DERMATOGLYPHICS AND SCHIZOPHRENIA: RECENT STUDIES IN SAMPLES FROM BRITAIN AND SPAIN

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Minor physical anomalies comprise a range of subtle alterations in the prenatal development of various anatomical structures, including dermatoglyphics. Dermal ridge differentiation takes place early in development, before the fifth month of intrauterine life. The resulting ridge configurations (shape and size, the latter represented by ridge-count) have a genetic background, but are also influenced by prenatal environmental factors and can therefore be used as indirect markers of disturbance during this critical period.

In another study conducted on a sample of British MZ twins, an excess of dermatoglyphic anomalies such as ridge dissociation was found in schizophrenic subjects. An increase in fluctuating asymmetry (an indirect marker of poor control in the development process) was also found in affected individuals in Spanish samples.

Our results reaffirm the greater frequency in these patients of alterations and schizophrenia in some affected individuals.

MINOR PHYSICAL ANOMALIES IN SCHIZOPHRENIA: INTRODUCTION TO A NEW METRIC SCALE AND RESULTS IN SAMPLES FROM IRELAND

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Schizophrenia may be a disorder of neurodevelopment. Minor physical anomalies have been used as markers of prenatal mal-development and may provide clues in the search for the etiologies of syndromes or diseases. There have been reports of an excess of dysmorphic features among patients with schizophrenia using a scale (Waldrop) that has been the focus of much criticism. We developed a comprehensive anthropometric scale to evaluate minor physical anomalies in schizophrenia. A set of craniofacial and bodily measures was compiled and 174 patients with schizophrenia and 80 control subjects matched for age and gender were examined. Patients displayed multiple anomalies of the craniofacial region, with an overall narrowing and elongation of the mid- and lower face and twelve anomalies: palatal height, palatal ridges, supraorbital ridges, bifid tongue, epicanthus, mouth width, ear protrusion, anterior ear helix shape, eye fissure inclination, biocular diameter, skull base width and ear lobe size distinguished patients from controls. This new scale, while procedurally more exacting than the Waldrop, enhances the definition of abnormalities previously suspected in individuals with schizophrenia. It describes abnormalities in the mid- and lower facial region among patients with schizophrenia which accurately distinguishes them from controls. The relationship between minor physical anomalies and other indices of prenatal disturbance, dermatoglyphics and fluctuating asymmetry may be useful in the search for the genetic and/or environmental origins of the disease.

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INTERNATIONAL COLLABORATIVE STUDY OF THE ASSOCIATION BETWEEN SCHIZOPHRENIA AND OBSTETRIC COMPLICATIONS, RELATIONSHIPS BETWEEN OBSTETRIC COMPLICATIONS, AGE AT ONSET, GENDER, AND FAMILY HISTORY

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Although most studies have found an excess of obstetric complications (OCs) among schizophrenic patients, there are discrepancies in the literature on the relationships between a history of OCs and characteristics such as gender, age at onset, or family history of schizophrenia. The sample size was a limiting factor in most previous studies for assessing such relationships. The aim of the present study was to examine in a large sample pooling data from different studies the links between a history of OCs and i) gender ii) age at onset iii family history of schizophrenia.

Published and unpublished raw data on individual OCs were obtained from 11 different European research groups. Individual data on definite and/or equivocal OCs rated according to the Lewis & Murray's scale were available for 882 schizophrenic patients. Diagnoses of schizophrenia were made in all studies according to international diagnostic criteria (RDC, DSM-III or III-R, or ICD-9). Individual data were also provided, where available, on birth order, age at onset, and family history of schizophrenia broadly and/or narrowly defined. For each study the source of information for obstetric history (maternal recall or obstetrical records) and the procedure for assessing family history were defined. Results of the meta-analysis on individual patient data will be presented.