= 1, undifferentiated schizophrenia N = 1). All subjects underwent at MRI and EEG examination and diagnosis was according to DSM III-R criteria. As inclusion criterion we used the presence of auditory hallucinations measured with our scale for hallucination's evaluation. The psychopathological status was assessed by SAPS, SANS, PANSS. MRI scans were performed using a 1.5 Tesla Magnetom-Siemens, IR, SE, T1, T2, DP; the regions examined were corpus callosum, temporal lobes, planum temporale, cerebellum, amygdala, hippocampus and ventricles, using axial, coronal and sagittal sections. EEGs were taken out on a 18-channel recordings with a computerized system.

The results showed the presence of more important morphological alterations in epileptic patients with schizophrenia, as compared with non epileptic schizophrenics. These alterations consist of ventricular enlargement, mainly in right hemisphere, and thickening of right insular and parietal cortex. Only in two schizophrenic patients there are alterations characterized by left hippocampal atrophy and corpus callosum atrophy. As expected, EEG showed more prominent modifications in epileptic too, compared with non epileptic schizophrenics.

Although definite conclusions cannot be drawn due to restrictal sample, it is nonetheless possible to hypothesize that hallucinatory symptomathology of the two groups is supported by a different degree of severity of morphological and neurophysiological substrates.

SUBJECTIVE RESPONSE TO ANTIPSYCHOTICS IN SCHIZOPHRENIC OUTPATIENTS: PRELIMINARY RESULTS USING A FRENCH VERSION OF THE DRUG ATTITUDE INVENTORY (DAI)

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Subjective response to neuroleptics (SR) is a critical issue in the collaboration of schizophrenic outpatients. For these patients, non-compliance rates are known to be as high as 50%. The way they feel on medication can affect durably their compliance to treatment. Hogan and Awad [1,2] reported on the development and validation of the Drug Attitude Inventory (DAI), a self rating scale to assess SR. DAI was shown to (1) allow prediction of compliance, (2) have a high rate of concordance with Neuroleptic Dysphoria Scale [3] and (3) have internal consistency, which makes it a valid and useful tool to assess SR. *Objectives:* (1) To validate the french version of DAI, (2) To explore in a naturalistic setting the factors affecting SR. *Subjects and methods:* Transversal and naturalistic study of a population of schizophrenic (ICD-10 F20.XX) outpatients treated in our clinic. Self-evaluation by the patient and evaluation by the clinician of: (1) Subjective response to neuroleptics (DAI-30), (2) Symptoms (SCL-90, BPRS), (3) Therapeutic alliance (HAq-P/HAq-T), (4) Compliance, (5) Clinical Global Impressions (CGI), (6) Global Functioning Assessment (GAF), (7) Epidemiological data. *Preliminary results:* 29 patients completed the self assessment part. 21 are perfectly compliant (compliant group), and 8 are relatively non-compliant (non-compliant group). Scores of DAI-10 (short version of DAI) are higher in the compliant group (mean diff. = 14.26, DF = 27, t = 3.35, p = 0.002). Degree of compliance is linearly correlated to DAI score ($r = 0.57$, $r^2 = 0.33$, $p = 0.0009$). Surprisingly, patients receiving clozapine (9) and other neuroleptics (20) show no difference in SR. Factor analysis yielded 3 clinically relevant factors quite similar to the original (English) scale: (I) Subjective positive and prevention, (II) Subjective negative and egosyntonic symptoms [4], (III) Health-sickness and autonomy. *Conclusion:* French version of DAI-30 seems to have a similar structure as original version. It shows concordance with the degree of compliance. Psychopharmacological factors are not the only factors implicated in SR, and are still to be identified. Limitations of our study are (1) nonhomogenous indication for treatment (patients received clozapine on second intention), (2) small rate and degree of non compliance in our sample.

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HEMISPHERIC ACTIVATION IN SCHIZOPHRENIA AND DEPRESSION MEASURED BY CONJUGATE LATERAL EYE MOVEMENT

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The lateralization of cerebral dysfunction in schizophrenia has mostly been attributed to the left hemisphere and in major depression — to the right hemisphere. In this study, we present the results of conjugate lateral eye movement (CLEM) test as a method of measuring hemispheric activation, in 33 patients with exacerbation of schizophrenia (11 male, 22 female, aged 18–48 years), in 38 patients with the acute episode of major depression (7 male, 31 female, aged 20–60 years), and in 30 control subjects (16 male, 14 female, aged 18–60 years). CLEM recordings in response to twelve verbal question of cognitive (6), emotional (4) and spatial (2) content were performed with electronystagmograph. The mean numbers of CLEM to the right (R) and to the left (L) in response to cognitive, emotional and spatial questions were as follows:

Group	Cognitive		Emotional		Spatial	
	L	R	L	R	L	R
Schizophrenia	1.4*	3.3*	0.9*#	2.5*#	0.8	0.9#
Depression	2.8#	1.7#	1.9#	1.4#	1.0	0.7
Controls	1.3	3.0	2.9	0.8	1.2	0.3

*difference between schizophrenia and depression significant, $p < 0.05$
#difference vs control subjects significant, $p < 0.05$ (Mann-Whitney test)

Our results corroborate previous reports on greater right CLEM in schizophrenia and greater left CLEM in depression, in response to both cognitive and emotional stimuli. This may imply that in schizophrenic patients, otherwise than in remaining groups, the emotional stimuli are not properly handled by the right hemisphere but are mostly processed by the left one, what may contribute to impaired emotional functioning in these patients. Similarly in depressed patients, cognitive stimuli are processed by the right hemisphere what may lower the efficiency of cognitive functions in this illness.

THE PRECLINICAL PROFILE OF THE NEW ANTIPSYCHOTIC, ZIPRASIDONE

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Ziprasidone (CP-88, 059) is a combined serotonin and dopamine receptor antagonist which exhibits potent effects in preclinical assays predictive of antipsychotic activity. While the compound is a