SES06. AEP Section "Epidemiology and Social Psychiatry": Part I. Early detection and intervention in psychosis

Chairs: A. Mann (UK), H. Häfner (D)

SES06.01
ANTECEDENTS AND EARLY COURSE OF AFFECTIVE PSYCHOSIS

H. Verdoux

No abstract was available at the time of printing.

SES06.02
PRODROMI AND EARLY COURSE OF SCHIZOPHRENIA AND ITS CONSEQUENCES

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In the ABC Schizophrenia Study we analysed the development of positive and negative symptoms, social disability and social course in the early course of schizophrenia and their consequences for the patients' illness and social biography before and after first admission. The study relied on a population-based first-episode sample (n = 232) of broadly defined schizophrenia, assessed retrospectively with the IRAOS, and a subsample of 115 patients followed up prospectively at 6 cross sections over 5 years.

The first signs of schizophrenia occurred about 6 years and the first psychotic symptoms about 1 year before the maximum of positive symptoms. The 10 most frequent initial symptoms were mainly negative and depressive symptoms. As a consequence of the early functional impairments social disabilities emerged 4 to 2 years before first admission leading to processes of social decline in late onset schizophrenics and to social stagnation in early onset schizophrenics during the prodromal phase and the psychotic prephase. This unfavourable course, especially in men, continued in the five years after first admission. Age at onset considerably influenced the social course of schizophrenia by determining the level of social development at onset. The predominantly socially adverse behaviour of young men was an additional factor contributing to the poor social course. A path model showed that the effect of gender and age at onset upon social outcome after first admission was indirectly moderated by social development and socially adverse illness behaviour in the prodromal phase and the psychotic prephase.

As the social course of schizophrenia is decided in the prodromal phase long before the first psychotic symptoms occur, early identification and early treatment is of increasing importance for research and clinical practice. As schizophrenia can be diagnosed only on the basis of positive symptoms, early treatment has to avoid false positive, and therefore must be syndrome-related, e.g. specific for negative and depressive symptoms. Additionally, the early use of psychosocial techniques for the management of social disabilities and the role deficits also is indicated.

SES06.03
PREDICTING THE RISK OF PSYCHOSIS

K. Maurer

No abstract was available at the time of printing.

IS01. Suicide – the difference in age and gender (Supported by The Lundbeck Institute)

Chairs: J. Angst (CH), N. Sartorius (CH)

IS01.01
SUICIDE IN ADOLESCENTS

C. van Heeringen. *Belgium*

Studies of the epidemiology of adolescent suicidality show that up to 21% of adolescents in the general population report to have shown suicidal ideation at some point in their lives, while up to 8% indicate a history of attempted suicide. Rates of attempted suicide among the young appear to increase, while in many countries across the World suicide rates are increasing, especially among young males. The interrelationship between different facets of suicidality as shown in clinical and general population studies indicates a continuum of suicidal phenomena, suggesting a common underlying vulnerability which can be defined in individual and environmental terms and has been studied most extensively in clinical samples. Individual correlates include characteristics in the psychological, psychiatric and biological areas. Psychological characteristics associated with suicidal ideation and behaviour include developmental issues related to adolescence, low self-esteem, problem-solving deficits, impulsivity and hopelessness. With regard to psychiatric disorders depression, schizophrenia, and substance abuse play an important role. Evidence of a biological involvement of the serotonergic system is increasing which may be due to a genetic loading or to traumatic behaviour in families, peers, or mass media, and to current or past adverse life events including physical or sexual abuse. The recent increase in the occurrence of suicidal behaviour among the young can be explained in terms of simultaneous period and cohort effects. Currently known risk factors for adolescent suicidality may be organised in a model that describes suicidal behaviour as the consequence of trait and state dependent characteristics, and provides clues as to its prediction, treatment, and prevention. There is little evidence supporting the choice of a particular psychopharmacological or psychotherapeutic treatment approach to suicidal adolescents. Based on our current knowledge a combined psychopharmacological and psychotherapeutic approach could be advocated taking environmental and compliance-related problems into account.

IS01.02
SUICIDE IN WOMEN

I. Brockington. *UK*

Women are more involved in self-poisoning (parasuicide) and suffer from more depression than men, but this does not necessarily mean that suicide rates are higher. There is some evidence that men use more violent methods, and the incidence of the comparatively dangerous bipolar disorder is approximately equal. The suicide of women, however, has particularly serious effects, because of their frequent pivotal position in families, and their role in caring for dependant relatives after the menopause. This paper will examine:

- The differences in suicide rates between the two sexes during different life stages
- The effect of the greater longevity of women
- The differences between European countries

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- The effect of reproductive life – especially childlessness, menstruation, unwanted pregnancy, the puerperium, and the menopause
- The problem of combined suicide & filicide (mitnehmen)
- The effect of maternal suicide on families
- The effect of the combined pressure of childbearing and careers in working women

IS01.03
SUICIDE IN MEN

J. Wålinder*, W. Rutz, Z. Rihmer, P. Pestality. *Department of Psychiatry, Sahlgrenska University Hospital, Mölndal, Sweden*
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National Institute of Psychiatry and Neurology, Budapest, Hungary

Is there an under recognised male depressive disorder? An educational program on depressive disorders, given to general practitioners on the Swedish island of Gotland resulted in a statistically significant reduction of the suicide rate among women, while the rate of suicide among men was virtually unaffected. Further analysis showed the profile of depression among men to differ from that among women, the male pattern typically being more characterised by irritability. aggressiveness, acting out and antisocial behaviour, alcohol abuse and reduced impulse control and stress tolerance. There seems to be a familiar predisposition to mood disorders, suicide and alcoholism. This syndrome is not easily recognised and is to our experience seldom properly treated. There are current data to support the notion that this male depressive syndrome may be related to a central serotonin dysregulation and hypercortisolemia. According to our observations the new subtype of depression suggested by van Praag and described as a stress-precipitated, cortisolinduced, serotonin-related and anxiety/aggression driven illness seems to be of interest when discussing the male depressive syndrome described by us. Is the current concept of an overrepresentation of depressive illness in women simply an artefact due to inadequate diagnostic traditions or ...?

IS01.04
SUICIDE IN THE ELDERLY

E.D. Caine. *USA*

There is a looming demographic imperative that requires vigilant attention from health care providers, families, and governmental agencies. In most societies, the suicide rate rises substantially in later life. Given the rapid growth of elderly populations in many countries, there is a high probability that there will be a dramatic global increase of the mortality burden from suicide. This presentation considers the challenges faced by those countries and their care providers that seek to reduce the frequency of suicide in later life. While suicide should be preventable, there are no reproducible research findings that describe successful elder suicide prevention programs. The presentation will review what is known about completed suicide in later life. Our research, similar to that of others, reveals that approximately 75% of elders have diagnosable Axis I psychopathology, in contrast to 90% of younger populations. Two-thirds of diagnosed elders have late-onset depression. Despite these findings, families and physicians miss the suicidality of many individuals during the days and months before death. Recent findings point to the contribution of individual personality characteristics, in addition to psychiatric, physical illness, and social factors. The presentation will consider directions for future research, outline initial recommendations for developing suicide prevention programs, and propose individual and social indicators to evaluate these efforts.

S19. Psychotherapy and neuroplasticity

Chair: F.A. Henn (D)

S19.01
PSYCHOTHERAPY AND CELLULAR FUNCTION

J. Aldenhoff

No abstract was available at the time of printing.

S19.02
PSYCHOTHERAPY AND NEUROIMAGING: EFFECT OF COGNITIVE AND BEHAVIOURAL THERAPY ON ORBITO-FRONTAL-SUBCORTICAL CIRCUITS IN OBSESSIVE-COMPULSIVE DISORDER

F. Hohagen

No abstract was available at the time of printing.

S19.03
SPET STUDIES ON OUTCOME OF TREATMENT BY PSYCHOSOCIAL INTERVENTIONS IN DEPRESSION AND HYSTERICAL PARESTHESIA

J. Lehtonen[1]*, J. Kuikka[2], H. Viinamäki[1], J. Tiihonen[3], M. Husso-Saastamoinen[2]. [1]*Departments of Psychiatry;* [2]*Clinical Physiology; University Hospital of Kuopio;* [3]*Niuvanniemi Hospital, 70211 University of Kuopio, Finland*

The usefulness of brain imaging methods in the follow-up of treatment outcome in various psychiatric disorders is poorly known. We studied 20 patients with the DSM III R depressive disorder (confirmed by SCID) treated by unspecific supportive psychotherapy at baseline and after 6 months. Six of the patients used anxiolytic or hypnotic drugs, the others were drug naive. Furthermore, in a case/control study we follwed up the outcome of one year dynamic psychotherapy of a young adult male drug naive patient with a depressive and impulse control disorder compared with a control patient suffering from a similar disorder but not motivated for any treatment. The sample of patients treated by unspecific supportive psychotherapy showed significant changes in the SPET data only on the level of the right thalamus. However, the index patient of the case/control pair treated by dynamic psychotherapy displayed 30–40% increase of serotonin transporter levels in prefrontal, thalamic and midbrain areas during the follow-up achieving the levels of age-matched healthy controls (n = 5), whereas the untreated patient continued having lowered serotonin transporter levels as compared to his respective age-matched controls (n = 5). In another case study on a patient with hysterical paresthesia symptoms showing abnormal frontal and somatosensory cerebral blood flow distribution in SPET while symptomatic, we found normalisation of the flow distribution as a function of symptom disappearance during a follow-up time of 6 weeks.

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