P01.46

PREVALENCE AND SEVERITY OF PSYCHIATRIC CO-MORBIDITY IN DIFFERENT ADDICTIVE DISORDERS

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Aim: We describe the prevalence and severity of psychiatric co-morbidity screened by SCL 90 in 9 different addictive disorders.

Design of the Study: We studied 9 different groups of addictive disorders, according to DSM-IV criteria: Heroin dependence (**H;** 20), Cocaine dependence (**C;** 15), Alcohol abuse (**AA;** 12), Alcohol dependence (**AD;** 7), Nicotine dependence (**N;** 19), Anorexia (**AN;** 28), Bulimia (**BN;** 35), **BED** (27), Eating disorders **NOS** (11). We selected 4 items of SCL90 (O-C, D, A, PSY, PAR) and we evaluated the prevalence (**Prev.**) of the pathological score in each group, comparing the average of the results (>1) (**Mean**).

	O-C		D		A		PSY		PAR	
	Prev	Mean	Prev	Mean	Prev	Mean	Prev	Mean	Prev	Mean
H	40	1.51	50	1.74	35	1.76	25	1.66	25	1.60
C	46.6	1.57	20	2.5	20	2.3	13.3	1.65	33.3	1.76
AA	16.6	1.35	33.3	1.58	8.3	1.2	25	1.47	25	1.76
AD	42.8	2.11	57.1	2	28.5	2.25	28.5	1.71	57.1	1.2
N	36.8	1.37	36.8	1.65	15.7	2	0	0	31.5	1.46
AN	60.7	2.04	71.4	2.14	50	1.96	57.1	1.58	46.4	1.97
BN	80	1.91	80	2.04	62.8	1.89	37.1	1.75	51.4	1.74
BED	74	1.72	74	1.99	59.2	1.77	33.3	1.9	48.1	2.13
NOS	63.6	1.65	72.7	1.75	63.6	1.42	18.1	1.95	36.3	1.81

Results: We founded that co-morbidity range varies from 20% to 80% excluding the AA group, with interesting differences between the populations. Eating disorders seems to have a wider and more serious spectrum of such disturbances. AN and AD show the highest mean scores.

Discussion: Different level of prevalence in drug users could be related to the phase in which the test is executed (first diagnosis) so it is possible that psychopathology is counterbalanced by drug itself. It would be interesting to evaluate the situation when people are stabilized by a correct treatment. More interesting issue could be further discussed.

P01.47

THE EUROPEAN LONG AND SHORT TERM AMISULPRIDE (ELSA) STUDY. AN INTERNATIONAL COMPARATIVE STUDY ON THE UTILISATION OF AMISULPRIDE IN ROUTINE CARE

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The efficacy of amisulpride (Solian, Sanofi-Synthelabo) in schizophrenia has been established in more than 10 double-blind, randomised clinical trials versus placebo, haloperidol and risperidone comprising more than 2000 patients.

A clinical trial methodology has been developed to provide complementary information on how amisulpride is used under routine treatment conditions. The ELSA study will gather data on usage under routine conditions in 10 European countries. Eligible patients will be those suffering from paranoid, disorganised, undifferentiated or residual schizophrenia according DSM-IV criteria. There will be no other interference with patient selection, dosing behaviour or other modes of treatment. Although prescribing will be based on the Summary of Product Characteristics, physicians will be free to treat individual cases according to their clinical judgement. Patients will be evaluated at entry, after 7, 14 and 28 days of amisulpride therapy, on the day of their discharge from hospital and after 2 years follow-up. A core case record form with centralised consolidation will be used and data entry will be effected using a novel electro-optical image recognition system. Tolerability will be assessed by spontaneously reported events and efficacy by CGI.

The ELSA study represents to our knowledge the first large scale international comparative study on neuroleptic treatment and course of schizophrenic patients over two years. The study will generate unique data on the management of schizophrenia in different European health care systems and allow us to compare the use of the atypical antipsychotic amisulpride under these different conditions of care.

P01.48

DIMENSIONS OF PSYCHOPATHOLOGY IN SCHIZOPHRENIA: A FACTOR ANALYSIS OF THE AMISULPRIDE DATABASE

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Schizophrenia is a heterogenous illness and several models have been proposed to group the symptoms into dimensions. More recently, a factor analysis with a 5-factor solution based on the items of the PANSS has been described and replicated in different samples of schizophrenic patients; this was clinically meaningful and explained a substantial amount of variance (>50%) [Lindenmayer et al, 1995]. Identified components included: negative, positive, cognitive, excitement and depression. The current study presents an analysis of a large database of schizophrenic patients with acute exacerbations entered into double-blind, controlled trials of amisulpride.

Baseline ratings (BPRS and the Positive and Negative subscales of the PANSS) for 1215 schizophrenic patients entering clinical trials with amisulpride were analysed. 24 items were selected for analysis: all 18 BPRS items, one item of the PANSS Positive subscale (P1) and 5 items of the PANSS Negative subscale (N3–N7). A principal component analysis with subsequent VARIMAX rotation was performed.

Five factors explaining 56% of the total variance were identified, negative (19%), depression/anxiety (11%), psychotic excitation (10%), hostility (8%) and positive (8%)

The results of this factor analysis on a large sample of acutely ill schizophrenic patients are in accord with other recent studies. The absence of the specific cognitive factor described by Lindenmayer et al and the presence of a hostility factor in this study may be related to differences in the symptom characteristics of the acutely psychotic patients in our studies.

(1) Lindenmayer J-P et al. Schizophrenia Res 1995; 14: 229–234

https://doi.org/10.1016/S0924-9338(00)94453-5 Published online by Cambridge University Press