that) and express to be interested in doing so in practice. An accordance was also found for the schizophrenia illness concept which is following the vulnerability–stress hypothesis. As to the treatment process the most obvious effects were ascribed to the pharmacologic treatment. Nevertheless the patients more likely believe that an improvement could arise from augmenting the verbal communication (also in groups) while clinicians don't consider such possibilities of therapy as notable in like manner.

Conclusion: In spite of different interviewing methods we found a distinct accordance of the samples in regard to clinical information management and illness concept. This fact should be conceived of as an encouragement to a psychotherapeutic oriented relation which is perceived by patients and therapists to be helpful and desirable in the structural context of forming a therapeutical alliance.

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GENETIC EPIDEMIOLOGICAL STUDY OF SCHIZOPHRENIA: COURSE AND OUTCOME OF ILLNESS

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The study was conducted in two stages: (1) evaluation of schizophrenia prevalence rate among relatives of probands grouped on “opposing” groups: continuous (N = 121) vs. episodic course (N = 223); and favorable (N = 302) vs. unfavorable (N = 51) outcome; (2) assessment of the autosomal and gonosomal factors liability to schizophrenia by the Multifactorial Threshold Model (MFT) for each proband group. The probands were extracted randomly from the Tomsk Epidemiological & Family Register (Russia). The first-degree relatives of all proband's groups showed the highest overall frequency of schizophrenia (2.38% vs 0.29% in Tomsk population). The lifetime prevalence rate of schizophrenia was not significantly higher in family members of probands with continuous than with episodic course. Probands with unfavorable course were found to have a higher rate of schizophrenia among their first degree relatives (5.13%) than among relatives of probands with favorable course (1.93%, $P < 0.05$). According the MFT autosomal factors were found to be 1.6 times higher in probands with the unfavorable than favorable course. Very modest specificity differences in autosomal factors liability to schizophrenia with continuous vs episodic course. The contribution of gonosomal factors does not detect in liability to schizophrenia with continuous course. On the contrary, the estimate of gonosomal factors is reach to 17% on the average for sample of schizophrenics with episodic course. The role of gonosomal factors increase to 29% in proband's group with schizoaffective features. The findings suggest that autosomal factors (e.g., major gene/s) determine the outcome of the illness. The course of schizophrenia (continuous or episodic) and the presence of affective features being specified by an interaction between gonosomal and environmental factors.

EFFECTS OF ODOURS ON ATTENTIONAL PROCESSES AND MOOD IN SCHIZOPHRENIA AND DEPRESSION

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Various studies have shown the influence of olfactory input on different types of behavior related to the central nervous system activity. The sedative and stimulative properties of lavender oil and the oil of jasmine have been shown in studies using neurophysiological methods and animal research. Based on these findings we examined in an earlier study the effects of these two odours on attentional processes in healthy subjects. Results showed a decrease in the performance while inhaling lavender and an increase in the performance while inhaling jasmine. These opposite effects were found in tasks requiring visual vigilance and selective attention.

One basic problem in patients with schizophrenic and depressive disorders, although being due to different underlying mechanisms, are specific attention deficits, in particular vigilance, selective attention and focusing of attention. The aim of our present study is to investigate the influence of lavender and jasmine on different disturbed attentional processes in schizophrenic and depressive disorders, and their effect on mood during test situation. By using the “Test Battery of Attentional Performance” (TAP) we examine five different attentional processes 1) alertness, 2) incompatibility 3) go/nogo 4) covert shifts of attention and 5) visual vigilance. These five functions of attention are known either to be influenced by inhaling those essential oils and/or to be impaired in these psychiatric disorders. To investigate the mood profiles we use the “Multidimensional Mood Questionnaire” (MDBF) including three mood dimensions: “pleasant-unpleasant”, “awake-sleepy” and “calm-restless”, and study subjects have to answer questions concerning different subjective ratings of the smell. All patients have to meet ICD-10 and DSM-IV criteria for schizophrenia and depression and have to be rated by a psychiatrist on different rating scales: Brief Psychiatric Rating Scale (BPRS) and Positive and Negative Syndrome Scale (PANS) or Hamilton Depression Scale (HAMD). Study subjects are also examined by an otorhinolaryngologist and participate in a study of olfactory functions. Results based on an analysis of attentional processes and mood profiles under these odours will be presented.

ATYPICAL TREATMENT OF NEUROLEPTIC INDUCED CATATONIA IN ACUTE PSYCHOSIS

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Catatonic symptoms are nonspecific and occur under different circumstances, e.g., organic, psychogenic and neuroleptic induced catatonia have to be distinguished. A serious clinical problem might occur in psychotic patients who develop severe catatonic symptoms after introduction of high-potency neuroleptics. The usual strategy is to increase the neuroleptic dosage (with the possible risk of progression into neuroleptic malignant syndrome) or introduction of ECT in case of nonresponse.

Here we describe an alternative treatment strategy in three psychotic inpatients (all females: 32, 37 and 48 ys. old) suffering from (1) postpartum psychosis, (2) paranoid schizophrenia and (3) organic (HIV associated) psychosis, respectively. After treatment with haloperidol (i.v., 10 mg b.i.d.) over a few days Pat. (1) and (2) developed withdrawal, mutism, refusal to eat, negativism, rigidity and immobility. Pat. (3) who was initially agitated showed stereotypies, posturing,