Conclusion: In addition to providing an indication of the common mechanism, effects on leptin secretion, of two genetic polymorphisms controlling drug-induced weight gain, these findings demonstrate the predictive value of pharmacogenetics in determining liability to a major side effect and indicate the potential of genetic testing in informing prescribing decisions and health and lifestyle advice for the patient and doctor.

Monday, April 4, 2005

S-39. Symposium: Early recognition of psychoses

Chairperson(s): Joachim Klosterkötter (Köln, Germany), Patrick McGorry (Victoria, Australia)
16.15 - 17.45, Holiday Inn - Room 1

S-39-01

W. Maier. *Department of Psychiatry, Univ, Bonn, Germany*

S-39-02

The development of schizophrenia and depression from onset until remission of the first psychotic episode

H. Häfner. *Central Institute of Mental Health, Mannheim, Germany*

Objective: Depression is the most frequent comorbidity diagnosis in schizophrenia (40 to 80% in psychosis, 10 to 30% in interval). We studied the question, relevant to early recognition and early intervention, when and how schizophrenia and depression become distinguishable in the early course until remission of the first episode

Methods: We studied a representative sample of 130 first admissions for schizophrenia, 130 age- and sex-matched first admissions for MDD – moderate to severe unipolar depression (ICD-10: F32.10, 32.11, 32.2, 32.30, 32.31) – and 130 equally matched population controls retrospectively until onset using the IRAOS, SANS and DAS and prospectively at first admission and 6-month follow-up using the PSE.

Results: As 81% of schizophrenia patients and 79% of depression patients were drug-naive, comparisons of fairly "natural" symptoms were possible. Early illness course lasted for 5.4 years in schizophrenia and 7.2 years in depression. Risk of attempted suicide was significantly increased in depression – less so in schizophrenia – before first admission. The most frequent first symptoms in both disorders were depressive in type, closely followed by single negative symptoms and indicators of functional impairment. These symptoms constitute a prodromal core syndrome, which, showing a high degree of stability, attained maximum prevalence with the accumulating positive symptoms of beginning psychosis. The syndrome remitted simultaneously with positive symptoms. Several of the prodromal symptoms of both disorders were early and highly significantly separable from health.

Conclusion: Substantial, significant differences between schizophrenia and depression did not emerge until psychotic symptoms appeared. Implications for early recognition and early intervention will be discussed.

S-39-03

P. McGorry. *Department of Psychiatry, Univ, Victoria, Australia*

S-39-04

Neuroimaging in the at risk mental state

P. McGuire. *Institute of Psychiatry, King', London, United Kingdom*

Objective: Relatively little is known about brain structure and function in people with prodromal symptoms

Methods: Subjects meeting PACE criteria for the At Risk Mental State were studied using a 1.5T MRI camera. Diffusion weighted, volumetric and functional MRI data were acquired. Images were processed using X-BAMM. Data were also collected in controls and from patients with first episode psychosis.

Results: Overall, subjects with an At Risk Mental State showed qualitatively similar differences relative to controls as patients with first episode psychosis, but the severity of these differences was less marked

Conclusion: The structure and function of the brain is altered in people with prodromal symptoms.

S-39-05

Early recognition and indicated prevention

J. Klosterkötter, S. Ruhrmann, A. Bechdolf, M. Wagner, W. Maier. *Department of Psychiatry University of Cologne, Köln, Germany*

Objective: This paper presents an outline on the actual results of studies on early recognition and prevention. Accordingly, within a year, the rate of transition into first psychotic episodes using the current prodromal criteria amounts to approx. 37%. Apparently, psychological and pharmacological early interventions seem to decrease the rate and to improve prodromal symptoms and global functioning.

Methods: The presentation of current results will focus on the two multi-centre intervention studies within the German Research Network on Schizophrenia. For the early prodromal phase a psychological treatment program was developed. The late prodromal phase, defined by transient or attenuated psychotic symptoms, is treated with amisulpride in comparison to a psychologically advanced clinical management.

Results: According to first preliminary results a decrease of prodromal symptoms, an improvement of global functioning and a reduction of transitions to psychotic first episodes can be achieved by both, psychological as well as pharmacological early interventions.

Conclusion: First results of the intervention studies in the German Research Network Schizophrenia as well as the international standard of knowledge support the applicability of "indicated prevention".

Tuesday, April 5, 2005

S-43. Symposium: German schizophrenia research network: Results from clinical follow-up and intervention studies

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Chairperson(s): Hans-Jürgen Möller (München, Germany), Wolfgang Gaebel (Duesseldorf, Germany)
08.30 - 10.00, Gasteig - Philharmonie

S-43-01

Therapeutic results of early intervention in schizophrenia

J. Klosterkötter, S. Ruhrmann, A. Bechdolf, M. Wagner, W. Maier. *Department of Psychiatry University of Cologne, Köln, Germany*

Objective: There is a whole body of evidence in the literature showing that overt psychosis is preceded by a long course of prepsychotic symptoms. A longer duration of untreated illness was found to worsen the outcome of schizophrenia. Therefore it is necessary to recognise and treat the illness as early as possible.

Methods: We are investigating the effects of early interventions on prodromal symptoms, social functioning and course of the illness. An early and a late prodromal phase based on clinical and ethical considerations were defined. Criteria of an early stage are either basic symptoms or a combination of declined social functioning plus a genetic or obstetric risk.

Results: For the early prodromal phase a psychological treatment program was developed. The late prodromal phase, defined by transient or attenuated psychotic symptoms, is treated with amisulpride in comparison to a psychologically advanced clinical management. Preliminary results of both early intervention programs will be presented.

Conclusion: First results of the intervention studies in the German Research Network Schizophrenia as well as the international standard of knowledge support the applicability of "indicated prevention".

S-43-02

Outcome of acute treatment with haloperidol or risperidone in first episode schizophrenics

H.-J. Möller, W. Gaebel, R. Bottlender, G. Buchkremer, J. Klosterkötter, W. Maier. *Ludwig-Maximilians-Universität Klinik für Psychiatrie, München, Germany*

First episode schizophrenics are increasingly seen as a special subgroup under treatment considerations. Based on the literature these patients seem to be very responsive, even to relatively low doses of neuroleptics. On the other side they seem to have an increased risk of extrapyramidal side effects. In the context of the German research network on schizophrenia a randomised, double-blind, prospective 8-week study was performed to compare haloperidol with risperidone. The design guaranteed that the smallest clinically effective dose was used. The patients were hospitalised in different German university hospitals. The main question of the study was whether under the conditions of the first low dose regimen a second generation antipsychotic like risperidone can demonstrate superiority to a classical neuroleptic like haloperidol in terms of efficacy and tolerability. It was hypothesised that risperidone would be superior in the domains of negative symptoms, depressive symptoms and cognitive disturbances as well as with respect to tolerability. The data set is still blinded. The data from the first sample are quite promising. Altogether they demonstrate an almost favourable outcome of the first episode patients are 8 weeks of treatment. The dataset will be unblinded in the coming weeks. Thus the preliminary results of the comparison risperidone versus haloperidol will be available for the presentation at the congress.

S-43-03

Outcome in first episode patients under naturalistic conditions

R. Bottlender. *Psychiatrische Klinik der Ludw, München, Germany*

S-43-04

Schizophrenia: Neuroplasticity and logitudinal neuroimaging evidence

E. Meisenzahl, T. Zetzsche, G. Schmitt, M. Jäger, R. Bottlender, C. Born, M. Reiser, H.-J. Möller. *Psychiatrische Klinik der Ludw, München, Germany*

S-43-05

2 year long-term treatment study comparing risperidol with haloperidol in first episode patients

W. Gaebel. *Heinrich-Heine University Dues, Duesseldorf, Germany*

Objective: In first-episode schizophrenia the advantage of long-term treatment with new atypical compared to (low-dose) typical neuroleptics as well as the indicated duration of maintenance treatment has still to be based on empirical evidence. Accordingly, a multi-center study on long-term treatment strategies in first-episode schizophrenia is currently carried out as part of the German Research Network on Schizophrenia.

Methods: In the first treatment year, the relapse preventive efficacy of maintenance treatment with risperidol vs. (low-dose) haloperidol will be compared (randomized double-blind design). In the second treatment year, relapse rates under continued neuroleptic treatment are compared with those under stepwise drug withdrawal substituting instead prodrome-based early intervention (intermittent treatment; randomized design).

Results: By July 2004 159 first episode patients (ICD-10. F20) have been included in the long-term study. Hitherto, no relapse (corresponding to the predefined criteria) was observable in the first treatment year under regular treatment conditions. On average, psychopathological symptoms were moderate after acute treatment and decreased steadily. Drug side-effects measured with various scales were low, and although compliance on average was high, about 65% of the patients dropped out during the first study year. Regarding the second year about 15% were not eligible for drug discontinuation and about 25% chose the converse treatment as assigned.

Conclusion: Treatment in first episode schizophrenia is effective under both neuroleptics however these patients are at high risk for treatment drop-out. This emphasizes the need for a special support program. Additionally, various long-term treatment strategies should be provided to take patients preferences into account.

Tuesday, April 5, 2005

S-46. Symposium: Neurophysiological indicators of vulnerability to schizophrenia – endophenotypes of the disease

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