Eur Psychiatry 1996; 11. Suppl 4: 251s–254s

Satellite Symposia

Zeneca Pharmaceuticals

ST1. From receptor to outcome: the impact of atypical antipsychotics in schizophrenia

Chairman: T Burns

Abstracts not received.

Eli Lilly and Company

ST2. Outcomes of treatment of schizophrenia

Chairman: N Sartorius

IMPACT OF TREATMENT ON THE CORE DEFICIT PATHOLOGY

William T. Carpenter, Jr. *Maryland Psychiatric Research Center, Baltimore, Maryland*

Negative symptoms define one of the three core domains of psychopathology of schizophrenia and account for much of the long-term morbidity. Treatment is crucial, but the issues are complex.

Most patients with schizophrenia manifest negative symptoms, but the core deficit pathology is only present in a subgroup. Therefore, the first step in treatment is a differential diagnosis of the negative symptoms. For example, anhedonia may be secondary to depression; social withdrawal may be secondary to psychosis or paranoid guardedness; anergia or restricted affect may be secondary to neuroleptic treatment; or alogia may be secondary to low stimulation in the interpersonal environmental. Each of these secondary causes of negative symptoms has direct treatment implications.

More difficult to treat are negative symptom manifestations of the enduring trait referred to as schizophrenia deficit pathology. Clinical trials have rarely isolated these primary negative symptoms for treatment efficacy assessment. This has been done in two studies of clozapine, and it was found that the superior antipsychotic efficacy extended secondary, but not to primary, negative symptoms.

The clinical trials design required to evaluate treatment of deficit pathology will be described, and the status of pharmacologic and psychosocial therapies will be reviewed.

EFFECTS OF ACUTE TARDIVE EPS ON OUTCOME

Jes Gerlach. *St. Hans Hospital Roskilde, Denmark*

Extrapyramidal side effects (EPS), especially akathisia, dystonia, parkinsonism and dyskinesia, are seen in up to 90% of neuroleptic-treated patients with schizophrenia. Each syndrome may occur as a separate entity or may be concurrent with other syndromes. They may be acute or tardive, reversible or irreversible and with or without subjective distress. These EPS represent a severe draw-back in an otherwise useful antipsychotic therapy. They may be distressing and disabling, e.g. by causing muscle tension, slow movements and restlessness-anxiety (akathisia) which sometimes counteract the antipsychotic effects. EPS are a major cause of poor compliance with treatment which in turn leads to relapse, rehospitalization and morbidity. Furthermore, EPS cause suffering for relatives, limit possibilities for rehabilitation and leisure activities, and deter social integration. The most severe complications are the irreversible tardive syndromes such as tardive dyskinesia and tardive dystonia. These may ruin the life of a psychotic patient and be clearly worse than the psychotic condition.

With this background it is important for physicians and nurses to become more aware of EPS, being able to recognize EPS in discrete forms and at early stages, and become better trained in their prevention and proper management. The use of the lowest effective dose strategy and new antipsychotics with low dopamine receptor blocking effect are important means in this respect.

EFFECT OF NON-PHARMACOLOGIC INTERVENTIONS ON OUTCOMES

Kimberly Littrell. *APRN, Promedica, Inc., Tucker, Georgia*

During the past decade a dramatic paradigm shift has occurred related to the treatment of schizophrenia. Enhanced understanding of brain pathophysiology along with the introduction of more efficacious antipsychotic agents has led to dramatic improvements in the condition of people with schizophrenia. These improvements, while gratifying and exciting, have challenged treatment providers to improve the quality of non-pharmacological interventions. Professionals who had previously focused on maintenance and stability are now called to implement innovations in their clinical practice which elevate their patients to a higher level of functioning. While it appears evident that improved patient outcomes lie within the combined strategies of pharmacotherapy and psychosocial interventions, little attention has been paid to the latter.

Non-pharmacological interventions may be broadly classified into the areas of psychotherapy, psychoeducation, psychosocial/skills training, and medication management. Psychotherapy, both the individual and group format, provides a rich opportunity for the person with schizophrenia to process their experience of the illness and reconnect with others in a non-psychotic manner. With diminished symptoms and improved cognitive functioning, individuals are now able to effectively engage and benefit from psychoeducational strategies. These strategies should, however, be dynamic in nature and reflect the natural evolution of the recovery and reintegration process. Psychosocial interventions and skills training should focus on establishing and maintaining relationships with peers in a non-institutional, commu-