

outside of 2 standard deviations were considered abnormal. In contrast to a group of 61 age-matched normal controls, Vmean in MCA and ACA was significantly increased in the schizophrenic group on admission ($p < 0.05$). PI was not significantly changed in any of the ultrasounded vessels. Vmean showed a significant positive correlation to the degree of positive symptomatology in PANSS ($p < 0.05$). After psychopathological improvement, a significant decrease of Vmean was found ($p < 0.05$).

First results indicate a correlation between the increased blood flow velocity found in TCD and brain SPECT results. Thus, increased Vmean in frontal brain circulation may be seen as an indication of increased perfusion (SPECT), which correlates positively with the degree of productive schizophrenic symptomatology. Further study will show if TCD may be used routinely to add to, or even substitute, SPECT or PET examinations, thus constituting an alternative method to radionuclides.

TREATMENT RESPONSE STUDIES IN SYSTEMATIC CATATONIA (LEONHARD). I. LORAZEPAM CHALLENGE

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Objectives: Our objective was to establish the treatment response pattern of the Leonhardian group of systematic catatonias in a series of double-blind, placebo-controlled cross-over drug trials. This presentation reports the effect of lorazepam challenge on systematic catatonia.

Method: 17 patients with chronic schizophrenia, who met operationalized criteria for systematic catatonia according to Leonhard (Petho & Ban, 1988), participated in the study. Lorazepam (6 mg/day) and identical-looking placebo were added consecutively for 6 weeks each to the patients' existing drug regime under double blind conditions, followed by a 2-week wash-out period. Assessment using the GAS, BPRS, HDRS, SANS, AIMS, Simpson-Angus Scale, Van Putten Akinesia Scale, Barnes Akathisia Rating Scale, Modified Rogers Scale, Bush-Francis Catatonia Rating Scale and the NOSIE was carried out at baseline and at 3 weekly intervals afterwards. Raters were blind to the patients' medication status.

Results: Addition of lorazepam did not significantly alter the clinical and motor status of patients with systematic catatonia.

Conclusions: In contracts with acute catatonic syndromes occurring in other nosological entities such as affective and reactive psychoses, lorazepam had no therapeutic effects on the Leonhardian systematic catatonia subtypes characterized by persistent psychomotor abnormalities. This finding raises the likelihood that catatonia is a clinically and pathogenetically heterogeneous clinical phenomenon.

THERAPEUTIC RESPONSE TO SULPIRIDE IN THE TREATMENT OF SCHIZOPHRENIA

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Schizophrenia is an extremely heterogeneous disorder and approximately one-third of these patients respond poorly, or not at all, to antipsychotic drugs [1]. Positive symptoms of schizophrenia are known to respond well to traditional antipsychotic drugs, whereas negative symptoms respond poorly or not at all. The atypical antipsychotic drugs, of which sulpiride is the longest established, appear to be very effective both in cases refractory to traditional antipsychotics and in cases with prominent negative symptoms. In a recent study we compared the quality of life of schizophrenic patients treated with sulpiride and chlorpromazine, which appeared to indicate a favourable

outcome for sulpiride [2]. In this exploratory longitudinal study, we compared severity of clinical features: (1) Prior to transition from traditional to sulpiride drug treatment and 2) After 52 weeks of sulpiride monotherapy. Sixty patients (M:F = 30:30) diagnosed with schizophrenia according to DSM-IV criteria were investigated. Symptoms of schizophrenia including delusions, hallucinations, positive thought disorder, inappropriate affect, flattening of affect and negative thought disorder were rated from all available casenotes using a five point scale of severity on both occasions together with Global Assessments Scale (GAS) rating. Significant improvement occurred; in the GAS ratings (mean pre-trial GAS = 56.3, mean final GAS = 61.0, t -value = 8.32, $p < 0.001$). With regard to the individual symptoms of schizophrenia, significant improvement occurred for each of the symptoms rated, using the Wilcoxon signed-ranks test. In particular both measures of negative symptoms i.e. flattened affect and negative thought disorder both showed improvement at a probability of $p < 0.0005$. These findings further underline the potential role of sulpiride in the overall improvement of schizophrenic symptomatology with particular relevance to the more treatment resistant negative symptoms and may offer advantages over conventional antipsychotics.

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ZUR MEDIKAMENTÖSEN AKUTHERAPIE BEI ERSTAUFGENOMMENEN SCHIZOPHRENEN PATIENTEN — EIN VERGLEICH ZWEIER FÜNFJAHRESPERIODEN

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1. Ziel der Studie: In den letzten Jahren konnten Leitlinien zur medikamentösen Akuttherapie von schizophrenen Psychosen entwickelt werden. Die Umsetzung dieser Richtlinien in die tatsächliche klinische Praxis wurde nur selten evaluiert. Oft fanden sich im Vergleich zu den Vorgaben kontroverse therapeutische Gegebenheiten. Mittels der durchgeführten Untersuchung wollten wir nun die tatsächlich angewandten Behandlungsprinzipien prüfen. Ziel der Studie war es ebenfalls, die Praktikabilität der dort gegebenen Empfehlungen in der klinischen Praxis nachzuvollziehen.

2. Methodik: Es handelt sich um eine retrospektive Studie, kombiniert mit kurzzeitiger prospektiver Verlaufsbeobachtung. Eingeschlossen wurden stationäre Erstaufnahmen von schizophrenen Psychosen der Diagnosegruppen 295 (ICD 9, 1975). Insgesamt kamen in dieser Zeit 270 Patienten zur stationären Erstaufnahme. Die tatsächlichen medikamentösen Verhältnisse wurden mit einem strukturierten Untersuchungsbogen erfasst. Zur Auswertung gelangten eine Reihe von Einzeldaten, die einen Überblick über das medikamentöse Regime ermöglichten. Weiterhin wurden die Jahrgänge von 1985 bis 1989 mit denen von 1990 bis 1994 verglichen.

3. Zusammenfassung einiger Resultate: Derzeit können nur vorläufige Fakten berichtet werden. Vom 1985 bis 1989 wurden 120 Patienten aufgenommen, in der nachfolgenden Untersuchungsperiode 150. Das Durchschnittsalter betrug 33 Jahre, Frauen waren aber zum Aufnahmezeitpunkt 5 Jahre älter. Es liess sich zeigen, dass die grundlegenden Behandlungsprinzipien wie Beginn der medikamentösen Therapie meist am Aufnahmetag, Bevorzugung der oralen Applikation, Überwiegen von Kombinations- gegenüber Monotherapien, Neigung zu einem Beibehalten oder Verringern der initial verordneten Medikamentendosen, Aufteilen der Tagesdosen und Verordnung von Schlafmedikation, in den meisten Jahrgängen vergleichbar waren. Dem gegenüber fanden sich einige Aspekte der medikamentösen Behandlung, die auch in vergleichbaren Studien berichtet wurden. So