

S17-03

PATIENT REPORTED MEASURES AND FUNCTIONAL REMISSION

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Only recently success criteria became more ambitious and include a more thorough consideration of the patient's perspective. Recent data indicate that in addition to the positive influence of a good relationship between doctor and patient, the subjective experience of antipsychotic treatment is a major predictor of compliance.

Among other scales, a self-report instrument has been constructed to evaluate "subjective well-being under neuroleptics" (SWN). Data indicate: a) schizophrenic patients, if no longer acutely psychotic or suffering from severe cognitive deficits, are able to reliably assess their subjective well-being, b) high SWN is correlated with high compliance, c) atypical antipsychotics increase SWN, d) individual improvements of SWN and of PANSS are not strongly related ($r = -.30 - -.40$), and e) dopamine D2 receptor blockade is highly correlated to reduced SWN ($r = .66 - .76$).

Recent trials reveal the relevance of early improvement of subjective well-being: In a 12-week trial 95% of those with early subjective response (within 4 weeks) showed later subjective and/or psychopathological improvement, but only 9% without early subjective response showed later improvement. In another 3-year trial again psychopathological response as well as symptomatic and functional remission were not only related to young age and treatment with atypical antipsychotics, but mostly to early (within the first 3 months) subjective improvement. Moreover in a five year trial of first episode patients, marked improvement of SWN within the first 6 weeks of antipsychotic treatment was found to be related to enduring remission, while early improvement of PANSS did not predict outcome.