

a simple categorical measure according to the presence of affected first degree relatives or not.

Results: Statistically significant associations include performance on three cognitive tests (Rivermead story delayed recall, VF animals, Hayling A); the volumes of the pre-frontal lobes and thalamus; and fronto-frontal functional disconnectivity on fMRI across distinct sentence completion, encoding and retrieval cognitive tasks. Notable non-significant associations include psychotic symptoms, the volumes of the medial temporal lobes; obstetric complications, minor physical anomalies and neurological soft signs. None of the apparently genetically mediated measures were however predictive of psychosis within the high risk cohort.

Conclusion: Overall, the results suggest that some abnormalities of brain structure and function in high risk subjects are genetically mediated, but that others may only become apparent around the time of psychosis onset for as yet unclear reasons.

Monday, April 4, 2005

SS-08. Section symposium: Schizophrenia - Nature and narratives

Chairperson(s): Michael Musalek (Wien, Austria), Christoph Mundt (Germany)
08.30 - 10.00, Holiday Inn - Room 1

SS-08-01

Self and identity in schizophrenia
G. Stanghellini. *Florence, Italy*

SS-08-02

Change of schizophrenic syndromes?
C. Mundt. *Germany*

SS-08-03

Present status of cycloid psychoses
I. Brockington. *Lower Brockington Farm, Herefordshire, United Kingdom*

SS-08-04

Schizophrenia - what for?
M. Musalek. *Anton Proksch Institut, Wien, Austria*

Since the first description of dementia praecox by Emil Kraepelin and the early works on the group of schizophrenias by Eugen Bleuler many definitions of schizophrenic psychoses have been proposed by different schools leading to a Babel in today's diagnostics. The provisional end of the diagnostic dilemma represents the diagnostic criteria of the ICD-10. for schizophrenia in which divergent symptom clusters as delusions, hallucinations, thought disorders, emotional deviations, and social problems or handicaps are included. As schizophrenia is one of the most stigmatizing diagnosis in psychiatry, we thoroughly have to put the question: do we need this diagnostic category any longer. Main goals of diagnostics are the validity of diagnostic criteria with respect to selection of treatment procedures, prognosis

making, improvement of communication, topographical aspects, dangerousness, economical and/or political dimensions. As it could be shown in recent analyses the today's most commonly used diagnostic criteria for schizophrenia do not fulfill these main demands. Therefore the diagnostic label of schizophrenia should be abandoned and replaced by diagnostic procedures or models with higher validity concerning the mentioned main goals of diagnostics. A way-out of the today's frustrating diagnostic situation could be a change of paradigms from categorical to dimensional diagnostics. In contrast to categorical diagnostics, e.g. DSM-IV or ICD-10, dimensional diagnostics are phenomenon-, pathogenesis- and process-oriented. Providing a more valid basis for treatment planning and prognosis making dimensional diagnostics represent suitable alternatives to classical diagnostic procedures.

Monday, April 4, 2005

SS-09. Section symposium: Antipsychotics: Effectiveness beyond mere symptom control in schizophrenia patients

Chairperson(s): Manfred Ackenheil (München, Germany), Wolfgang Fleischhacker (Innsbruck, Austria)
14.15 - 15.45, Gasteig - Philharmonie

SS-09-01

Evaluating antipsychotics: Methodological challenges
W. Fleischhacker. *Psychiatrische Univers.-Klinik Innsbruck, Innsbruck, Austria*

A broad range of study designs are employed to evaluate the pharmacotherapy in psychiatry. These range from small exploratory open studies via the gold standard of the randomized placebo-controlled clinical trial to large pragmatic naturalistic studies. Outcome criteria have traditionally focused on improvement of psychopathological symptoms and on the assessment of safety and tolerability issues. More recently additional outcomes, previously considered as "soft criteria", such as quality of life and social adjustment have gained importance. Various rating scales and assessment instruments are available to reliably quantify changes in the parameters described above. Ideally, the evaluation of psychiatric treatments should be based on studies of different design and scope to minimize the risk of misinterpretation. For instance, while any open clinical trial is subject to an observer bias, RCT's have been shown to lead to a selection bias, that may hamper the generalizability of the results obtained. An earlier use of non-inferiority trials, which have so far been used exclusively in post registration studies is also encouraged. As the focus of safety/tolerability assessment has shifted from a strong emphasis on extrapyramidal motor dysfunctions to non-motor adverse events such as metabolic and sexual dysfunctions, cardiac safety and others, clinical trials designs need to account for this by including more specific side effect rating scales and laboratory tests. In addition, subjective tolerability and compliance need to be assessed with more vigor. In conclusion, a modern evaluation of pharmacotherapy must go beyond traditional measures of psychopathological symptoms and include real life outcomes such as quality of life, psychosocial