

MENTAL SIDE EFFECTS AND ATTITUDES TOWARDS ANTI-PSYCHOTIC MEDICATION

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In spite of significantly beneficial effects of antipsychotics in positive and negative schizophrenic symptoms, in anxiety, in social functions, and in relapse prevention, it is evident that many patients experience antipsychotic drugs as unpleasent, something they want to avoid. This attitude is not only due to lack of insight in the disease, to lack of a subjective recognition of the beneficial effects, and to side effects observed. The negative attitude is to a high degree due to mental side effects and a general sceptical opinion towards antipsychotic medication among relatives and in the society.

In a study in 53 chronic schizophrenic out-patients in maintenance depot neuroleptic treatment, we found that 60% were positive to the treatment, 32% ambivalent and 8% negative. Only 60% complained of side effects even though 94% scored as having them. Mental side effects were the most noticed by the patients, while hypokinesia and hyperkinesia were least noticed by the patients, but most by the physician. No correlation was found between patients' subjective assessment of their quality of life and the degree of psychosis and side effects. This raises important questions as to whether we assess the right parameters in clinical trials.

PATIENT REQUESTS AND ATTITUDE TOWARDS NEUROLEPTICS

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Little is known about care delivery systems, patients' requests and appreciation of care of patients attending an outpatient (depot) neuroleptic clinic. Although the concepts of expectancy and satisfaction remain methodologically debatable and are multi-dimensional concepts, they are important variables in the process of care and its ultimate outcome i.e. compliance. In this study, outpatients receiving oral or depot neuroleptics as maintenance therapy are compared using a Patient Request Scale and a Neuroleptic Evaluation and Attitude Scale. No differences were found between either group on sociodemographic and psychiatric history related variables. Both groups of patients have a comparable attitude toward their disease and medication use, as reflected in knowledge of the medication they use and the reasons why. The appreciation of care is comparable, but their treatment requests differ: the patients receiving oral medication are more comparable with the general population and could be described as more psychologically minded. Patient attitude, requests and appreciation of care are of relevance in the quality control systems that need to be developed in the maintenance therapy of psychotic patients.

RATING OF SUBJECTIVE EFFECTS OF ANTIPSYCHOTIC DRUGS. RELATIONSHIPS TO OBJECTIVE PSYCHOPATHOLOGY AND QUALITY OF LIFE

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The benefit of neuroleptic drugs in the treatment of schizophrenic patients is objectively beyond any doubt. However, most patients discontinue their neuroleptic drugs within some months. This low compliance might be caused by adverse effects, not restricted to motor symptoms, but also affecting cognition and emotion. They are often too subtle to be detected by objective examination, but

reported by patients who complain of a reduced quality of life with restrictions of emotionality, straight thinking and spontaneity. This syndrome, similar to negative symptoms of schizophrenia, has been named "pharmacogenic depression", "akinetic depression" or "neuroleptic-induced deficit syndrome".

To investigate this issue of major clinical relevance, a self-rating scale was developed to measure subjective well-being under neuroleptic treatment (SWN). First analyses indicate good practicability, reliability, validity and sensitivity. Data obtained from 280 remitted schizophrenic patients showed that the SWN was significantly correlated to objective psychopathology (PANSS; $r = -0.35$), quality of life ($r = 0.60$) and other self-ratings of mood states (SDS, BFS; $r = 0.25-0.75$). The SWN in 40 patients treated with clozapine because of therapy resistance or major side effects was, despite negative selection, significantly better ($t = 1.79, p = 0.03$) than in 40 patients under classical neuroleptics. Moreover, even at dismissal, patients who were non-compliant 4-6 months later ($n = 14$), differed significantly ($t = 3.21, p = 0.02$) in SWN, but not in PANSS, from those who remained compliant ($n = 34$).

These data indicate that the SWN is a valuable tool for investigating hitherto neglected psychopathological dimension. The scale is used in ongoing trials of potential neuroleptic drugs. Subjective effects of neuroleptics are measurable, affect patients' quality of life and should be considered more thoroughly.

S11. Seasonal affective disorder

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EPIDEMIOLOGY OF SAD AND ITS SUBSYNDROMAL FORM

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Depressions that recur on an annual basis in winter and summer have been described in several studies and termed *seasonal affective disorder* (SAD) of the winter and summer type. Clinical studies have documented the presence of the winter syndrome in North America, South America, Europe, Africa, and Australia. There are a few epidemiological studies carried out in the USA but also in Europe which indicate that a substantial part of the population notices seasonal changes of mood and behaviour to varying degrees. The prevalence of winter-SAD and its subsyndromal form (S-SAD) in the general population has been reported to depend on the latitude, with higher rates in more northern countries. Calculations of prevalence rates for SAD and its subsyndromal form are therefore dependent on the location where the data are obtained and are for instance for Washington D.C. 4.3% and 13.5%, respectively. Based on data obtained in epidemiological studies and experience in SAD clinics it can be emphasized that patients with subsyndromal SAD are frequently observed in the general population and also in research settings. Since the behavioural and mood changes in subjects with S-SAD fall between those of healthy controls and patients with SAD it would be worthwhile to investigate whether their biological profile also occupies such an intermediate position, and whether they are genetically related to individuals with more severe affective symptoms. Furthermore, data of prospective studies are needed to elucidate the course of S-SAD individuals. These longitudinal studies could contribute to the assumption that seasonality can be viewed as a