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Topics

Biochemistry
Child Psychiatry
Eating Disorders
Ethics
Impulsivity Disorders
Liaison Psychiatry
Neuroimaging

Pain

Personality Disorders
Philosophy
Primary Treatment
Quality of Life
Schizophrenia
Subthreshold Disorders
Various Topics

Wed-P1

PREDICTORS OF PSYCHOSOCIAL FUNCTIONING IN AFFECTIVE DISORDERS AND SCHIZOPHRENIA

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Different variables of the course of illness have a high predictive power for the further course and outcome of psychiatric disorders (Angst 1988).

The impact of the course of illness on psychosocial functioning five years after index evaluation was assessed in 36 patients with schizophrenia (DSM-III-R, mean age 37.3 +/- 11.7 years, 55.6% female) and 114 patients with affective disorders (DSM-III-R, 23 bipolar, mean age 48.6 +/- 14.1 years, 69.5% female). Psychopathology and psychosocial adjustment were assessed with semistructured interviews.

In affective disorders, but not in schizophrenia, patients with more episodes, shorter time of remission, higher cumulative length of episodes and longer cumulative duration of hospitalization showed a significant poorer social functioning five years after index evaluation.

The impact of the course of illness on psychosocial functioning indicate the importance of continuous treatment and prophylaxis, especially in affective disorders.

(1) Angst J: European long-term follow-up studies of schizophrenia. *Schizophr Bull* 1988; 14: 501-513

Wed-P2

SELF- AND OTHER-DIRECTED AGGRESSIVE BEHAVIOUR AND EARLY COURSE OF ILLNESS IN SCHIZOPHRENIA

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Objective: The frequency of self- and other-directed aggressive behaviour, its predictors and its influence on number and duration

of hospitalizations was examined in an unselected sample of 1st time admitted schizophrenics.

Methods: A sample of 138 consecutively admitted patients with a 1st episode of schizophrenia or schizoaffective disorder (ICD-10) was retrospectively evaluated with respect to the first two years after the day of 1st admission. Aggressive behaviour was recorded using the Modified Overt Aggression Scale MOAS. Predictors were calculated by stepwise multiple regression.

Results: 75% of men and 53% of women showed some kind of aggressive behaviour during the first two years of the course of illness. Suicide attempts occurred in 17% of men and 26% of women. Aggressive behaviour against others was more frequent and severe in men ($p < .001$), gender differences were not significant with respect to self-directed aggressive behaviour. Self- and other-directed aggressive behaviour was not correlated. Among those possible predictors that were examined only aggressive behaviour against self and aggressive behaviour against others were significant predictors for rehospitalizations during the first two years of the course of illness by means of stepwise multiple regression ($p < .05$). Significant predictors for aggressive behaviour against others were male sex, number of hospitalizations and alcohol abuse in men. Self-directed aggressive behaviour was only significantly correlated with total length of hospitalization.

Conclusions: Aggressive behaviour against self and others is a frequent symptom in schizophrenia and a predictor of rehospitalizations in the first two years of the course of illness.

Wed-P3

RELATIONSHIP STATUS IN FIRST ONSET SCHIZOPHRENIA

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It has been suggested that there is a prepsychotic phase of schizophrenia which adversely affects social functioning (Hafner et al, 1995) and therefore diminishes the likelihood of forming stable relationships. We tested this hypothesis by reviewing the relationship status and other related sociodemographics in a first onset sample of 100 patients with broad schizophrenia as diagnosed