Conclusion: In addition to providing an indication of the common mechanism, effects on leptin secretion, of two genetic polymorphisms controlling drug-induced weight gain, these findings demonstrate the predictive value of pharmacogenetics in determining liability to a major side effect and indicate the potential of genetic testing in informing prescribing decisions and health and lifestyle advice for the patient and doctor.

Monday, April 4, 2005

S-39. Symposium: Early recognition of psychoses

Chairperson(s): Joachim Klosterkötter (Köln, Germany), Patrick McGorry (Victoria, Australia)
16.15 - 17.45, Holiday Inn - Room 1

S-39-01

W. Maier. *Department of Psychiatry, Univ, Bonn, Germany*

S-39-02

The development of schizophrenia and depression from onset until remission of the first psychotic episode

H. Häfner. *Central Institute of Mental Health, Mannheim, Germany*

Objective: Depression is the most frequent comorbidity diagnosis in schizophrenia (40 to 80% in psychosis, 10 to 30% in interval). We studied the question, relevant to early recognition and early intervention, when and how schizophrenia and depression become distinguishable in the early course until remission of the first episode

Methods: We studied a representative sample of 130 first admissions for schizophrenia, 130 age- and sex-matched first admissions for MDD – moderate to severe unipolar depression (ICD-10: F32.10, 32.11, 32.2, 32.30, 32.31) – and 130 equally matched population controls retrospectively until onset using the IRAOS, SANS and DAS and prospectively at first admission and 6-month follow-up using the PSE.

Results: As 81% of schizophrenia patients and 79% of depression patients were drug-naive, comparisons of fairly "natural" symptoms were possible. Early illness course lasted for 5.4 years in schizophrenia and 7.2 years in depression. Risk of attempted suicide was significantly increased in depression – less so in schizophrenia – before first admission. The most frequent first symptoms in both disorders were depressive in type, closely followed by single negative symptoms and indicators of functional impairment. These symptoms constitute a prodromal core syndrome, which, showing a high degree of stability, attained maximum prevalence with the accumulating positive symptoms of beginning psychosis. The syndrome remitted simultaneously with positive symptoms. Several of the prodromal symptoms of both disorders were early and highly significantly separable from health.

Conclusion: Substantial, significant differences between schizophrenia and depression did not emerge until psychotic symptoms appeared. Implications for early recognition and early intervention will be discussed.

S-39-03

P. McGorry. *Department of Psychiatry, Univ, Victoria, Australia*

S-39-04

Neuroimaging in the at risk mental state

P. McGuire. *Institute of Psychiatry, King', London, United Kingdom*

Objective: Relatively little is known about brain structure and function in people with prodromal symptoms

Methods: Subjects meeting PACE criteria for the At Risk Mental State were studied using a 1.5T MRI camera. Diffusion weighted, volumetric and functional MRI data were acquired. Images were processed using X-BAMM. Data were also collected in controls and from patients with first episode psychosis.

Results: Overall, subjects with an At Risk Mental State showed qualitatively similar differences relative to controls as patients with first episode psychosis, but the severity of these differences was less marked

Conclusion: The structure and function of the brain is altered in people with prodromal symptoms.

S-39-05

Early recognition and indicated prevention

J. Klosterkötter, S. Ruhrmann, A. Bechdolf, M. Wagner, W. Maier. *Department of Psychiatry University of Cologne, Köln, Germany*

Objective: This paper presents an outline on the actual results of studies on early recognition and prevention. Accordingly, within a year, the rate of transition into first psychotic episodes using the current prodromal criteria amounts to approx. 37%. Apparently, psychological and pharmacological early interventions seem to decrease the rate and to improve prodromal symptoms and global functioning.

Methods: The presentation of current results will focus on the two multi-centre intervention studies within the German Research Network on Schizophrenia. For the early prodromal phase a psychological treatment program was developed. The late prodromal phase, defined by transient or attenuated psychotic symptoms, is treated with amisulpride in comparison to a psychologically advanced clinical management.

Results: According to first preliminary results a decrease of prodromal symptoms, an improvement of global functioning and a reduction of transitions to psychotic first episodes can be achieved by both, psychological as well as pharmacological early interventions.

Conclusion: First results of the intervention studies in the German Research Network Schizophrenia as well as the international standard of knowledge support the applicability of "indicated prevention".

Tuesday, April 5, 2005

S-43. Symposium: German schizophrenia research network: Results from clinical follow-up and intervention studies

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