95% CI: 1.9–4.2). This association remained after adjustment for age, sex, minority status, urban residence, level of CIDI paranoid symptoms at baseline, level of education, unemployment and single marital status (OR: 2.3, 95% CI: 1.5–3.5). Minority status increased the risk for psychosis (OR adjusted for age and sex=2.1; 95% CI: 0.8, 5.6); this effect was largely confined to young men (OR men aged 18–34 years=6.3, 95% CI: 1.04, 38.5). Entering minority status and discrimination jointly in the equation attenuated the effect size of minority status much more (28%) than that of discrimination (8%), leaving only discrimination as significant independent predictor.

Interpretation: Experience of discrimination is robustly associated with onset of psychotic symptoms and may explain in part the high observed rates of schizophrenia in some minority populations.

S54.3

Migration and schizophrenia: a Danish population-based cohort study

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Migration is increasingly implicated as a risk factor for schizophrenia, yet the mechanism underlying this association remains obscure. We studied immigrant background and history of foreign residence (among persons with Danish background) as potential risk factors for schizophrenia, utilizing a novel approach that would minimize the influence of selection factors. Using data from the Danish Civil Registration System, we established a population-based cohort of 2.14 million people resident in Denmark by their 15th birthday. Schizophrenia in cohort members and psychiatric disorder in a parent were identified by cross-linkage with the Danish Psychiatric Case Register. First- and second-generation immigrants had significantly increased risk for schizophrenia compared to persons with Danish background. Age at first residence in Denmark and the accumulated number of years lived in Denmark had no impact after adjusting for these factors. Among persons with Danish background, history of foreign residence significantly increased the risk for developing schizophrenia. Our findings provide compelling support for an association between migration and schizophrenia that is not solely attributable to selective migration and that may possibly also be independent of foreign birth.

S54.4

Does racial discrimination cause mental illness?

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Differences in incidence of mental illness between some immigrant groups and indigenous populations cannot be explained by traditional risk factors such as genetic and socio-economic differences. Important risk factors include the reasons for migration and the host population's response to newcomers.

One such response is racial discrimination. Though it has been considered a possible risk factor for some time, there has been little systematic evidence to support or refute such claims. An increasing body of literature now suggests that racial discrimination is in fact an important risk factor for mental illness. These include a cross-sectional association between reported racial discrimination and psychosis in a national sample, demonstration of a longitudinal association between reported racial discrimination at baseline and incident psychosis three years later and evidence that rates of psychosis, suicide and presentation for parasuicide are higher in an ethnic minority group when it makes up a lower proportion of the local population.

The author will review these recent developments and the wider literature to answer the question; "Does racism discrimination cause mental illness?".

S54.5

Social isolation and high rates of psychosis among migrant groups

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Objectives: Social isolation is likely to be one of the major problems of migrant communities. We sought to test whether this applied to the patients of Caribbean origin in Britain experiencing a first onset of psychosis.

Methods: A first onset sample of patients in London was compared with a similar group in the Caribbean and healthy controls using socio-demographics, perceptions of disadvantage and contact with non- psychiatric medical services prior to presentation.

Results: The British Caribbeans were more socially isolated (lived alone and had fewer social contacts), more Rely to be unemployed and had greater perceptions of being disadvantaged than their white counterparts in both the psychotic and the healthy controls and even more so than the Caribbean cohort. They also had a longer duration of untreated symptoms and less interaction with the non-psychiatric medical services.

Conclusions: These findings support the hypothesis that higher rates of psychotic illness may occur in the context of increased social isolation, perceptions of disadvantage and may be compounded by a tendency to not engage in appropriate help seeking behaviour.

S55. Personality disorders: new issues in diagnosis, etiology and therapy

Chairs: H. Sass (D), C.B. Pull (L)

S55.1

Experimental psychopathology in personality disorders

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Alterations of emotional responses are one of the main features in cluster B personality disorders: borderline personality disorder (BPD) is generally thought to be associated with emotional hyperresponsiveness while antisocial personality disorder appears to be characterized by emotional detachment.

Method: In a first step, psychophysiological measures and functional magnetic resonance imaging (fMRI) were used to identify neurobiological correlates of abnormal emotional processing. In a second step, the influence of emotions on inhibitory attentional functioning was focused on, using neuropsychological tasks.

Results: Psychophysiological data supported Cleckley's theory of emotional detachment in psychopaths. fMRI findings, using emotional paradigms showed intense amygdala activation in borderline subjects suggesting that limbic hyperreactivity may be a neurofunctional correlate of emotional dysregulation. Preliminary

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