Wed-P12
STRATEGIES FOR ENHANCING SELF-ESTEEM AND SO-
CIAL INTEGRATION OF PATIENTS WITH SCHIZOPHRENIA

R. Haghighat. *The Tavistock Clinic, London, UK*

Objectives: Investigation of illocutionary and perlocutionary ef-
fects of linguistic presentations of the diagnosis of schizophrenia,
on the patients' self-concept, which may have significant effects on
the prognosis of schizophrenia.

Methods: 200 patients with schizophrenia in remission were
asked how they wished people to refer to them if they (the patients)
develop or have already developed schizophrenia (schizophrenia
sufferer; schizophrenic; person with schizophrenia, or any other
alternative). This led to self-reports which indicate the impact of
the diagnosis on patients' self-concept. A separate questionnaire
assessed any stigmatising social response towards each of the
designations and towards the concept of schizophrenia.

Results: About 15% of patients fully internalise the stigmatising
social response into their self-concept or use it as a compensatory
mechanism. Twenty percent totally resist accepting the diagnosis.
Twenty per cent accept the diagnosis but reclaim positive attributes
for it or use it as a means of declaring their solidarity with
other patients. Ninety per cent accept the diagnosis but propose
alternative linguistic formulations to reduce stigmatisation.

Conclusions: Patients with schizophrenia employ Linguistic In-
tervention, Solidarity and Reclaiming as defence strategies against
stigmatisation. The latter should be encouraged to enhance the
patients' self-esteem and cooperation with treatment.

Wed-P13
SELF-AWARENESS IN CHRONIC SCHIZOPHRENIA: BILAT-
ERAL ASSESSMENT OF NEGATIVE SYMPTOMS (BAINSA)

B. Weber*, J. Eckert, C. Husemann, J. Fritze, K. Maurer. *Depart-
ment of Psychiatry and Psychotherapy I, J.W. Goethe University,
Frankfurt/Main, Germany*

Self assessment of psychopathological symptoms in schizophrenia
is restricted by the disturbance of self-awareness. There exists no
generally applicable operationalization for a quantitative measure-
ment of unawareness of negative symptoms. In the present study 33
chronic schizophrenic out-patients were examined by the 'Scale for
the Assessment of Negative Symptoms' (SANS, Andreasen 1984)
and an analogously scaled 'Questionnaire for Negative Symptoms'.
Differences between item scores were taken as item values consti-
tuting a new scale of the 'Bilateral Assessment of Impairment of
Negative symptoms' Self-Awareness' (BAINSA). No significant
correlation was found between SANS and QNS scores. BAINSA
scores significantly correlated to SANS scores (R = 0.69; p <
0.000008). The results confirm a disruption of self-awareness and
indicate that schizophrenic patients with a high extent of negative
symptoms underestimate and less impaired patients overestimate
their negative symptoms. It is proposed to introduce SANS-QNS
differences as BAINSA scores for the quantitative measurement of
the self-awareness of negative symptoms in schizophrenia.

Wed-P14
VALIDATION OF THE BEHAVIOURAL ACTIVITY RATING
SCALE: A MEASURE OF ACTIVITY IN AGITATED PATIENTS

R.H. Swift[1]*, E.P. Harrigan[1], J. Cappelleri[1], D. Kramer[1], L.P.
Chandler[1]. *[1]Central Research Division, Pfizer Inc, Groton, CT
06340, USA*

The rapid-acting, intramuscular (IM) formulation of the novel
antipsychotic, ziprasidone, reduces symptoms of acute agitation
in patients with psychosis but is not profoundly sedating. For the
Phase III clinical trials of IM ziprasidone an objective measure-
ment that accurately characterized the effect of ziprasidone IM
on activity levels in patients with psychosis and acute agitation
was required. The seven-point Behavioural Activity Rating Scale
(BARS), a novel measure of agitated behaviour, ranging from 1
(difficult or unable to rouse), through 4 (quiet and awake/normal
level of activity), to 7 (violent, requires restraint) was developed.
Data from a Phase III clinical trial were used to validate the BARS.
Convergent validity was assessed using Spearman's correlation
coefficient between BARS scores and the sum of a PANSS agitation
grouping (hostility, excitement, anxiety and tension) and between
BARS and CGI-S scores. Divergent validity was assessed by using
Spearman's correlation coefficient between BARS and PANSS neg-
ative subscale scores. Effect sizes of the BARS, PANSS agitation
grouping, and CGI-S were compared to measure the responsiveness
to treatment differences. The discriminant validity of the BARS
between two different patient populations (one from another study)
at baseline was evaluated with the Wilcoxon rank sum test. Inter-
and intra-rater reliability were examined using investigator training
data. The correlation coefficients between the baseline BARS and
the PANSS agitation grouping (0.33) and CGI-S scores (0.40) were
statistically significant, whereas the coefficient between the BARS
and PANSS negative subscale scores (0.16) was not. The effect
size was larger for the BARS (0.83) than for the PANSS agitation
grouping (0.52) and the CGI-S (0.60). A significant difference
in BARS scores at baseline was found between the two distinct
populations ($P < 0.05$). Perfect inter- and intra-rater reliability
were achieved. The BARS is a psychometrically valid and reliable
scale to objectively measure the level of activity in acutely agitated
patients with psychotic disorders treated with rapid-acting, IM
ziprasidone.

Wed-P15
ARE THE COSTS OF TREATMENT IN SCHIZOPHRENIC PA-
TIENTS RELATED TO PSYCHOPATHOLOGY, SOCIAL DIS-
ABILITY AND SUBJECTIVE CONCEPT OF ILLNESS?

T. Steinert*, R.P. Gebhardt, M. Krueger, P.O. Schmidt-Michel. *Cen-
tre of Psychiatry Weissenau, Dep. of Psychiatry I of the University
of Ulm, Mailbox 2044, D-88190 Ravensburg, Germany*

Objective: It should be examined whether the use of medical and
social support in chronic schizophrenic patients - summarized in
the total costs of treatment - is correlated to the subjective concept
of illness and outcome variables as psychopathology and social
disability.

Method: Out of a sample of 138 patients with diagnosis of
schizophrenia or schizoaffective disorder (ICD-10) first time hospi-
talized between 1990 and 1993, 31 patients rehospitalized between
1994 and 1996 were prospectively investigated (t1, index admis-
sion; t2, one-year-follow-up). Both times, psychopathology was
recorded by the Positive and Negative Syndrome Scale (PANSS),
social disability by the german version of the Disability Assessment
Schedule (DAS) and subjective concept of illness by the illness