gab es über die Jahre eine ständige Höherdosierung der gewählten initialen Dosierungen, eine Bevorzugung von hochpotenten Neuroleptika gegenüber niederpotenten Präparaten und auch in einzelnen Fällen den Einsatz von Mehrfachkombinationen. Nach 1991 zeigte sich deutlich der häufigere Einsatz von atypischen Neuroleptika.

4. Schlussfolgerungen: Die gefundenen Daten des medikamentösen Regimes entsprechen in den meisten Fällen den in der Literatur berichteten Leitlinien akuter neuroleptischer Therapie bei schizophrenen Psychosen, obwohl einige Differenzen herausgearbeitet werden konnten. In vergleichbaren Arbeiten fanden sich ähnliche Ergebnisse. Die Resultate der durchgeführten Studie sind Ausgangspunkt für die Diskussion dieser Differenzen, möglicherweise auch für eine Korrektur der derzeit gültigen Leitlinien.

CONCEPTS OF SCHIZOPHRENIA IN SOVIET AND RUSSIAN PSYCHIATRY

N. Piatnitski, H. Dech. *Mental Health Center of Russian Academy of Medical Science Zagorodnoye Schosse, d 2, korp 2, 113152 Moscow, Russia; Dept. of Psychiatry, University of Heidelberg, Vossstr. 4, D-69115 Heidelberg, Germany*

Concepts of schizophrenia of the Soviet Russian school, historically based upon the broad concepts of schizophrenia by Kraepelin and Bleuler and supported by the results of Russian clinical-genetic and katamnestic research, as well as the relationships to the German concept of "Einheitspsychose (Unitarian Psychosis)" are presented. Along with the discussion of correspondences with and differences to Western diagnostic systems (DSM, ICD) it will be pointed out that the old Soviet system of classification extends to psychotic and also non-psychotic forms which in ICD-10 are not attributed to schizophrenia, but to other categories. Such differential-diagnostic criteria of sluggish schizophrenia and neurotic disorders as rudimentary positive psychotic symptoms, thought disturbances and characterological changes are delineated. The concept of latent schizophrenia is considered by the authors too broad for reliable diagnosis. Furthermore, recent developments in Russian psychopathology and modifications in Russian schizophrenia concepts will be exemplified by the concept of "Psychic Diathesis" that illuminates the signs of vulnerability for schizophrenia.

THE EFFICACY AND SAFETY OF TWO FIXED DOSES OF ZIPRASIDONE IN SCHIZOPHRENIA

K. Reeves, E.P. Harrigan. *Department of Clinical Research, Pfizer Central Research, Groton, CT 06340, USA*

Ziprasidone's high affinity for $5HT_{2A}$ receptors and moderate affinity for D_2 receptors suggest significant antipsychotic efficacy with low extrapyramidal side-effect liability. This 6-week, double-blind, placebo-controlled multicenter study was designed to compare the safety, toleration and efficacy of two fixed-dose regimens of ziprasidone in subjects with an acute exacerbation of schizophrenia or schizo-affective disorder. After a 3 to 7-day placebo washout, patients were randomized to receive either ziprasidone 40 mg bid on days 1 to 41 (106 patients); ziprasidone 40 mg bid on days 1 to 2, followed by 80 mg bid on days 3 to 41 (104 patients); or placebo (92 patients). On day 42, subjects received a single morning dose. Both the 80 mg and 160 mg dose groups demonstrated statistically significant changes from baseline in BPRSd total, BPRSd core items, CGI severity and PANSS total scores. All differences were statistically significant.

Measurement of negative symptoms by the PANSS negative subscale also showed statistically significant differences between both ziprasidone groups and placebo. Side-effects were limited in both the 80 mg and 160 mg groups. This indicates that ziprasidone at doses of 80 mg and 160 mg daily is an effective and well-tolerated antipsychotic.

Last visit change in Primary Efficacy Scores (All Subjects, Last Observation Carried Forward)

	Ziprasidone 40 mg bid	Ziprasidone 80 mg bid	Placebo
BPRSd – total	−7.7*	−10.3**	−3.4
BPRSd – core	−3.4*	−4.4**	−2.0
CGI – severity	−0.5*	−0.8**	−0.2
PANSS – total	−12.4*	−17.1**	−5.4
PANSS – negative subscale	−3.2*	−3.9**	−0.9

*$p < 0.05$, **$p < 0.001$.

The author thanks the Ziprasidone Study Group for participation in this study.

REDUCED VISUAL MOTION SENSITIVITY IN UNMEDICATED SCHIZOPHRENIC PATIENTS

A.J. Richardson, J.H. Gruzelier, B.K. Puri. *Department of Psychiatry, Charing Cross and Westminster Medical School, St Dunstans Road, London W6 8RF*

There is long standing evidence of visual deficits in schizophrenia; and recent visual masking studies suggest an abnormality of the fast transient (magnocellular) system which is specialised for detecting fast flicker and motion and is important for spatial localisation and eye movement control. There is already strong evidence for magnocellular impairment in dyslexics, who show schizotypal traits of perceptual aberration and magical thinking, and we have shown that both dyslexics and normal schizotypal subjects have impaired visual motion sensitivity, a good index of magnocellular function, here we report an investigation of this in schizophrenic subjects. Thresholds for detecting coherent motion in random dot patterns were assessed in 9 acute schizophrenic patients (neuroleptic-naive), and two control groups, normal and dyslexic, individually matched for age, sex and handedness, mean motion thresholds (% coherence) were: schizophrenic patients 14.79 ± 5.26; dyslexics 12.99 ± 4.92; normal controls 8.32 ± 1.7. The effect of group was significant ($p = 0.01$), and on post-hoc comparison (LSD) motion sensitivity did not differ between schizophrenic and dyslexic groups, but both were impaired relative to normal controls ($p < 0.05$). These results are consistent with magnocellular visual disturbance in schizophrenia, which may contribute to the visual abnormalities associated with the disorder. They are also compatible with other evidence for an association between dyslexia and the schizophrenia spectrum.

PATIENTS SUBJECTIVE ILLNESS CONCEPTS ABOUT CHRONIC SCHIZOPHRENIA — A COMPARISON OF VIEWS SEEN BY PATIENTS AND PSYCHIATRISTS IN OFFICE PRACTICE OF EAST GERMANY AFTER REUNIFICATION

B. Ripke, J. Schellong, A. Triemer, F. Gläsner, O. Bach. *Dep. of Psychiatry and Psychotherapy, Dresden University of Technology Carl Gustav Carus, Fetscherstr. 74, D-01307 Dresden, Germany*

Background: The subjective point of view in patients and therapists about illness and therapy is of a considerable significance with respect to a psychotherapeutic co-treatment for chronic schizophrenic subjects.

Samples and method: 25 schizophrenics (clinical obvious schizophrenia according to DSM-IV criteria with at least one relapse) and 38 psychiatrists in office practice in the area of the cities Dresden and Leipzig were interviewed in the framework of a pilot study. All patients were explored by means of the Dresden Semistructured