younger age and lower HDRS and GAS scores and, finally, F_5 with shorter duration of illness.

Conclusion: Our results provide supportive evidence for both the clinical multidimensionality of delusional beliefs at the factor analytic level and the external validity of the factorial solution obtained. Different solutions obtained by other investigators (Kendler et al 1983, Garety and Hemsley 1987) are compared to ours and commented upon as well.

Wed-P22

FUNCTIONAL CHANGES IN MESIAL TEMPORAL LOBE STRUCTURES IN SCHIZOPHRENIA. MEASUREMENTS BY SIMULTANEOUS ^{18}FDG AND ^{99m}Tc HMPAO SPECT

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The aim of this study was to investigate the simultaneous pattern of glial and neuronal activities in chronic schizophrenic disorders in the mesial temporal lobe by analyzing the regional cerebral glucose metabolism (rCMR), the regional cerebral blood flow (rCBF) and the influence of gender. 19 medicated patients (7 females/12 males, mean age F 40.4a ± 13.2 and M 36.25a ± 11.9) meeting ICD 10 diagnostic criteria for the schizophrenic syndrom F 20.04 and 9 healthy volunteers comparable in age and in handedness (4 females/5 males, mean age F 36a ± 8.9 and M 39a ± 10.4) underwent a simultaneous ^{18}FDG and ^{99m}Tc HMPAO SPECT. We used a dual head camera with a 511 KeV collimator applying the double isotope technique. Assuming an involvement of the temporal regions in this illness (Friston et al. 1992, Gur et al. 1995) we semiquantitatively evaluated activities in the hippocampal region (hipp) based on Podreka's analytical method. (Fritzsche et al. 1995). The statistical analyses were performed by regression analysis and ANOVA. Schizophrenic males showed a positive correlation of rCBF and rCMR on the right ($p < 0.03$) and left side ($p < 0.05$); controls (M) revealed only a weak correlation on the left hemisphere ($p < 0.06$). Schizophrenic females however had only a marked left-sided correlation of rCMR and rCBF ($p < 0.02$); for F controls no correlation was recorded. Thus, rCMR on the right hemisphere of healthy controls seems to be sex-dependent (F 96.6% ± 3.5 vs M 103% ± 2.4; $p < 0.01$). Conversely, in schizophrenia sex dependence relates to the left hipp only, as shown by rCMR (F 88.7% ± 9.7 vs M 97.4% ± 7.1; $p < 0.05$) and more strongly by rCBF (F 95.4% ± 3.5 vs M 104.8% ± 7.1; $p < 0.007$). Although there are limitations to our study, the results suggest a distinctly sex dependent functional involvement of the mesial temporal lobe in chronic schizophrenic patients, as recorded by rCBF and/or rCMR.

Wed-P23

A RISPERIDONE OUTCOME GUARANTEE PROJECT — EFFICACY AND QUALITY OF LIFE OF SCHIZOPHRENIC PATIENTS IN LONG-TERM TREATMENT WITH RISPERIDONE

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This study aims at assessing long-term management of chronic schizophrenia when treated with risperidone by consecutive documentation of severity of symptoms, therapeutic efficacy, adverse events, social functioning and activities of daily living (documented by QoL questionnaires and CGI). In addition, the Outcome Guarantee Project involved a quaranteed refund of treatment costs by the drug manufacturer in case of treatment failure defined as rehospitalization or withdrawal due to adverse events.

117 patients with acute or chronic schizophrenia were enrolled in this project to receive risperidone for 1 year. The mean dose of risperidone in a first analysis after 4 weeks of treatment was 4.4 mg/day. 70% of patients already completed the 1 year period, for the remaining 30% the trial is still ongoing.

The patients were treated either in the psychiatric hospital department or by one of 23 office-based psychiatrists participating in the project.

At the end of 1 month treatment, significant improvements were found in the severity of disease, symptoms and therapeutic efficacy, the severity of adverse events was also reduced. The same improvements were noted after 1 year and, in addition, social functioning and activities of daily life (including shopping, watching TV, going out, doing sports, taking public transport, etc.) were substantially improved.

3 patients have prematurely terminated treatment (1 due to an adverse event, 2 because of lack of efficacy and rehospitalization). All three of them were unanimously considered to be guarantee cases. The number of sick leaves (evaluated retrospectively) and days spent in hospital was substantially reduced during treatment with risperidone.

It is concluded that treatment with risperidone for 1 year is associated with significant reductions in symptoms of schizophrenia, improved social functioning and activities of daily life, and reduction in days spent in hospital.

Wed-P24

A CLINICAL APPROACH OF NEGATIVE SYMPTOMATOLOGY IN SCHIZOPHRENIA

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Negative symptoms in schizophrenia could by considered from different points of view:
- a syndrome;
- a mode of onset of schizophrenia;
- a subtype status of this illness.

The characteristics of a negative syndrome are: blunted or restricted affect, poverty of speech, loss of drive, social and emotional withdrawal, anhedonia, apathy. There are primary negative symptoms and should be a direct manifestation of the pathologic process. Poor grooming and impaired social relationship could be appreciated as secondary negative symptoms. DSM IV and ICD-10 include in criteria A (characteristics symptoms) for schizophrenia these negative symptoms. There are similarities between schizophrenic patients from various cultures and these are represented mainly by negative symptoms. N. Andreasen proposed as subtypes of schizophrenia: "pure negative", "pure positives" and mixed. Crow considered that poverty of speech and blunted affect are associated with intellectual impairment, abnormality in the temporal lobe in type II schizophrenia. Diagnostic criteria for the deficit Syndrome of Schizophrenia (Carpenter) include at least tow of the following negative symptoms:
- restricted affect;
- poverty of speech
- deficit of social participation;
- diminished emotional range;
- diminished social drive;
- diminished of interests.

An clinical and therapeutichal approach of these negative symptoms would be useful in psychiatric practice. We consider this division as necessary especially in the treatment with atypical

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neuroleptics (clozapine, olanzapine, risperdal) medication that we have been using in Romania for two years.

Wed-P25
MORTALITY IN SCHIZOPHRENIA

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In schizophrenia, excess mortality is well-known (Tsuang and Woolson 1978); but only a few studies examined the relationship of diagnostic and social features with overmortality.

77 consecutively admitted inpatients aged 20 to 76 (55% female, mean age 36.9 +/– 12.9 years) with schizophrenia (DSM-III-R) were interviewed at index evaluation with the Polydiagnostic Interview for psychopathology and sociodemographic features. The observed mortality at the follow-up evaluation five years later was compared to the sex- and age-specific mortality rates in general population of Germany in 1988.

There was a general excess mortality (Standard Mortality Ratio [SMR], 4.02) but especially from unnatural causes (SMR, 11.09). For patients under 35 years old, with former treatment or low professional status, a significantly greater number than expected had died from unnatural and not from natural causes. Being childless was associated with lower risk of unnatural death.

The results stress the importance of psychiatric history and younger age for the risk of unnatural death in schizophrenia. Improved quality and continuous follow-up in the treatment are necessary to reduce excess mortality.

Literature: Tsuang MT, Woolson RF (1978): Excess mortality in schizophrenia and affective disorders. Do suicides and accidental deaths solely account for this excess? Arch Gen Psychiatry 35: 1181–1185

Wed-P26
PSYCHOTIC SPECTRUM DISORDER AFTER CONSANGUINEOUS MATING

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We present the diagnostic and karyotypic findings of a large pedigree of patients with a wide range of major mental disorders after a consanguineous mating. The index parents were first cousins and had fourteen pregnancies, eleven of whom survived and three of whom were still births. Seventy-three relatives were traced and interviewed with the Structured Clinical Interview for DSMIIIR. In addition, living and deceased mentally ill members' of the pedigree had their General Practice and Psychiatric case notes reviewed and first degree relatives were also interviewed about particular mentally-ill subjects and deceased subjects as far as possible. The immediate offspring of the first cousin parents had a karyotype with fine banding analysis performed.

There were no major chromosomal aberrations. The pedigree had a spectrum of disorders including four cases of major depression, one of bipolar disorder, two of schizophrenia, one of schizoaffective disorder and one of generalised anxiety disorder. There was only one case of recurrent major depression with psychotic features present in the family in a half sister of the male index parent before the mating. The first generation after the consanguineous mating showed a very high incidence of major mental disorder which then bred out in the next generation of seventeen subjects who had survived to adulthood, until sufficient age that mental disorder would have been likely to have manifested itself. The implications of this pedigree were analysed and the results very strongly indicate a multi-factorial, recessive set of genes determining a spectrum of disorders across the psychoses and affective disorders. Linkage analysis of mentally ill subjects is continuing.

Wed-P27
ETUDE DE LA REMEMORATION CONSCIENTE ET DE LA SOURCE DANS L'AMNESIE

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Nous nous sommes intéressés aux aspects les plus intégrés du fonctionnement mnésique, les liens unissant mémoire et conscience. Nous avons formulé l'hypothèse selon laquelle la perturbation contextuelle objectivée dans la schizophrénie a pour conséquence une diminution de la remémoration consciente. Nous avons testé cette hypothèse à l'aide d'une épreuve de discrimination de source couplée à l'évaluation des états de conscience. Cette étude dont le protocole était issu de l'étude réalisée chez des sujets sains (Conway et Dewhurst, 1995) comportait 25 patients et 25 sujets normaux. Les sujets avaient pour tâche d'accomplir ou de regarder l'expérimentateur accomplir des actions d'appariement entre deux objets, de faire des jugements "je me rappelle" ("R") s'accompagnant d'une remémoration consciente ou des jugements "je sais" ("S") s'accompagnant d'un sentiment de familiarité sans remémoration consciente lors d'une épreuve de reconnaissance et d'attribuer la source aux différentes actions. Nos résultats ont montré que les patients schizophrènes ont une reconnaissance défectueuse des d'objets et de la source et que ce déficit est associé à un profil d'états de conscience qui était quantitativement et qualitativement différent de celui observé chez les témoins. Ainsi les patients donnaient beaucoup moins de réponses "R" que les témoins et plus de réponses "S". le lien entre la discrimination de la source et la remémoration consciente était plus faible chez les patients que chez les témoins. Nous avons aussi relevé chez les patients une diminution de la cohérence pour la paire d'objets et la source ainsi qu'une augmentation des fausses reconnaissances. Le profil des états de conscience était particulièrement perturbé lorsque les sujets regardaient l'action, c'est-à-dire dans la condition où la performance mnésique était la plus déficitaire. Ce parallélisme entre le profil des états de conscience et la performance dans la tâche de discrimination de la source indique que l'altération de la remémoration consciente est consécutive à l'altération de la mémoire pour la source. Le profil de perturbation observé est compatible avec l'hypothèse d'un déficit de l'encodage des processus d'encodage de l'information. Une altération des processus de récupération ne peut toutefois être éliminée. Le nombre élevé de fausses reconnaissances pourrait s'expliquer par la mise en jeu de processus décisionnels, les patients identifiant faussement une paire d'objets sur la base d'une remémoration consciente associée à la reconnaissance correcte de la source. Notre étude ne permet cependant pas de déterminer si les processus décisionnels sont perturbés en eux-mêmes ou si leur mobilisation est simplement la conséquence du déficit des processus d'encodage ou de récupération.

Notre travail a des implications dans le domaine de la psychopathologie de la schizophrénie. En effet, puisque la remémoration consciente sert de médiateur à la conscience de l'existence et du temps vécu, ces troubles de la remémoration consciente pourraient rendre compte de l'altération de la conscience de soi qui caractérise la schizophrénie. Enfin, la réhabilitation sociale et cognitive devrait tenir compte du fait que l'autoréférence est intacte dans la schizophrénie pour développer des procédures de rééducation plus efficaces.

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