S69-4
THE BIOLOGY AND THERAPY OF FIBROMYALGIA SYNDROME — OVERLAPS TO DEPRESSION

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Affective disorders including the different forms of depression are common behavioral conditions affecting mood, cognition and perception (e.g. pain). Although the efficacy of somatic therapies, e.g. with antidepressant drugs, is well established, consistent neurobiological abnormalities of etiological significance have not yet been found. One of the major reasons of this failure is the heterogeneity of the disorder resulting from different causes. Hypotheses of the etiopathogenetics are related to

1. depressiogene effects of drugs, hormones and cytokines,
2. the assumed mechanism of action of the available antidepressants. Due to the norepinephrine (NE) and serotonin (5-HT) reuptake inhibition, the major inactivating step, these neuronal transmitter systems are major targets of research. Abnormal low metabolites of NE and 5-HT are found in subgroups of patients. Additionally, altered receptors of both systems are found in post mortem brain studies. Neuroendocrine studies with agonist challenges (e.g. clonidine for α_2 receptors, apomorphine for dopamine and flenfluramine, ipsapirone and flexinoxan for 5-HT receptors) are abnormal in depressive patients. The elevated cortisol secretion and interleukin 1 and 6 secretion can be the result of stress or of hypothalamic disregulation. Altogether, there are many pathological findings of this kind, but they are not consistent in all patients, underlining the heterogeneity of the disorder.

Recent advances of diagnostic procedures, molecular genetic techniques and statistical methods revived the search for disease related genes. Most promising findings are reported in depressive patients of the bipolar types I and II, in whom a genetic component of the disease is most likely. Candidate genes linked to the above mentioned neurotransmitter abnormalities on chromosome 18 (location of a G-protein subunit) and on the X-chromosome (location of tyrosine hydroxylase) are hot spots of genetic findings. However, these results could only partially be replicated. One major bias is the insufficient definition of the phenotype which is heterogeneous. Therefore, the definition of subgroups of clinical phenotypes may be helpful in future, this can be done with clinical methodology, e.g. family history for bipolar disorders, comorbidity with anxiety or fibromyalgia and with neurobiological markers of therapy response.

S70. Schizophrenia is not a disease entity

Chairs: T Fukuda (J), H Beckmann (D)

S70-1
CLINICAL HETEROGENEITY OF SCHIZOPHRENIA: A COMMONPLACE FREQUENTLY IGNORED

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The two most widely accepted modern classificatory systems, DSM-IV and ICD-10, list 5 and 9 subtypes of schizophrenic psychoses respectively. It is our impression, however, that contemporary psychiatry, particularly psychiatric research, pays only lip service to the clinical heterogeneity of schizophrenic illnesses. A survey of three leading English-language psychiatric journals – American Journal of Psychiatry, Archives of General Psychiatry and the British Journal of Psychiatry – covering the last five years (1993–1997 incl.) has revealed that only in a fraction of studies published during this period were subjects with schizophrenia further classified according to DSM-IV or ICD-10 subtypes. Other, alternative subdivisions of schizophrenia were hardly ever mentioned nor the polydiagnostic approach proposed by Kendell was employed. A survey of the routine clinical practice in a university-affiliated teaching hospital showed that schizophrenia was diagnosed on the basis of a limited number of symptoms and, as a consequence, was seldom subtyped. Some of the main reasons for the abandonment of the nosological approach to schizophrenic psychoses particularly the depreciation of the clinical method within the context of the *Zeitgeist* of contemporary schizophrenia research will be discussed.

S70-2
THE DIFFERENT GENETIC BACKGROUND OF SCHIZOPHRENIC SUBGROUPS

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In a systematic twin study (47 same-sex pairs, 22 monozygotic and 25 dizygotic pairs) with index-twins belonging to psychoses of the "schizophrenic spectrum", we investigated twin concordance rates based on Leonhard's nosology. The results point to the existence of three genetically different groups: cycloid psychosis, unsystematic and systematic schizophrenias. In cycloid psychoses genetic loading is subordinate (probandwise concordance: monozygotic twins 39%, dizygotic pairs 31%), however, unsystematic schizophrenias are predominantly inherited (probandwise concordance: monozygotic twins 89%, dizygotic twins 25%). Monozygotic twins with a diagnosis of systematic schizophrenia have not been found, whereas 6 out of 30 psychotic dizygotic twins received a diagnosis of systematic schizophrenia. All of them were discordant for the disease.

Further, a family study on 83 probands with periodic catatonia (= clinical subtype of unsystematic schizophrenia) and 56 probands with systematic catatonia (= clinical subtype of systematic schizophrenia) resulted in significantly different morbidity risks in first-degree relatives between these diagnostic groups. In systematic catatonia, mothers had a risk of 6.8%, fathers 2%, and randomly selected siblings 3%. In periodic catatonia there was a risk of 33.7% for mothers, 15.4% for fathers and 24.4% for siblings. Fifty-nine families of the latter were multiple-afflicted with pronounced unilineal vertical transmission and anticipation, and in 10% of these families three successive generations suffered from the disease indicating a major gene effect.

Thus, it is concluded that psychoses belonging to the schizophrenic spectrum have to be divided into heterogenous subgroups of completely different genetic background.

S70-3
NEW FINDINGS IN THE AETIOLOGY OF CYCLOID PSYCHOSES

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Various studies have shown that the cycloid psychoses form a clinically homogenous, diagnostically and prognostically valid group of disorders. New findings in biological psychiatric research shed more light on aetiological and nosological considerations

https://doi.org/10.1016/S0924-9338(99)80303-4 Published online by Cambridge University Press