psychosis during 18 months follow-up. The present presentation aims to describe quality of life (QOL) of the patients at risk of psychosis.

Methods: In six European centres, 16 to 35 year old patients attending psychiatric care have been examined. Inclusion criteria are basic symptoms, attenuated psychotic symptoms, brief, limited or intermittent psychotic symptoms or familial risk plus reduced functioning occurring during the past three months. Quality of life was assessed by the Modular System for Quality of Life (MSQL). Also, the Global Assessment of Functioning Score (GAF) and general functioning and interpersonal relationships were assessed. Results were compared with those from another sample of subjects vulnerable to psychosis.

Results: The patients at current risk of psychosis reported lower MSQL sum scores and their functioning was lower than those of the patients without prodromal symptoms. Major differences were found in mental state and emotions. In the comparative sample, subjects vulnerable to psychosis also revealed lower quality of life than healthy controls. Especially, difficulties in interpersonal relationships seemed to be related to vulnerability to psychosis.

Conclusion: Those of the psychiatric outpatients who are at risk of psychosis have lower quality of life than other psychiatric patients or healthy controls. Difficulties in interpersonal relationships seem to differentiate more specifically patient vulnerable to psychosis from other patients.

S-60-04

Pathways to care in the prodromal phase of psychosis

S. Ruhrmann, F. Schultze-Lutter, H. Picker, D. Köhn, K. Savic, H. Graf von Reventlow, M. Birchwood, D. Linszen, R. K. R. Salokangas, J. Klosterkötter, o. b. on the EPOS group. *Depart. of Psychiatry & Psycho, Cologne, Germany*

Objective: It was shown that only a minority of first-episode schizophrenia inpatients had sought help for mental problems during the initial prodromal phase, although the majority reported a prodrome of nearly five years on average. This lack of utilisation of either any potentially supportive contacts or even specialised services leads to a delay of appropriate treatment, which results in a substantial worsening of outcome. To improve this situation, it is necessary to analyse and optimise the existing pathways to care of persons at risk for psychosis. Moreover, mental health authorities need detailed information to plan and provide the appropriate service offers.

Methods: Within the European Prediction of Psychosis Study (EPOS), more than 200 persons with a putatively prodromal syndrome defined by attenuated positive symptoms, brief limited intermittent psychotic symptoms, a state/trait criterion or a cognitive basic symptom cluster were investigated in four European countries. Pathways to care and the delays are assessed with a specifically developed instrument based on the multicentre World Health Organization study on pathways to care in primary health care. The updated EPOS - Pathways to Care questionnaire is used to collect information on key issues related to previous contacts with helping agencies, such as: presenting symptoms, reasons for the decision to seek care and reasons for delay.

Results: First results of a comparison of the pathways in the four European countries will be presented.

Conclusion: In light of the diverse national health care systems, similarities and differences will be discussed. It is expected that these data will support the efforts of European health policy in preventing mental illness.

S-60-05

M. Birchwood. *Early Intervention Service, Un, Birmingham, United Kingdom*

Tuesday, April 5, 2005

S-61. Symposium: Overlapping of schizophrenic and affective spectra

Chairperson(s): Andreas Marneros (Halle, Germany), Eduard Vieta (Barcelona, Spain)
16.15 - 17.45, Holiday Inn - Room 2

S-61-01

Overlapping of schizophrenic and affective spectra: The clinical argument

A. Marneros. *Martin-Luther University Halle Psychiatry and Psychotherapy, Halle, Germany*

Objective: Since the Kraepelinean dichotomy of the so-called endogenous psychoses into schizophrenic and affective disorders it has been observed that some disorders could not be allocated neither to schizophrenia nor to affective disorders. We present clinical, paraclinical and prognostic features of cases-in-between.

Methods: Two studies were carried out aiming at answering the above questions: a. Schizophrenic, affective and schizoaffective patients were longitudinally compared using international standardized instruments. b. Patients with ICD-10: F 23 (Acute and transient psychotic disorders – ATPD)were compared to schizophrenic, bipolar schizoaffective and mentally healthy groups, also longitudinally and also using international and standardized instruments.

Results: Both groups – schizoaffective and acute and transient psychotic disorders – occupy a position between schizophrenic and affective disorders, presenting an overlap of schizophrenic and affective spectra. It seems that SA and ATPD are closer to affective than to schizophrenic disorders. But nevertheless they are positioned in-between which gives them special clinical, paraclinical and prognostic features.

Conclusion: There is an overlap of schizophrenic and affective spectra which may be genetically determinated. It seems that neither acute and transient psychotic disorders nor schizoaffective disorders are independent entities (the „3rd or 4th psychosis"), but nevertheless they have some very special features.

S-61-02

Cognitive deficits in schizophrenia and bipolar disorder

E. Vieta, C. Daban, A. Martinez-Aran. *University of Barcelona Hospital Clinic, Barcelona, Spain*

Objective: More and more epidemiologic, genetic and neuroimaging studies show similarities between bipolar disorder (BD) and schizophrenia (SZ). The purpose of this lecture is to

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compare the cognitive deficits in bipolar disorder (BD) and schizophrenia (SZ).

Methods: A systematic review of the literature of neuropsychological studies comparing BD and SZ was made, beginning in the year 1990 and ending in April 2004. Thirty studies have been selected for this review.

Results: BD exhibit a widespread of cognitive abnormalities with a pattern of deficits ranging from poor social functioning to executive dysfunctions, but seem to have preserved premorbid intellectual functioning. With regards to schizophrenia, BD show a lesser degree of deficits, even in periods of remission. In general, BD has a similar pattern of alterations, except for premorbid intelligence and verbal memory, which are almost always in the normal range.

Conclusion: In general, cognitive deficits are not specific of one or the other disease. However, the differences seen in premorbid intellectual functioning and verbal memory could be due to the presence of psychotic features, and to environmental factors (stressful events, duration of the disease and number of hospitalisation) and could also be due, at another level, to differences during the neurodevelopmental phase.

S-61-03

Diagnosis-specific or unspecific disposition genes for schizophrenia and affective disorders?

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

Schizophrenia and affective disorder have been considered to be nosologically and etiologically distinct disorders. This postulate is challenged by progress in new biological research. Both disorders are strongly influenced by genetic factors; thus genetic research is a main contributor to this discussion. We review current evidence of the genetic relationship between schizophrenia and affective disorders, mainly bipolar disorder (the various genetic research methods have been particularly applied to bipolar disorder). Recent family and twin studies reveal a growing consistency in demonstrating cosegregation between both disorders which is difficult to detect with certainty given the low base rates. Systematic molecular genetic search for specific genes impacting on either disorder has now identified one gene which is apparently involved in both disorders (G72/G30); other candidate genes reveal some evidence to present as susceptibility genes with modest effects for each of both disorders: particularly COMT and BDNF, but less consistently so. There is room for speculations of other common susceptibility genes, given the overlap between candidate regions for schizophrenia and those for bipolar disorder emerging from linkage studies.

S-61-04

Depression in schizophrenia and affective disorder - cluces to affective-emotional dysfunction from the viewpoint of functional psychopathology

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

Objective: Successful aetiopathogenetic research in psychiatry depends on the valid characterization and diagnosis of mental disorders. Usually this is accomplished by use of contemporary diagnostic systems such as DSM-IV or ICD-10. It has been questioned, however, whether this operationalized descriptive approach generates phenotypes homogeneous and valid enough to be the starting point for the sophisticated questions and research methods of neuroscience and molecular biology. The emergent neurobiological discoveries of brain function will have distinctly less clinical relevance and meaning if there is no parallel development of the capacity to delineate and quantify specific behavioral phenomena.

Methods: Against this background, depressive syndromes in schizophrenia and affective disorder will be assessed for their phenotypal homogeneity, their neuropsychological and neurobiological correlates, and their genetic profile. The aim is to draw conclusions whether both syndromes refer to dysfunctions of the same affective-emotional circuits, though at different neural components and of different origin.

Conclusion: Diagnosis in biological psychiatry should take a more syndrome- or even symptom-oriented approach. Moreover, the traditional descriptive psychopathological orientation should be modified towards a more experimental and functionally oriented approach including the concept of endophenotypes.

Wednesday, April 6, 2005

S-65. Symposium: New challenges to the dichotomy schizophrenia versus affective disorder - part II

Chairperson(s): Wolfgang Maier (Bonn, Germany), Heinz Häfner (Mannheim, Germany)
08.30 - 10.00, Gasteig - Philharmonie

S-65-01

Glutamate psychopharmacology of schizophrenia and bipolar disorder: A neuroscientific dissection

S. Dursun. *Neuroscience + Psychiatry Unit University of Manchester, Manchester, United Kingdom*

Objective: There is growing evidence indicating a possible common neuronal-pathway dysfunction in Schizophrenia(Sch)and bipolar disorder (BD.

Methods: The evidence for the common-pathway dysfunction in Sch and BD comes from preclinical-healthy volunteer-and clinical trials data. This common pathway involves pedominantly the glutamate-GABA connectivity dysfunction.

Results: Gultamate GABA common pathway connectivity dysfunction is supported by the well established efficacy of atypical antipsychotic drugs and also anitconvulsant drugs such as lamotrigine and divalproex sodium (add-on) in both Sch and BD

Conclusion: The aim of the presentation will be, to dissect the neuroscientific evidence which indicates a common pathway dysfunction of glutamate & GABA in Sch and BD.

S-65-02

Neurotrophic factors in schizophrenia and affective disorders: Basis for novel therapeutic approaches?

H. Ehrenreich. *Max Planck Institute for Experimental Medicine, Göttingen, Germany*

Objective: Schizophrenia and affective disorders are increasingly recognized as organic brain diseases involving

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