

effect on positive symptoms compared to traditional neuroleptics, extrapyramidal side-effects are no longer a major side-effect of these compounds. Clozapine, Risperidone, Zotepine, Olanzapine, Amisulpride, and others soon to come to the market like Quetiapine and Ziprasidone share the characteristic of low – if any – motor side effects. They therefore do not contribute adversely to secondary negative symptoms. On the contrary, negative symptoms seem to improve with atypical neuroleptics independent of their lower potential to induce EPS. Some studies have even concluded a favorable influence on primary negative symptoms. However, these studies have only rarely considered the necessary methodological requirements to render this conclusion valid.

Although there are other side effects more prevalent (e.g. weight increase), less EPS and improvement of negative symptoms are thought to contribute to better compliance. Less deteriorating effects on cognitive functioning and positive effects on quality of life may additionally explain better drug acceptance. This in turn has been related to the lower relapse rate under maintenance treatment. Despite higher drug costs an overall positive costbenefit ratio has been calculated from this finding. However, research findings are still inconclusive in this respect.

Results of studies in the field will be critically discussed, open questions and future research strategies with special emphasis on a recently implemented German Research Network.

### S32.02

#### QUALITY OF LIFE AND NEW ANTIPSYCHOTIC MEDICATIONS IN SCHIZOPHRENIA

A.G. Awad

No abstract was available at the time of printing.

### S32.03

#### NEW ANTIPSYCHOTICS: THE ISSUE OF SIDE-EFFECTS

W.W. Fleischhacker

No abstract was available at the time of printing.

### S32.04

#### PHARMACOTHERAPY AND THE INTERACTION WITH PSYCHOSOCIAL TREATMENT

W. Rössler

No abstract was available at the time of printing.

### S32.05

#### ECONOMICS OF NEW ANTIPSYCHOTICS

M. Knapp

No abstract was available at the time of printing.

## S33. Suicide Part I. Biological markers of suicidal behavior

*Chairs:* J. Angst (CH), Y. Lecrubier (F)

### S33.01

#### GENETICS OF SUICIDAL BEHAVIOUR

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Suicide ideation and behaviour is a multifactorial trait and state. Only a few risk factors and etiological components are known: gender, age, psychiatric disorders, personality factors, previous suicide attempts and critical life events. Besides these factors a strong determinant is familiarity.

It is well documented that suicidal behaviour and ideation is running in families with a substantial genetic component. However, the mechanism of familial-genetic transmission remains obscure. Several sources of the familial aggression might occur. Some evidence proposes that familial aggregation of suicide attempts has a strong genetic component which is independent of diagnosis and related to the genetically influenced liability to aggressive behaviour. Self-mutilating behaviour is associated with suicidal behaviour and ideation as well as with aggression, both intraindividually and within families in a subgroup of probands. Suicide ideation, but less so suicide attempts, seems to be more under the control of the genetically influenced affective disorders and to be unrelated to the genetics of aggression.

Overall, the relationship between familial-genetic determinants of axis I/II disorders and suicidal behaviour/ideation remains unclear. The familial-genetic relationships to underlying genetically influenced personality traits and associated biological traits (characteristics of brain-serotonergic metabolism) are only partly elucidated. Family studies and genetic association studies exploring these relationships are presented.

### S33.02

#### BIOLOGICAL MARKERS FOR SUICIDAL BEHAVIOURS IN ALCOHOLICS

P. Gorwood

No abstract was available at the time of printing.

### S33.03

#### THE BIOLOGY OF SUICIDE: THE DIMENSIONAL VERSUS THE DIAGNOSTIC CORRELATES

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The factors that contribute to suicidal behavior may be understood in terms of a stress diathesis model. In that model, acute psychiatric illnesses or psychosocial crises act as precipitants and the diathesis is represented by enduring aspects of personality, temperament and social/family environment. Biological correlates have been observed for disorders such as major depression, psychoses and alcoholism or substance abuse. Other biological correlates have been observed for traits such as aggression/impulsivity. Reductions in serotonergic function have been observed to be associated with completed suicide and with serious suicide attempts, independently of diagnosis. Postmortem studies have demonstrated that there may be a concentration of serotonergic abnormalities in the ventral prefrontal cortex, an area involved in behavioral inhibition. That