

The study presented here investigates whether women with severe mental health problems (e.g. schizophrenia) differ from men concerning their needs for care and utilization of as well as benefit from mental health care services.

**Study design:** For one year, 66 vulnerable schizophrenic patients (26 women and 40 men) were followed after discharge from inpatient care throughout the following twelve months in the highly fragmented mental health care delivery system in Mannheim area. The clinical diagnosis of schizophrenia (according to ICD-10) was confirmed by a SCAN-interview, including PSE 10, which was repeated at the end of the follow-up. For assessing the patients needs for therapeutical interventions and rehabilitation, we applied the "Needs for Care Assessment" every three months. To record the patients passage through the network of mental health care services in the community we applied the Mannheim Service Recording Sheet. It not only records each contact of patients with the services in a defined time interval (weekly) but also each treatment or care-intervention provided by the contacted services. Information was obtained continuously throughout the follow-up period.

**Results:** There were no sex-related differences in sociodemographic variables in the sample, neither did women and men differ significantly in variables concerning their illness history, such as duration, number of hospital stays, etc. Their need for care was comparable to those of the men, same as the psychopathology at the beginning and end of the follow-up. Nevertheless women showed a significantly higher utilization rate of mental health care services. They not only had a higher number of contacts, but also more interventions provided.

**Discussion:** We could not confirm that chronically mentally ill women were not adequately served. In contrast, we found an increased utilization rate of outpatient services not due to differences in the course of the disease respectively different need status or psychopathology. Possible explanations could be a lower threshold for the utilization of services or a lower threshold for the perception of psychotic symptoms and the need of therapeutic interventions.

#### FORMAL CHARACTERISTICS OF DELUSIONS

P. Oulis, V. Mavreas, J. Mamounas, C. Stefanis. *Department of Psychiatry, Athens University Medical School, Eginition Hospital, 72-74 Vas. Sophias Ave., 115 28 Athens, Greece*

We studied 13 formal clinical characteristics of delusions by means of observer-rated ordinal scales in a sample of 74 psychiatric inpatients with mainly schizophrenic or schizophreniform disorders. The interrater reliability of the scales was found to be satisfactory with the sole exception of the item-scale of congruence with the affective state. High levels of conviction about their truth and to a lesser extent lack of dismissibility and lack of resistance against them were found to be the hallmarks of delusional beliefs. The latter finding underscores the fact that contrary to obsessions, delusions are typically "ego-syntonic" subjective experiences although frequently unpleasant ones. In almost one third of the cases, delusional beliefs resulted in aggressive or violent behavior against self or others. The lack of strong inter-correlations among the scales items support the hypothesis that the concept of delusion represents various aspects of patients delusional experiences which are relatively independent of one another.

#### COGNITIVE FUNCTIONING IN SCHIZOPHRENIC SUBJECTS AND THEIR FIRST DEGREE RELATIVES

D.M. Mockler, R.M. Murray, T. Sharma. *Institute of Psychiatry, Department of Psychological Medicine, De Crespigny Park, Denmark Hill, London, UK*

The study investigated memory and intellectual functioning in both schizophrenics (N = 35) and their first degree relatives (N = 77).

The two subject groups were compared to a healthy control sample (N = 48). Memory and intellectual functioning was estimated using the Rivermead Behavioural Memory Test (RBMT) and the Wechsler Adult Intelligence Scale-Revised (WAIS-R) respectively. Significantly impaired memory functioning was evident when comparing both schizophrenic subjects and their relatives to healthy controls. Schizophrenic subjects were more impaired on tests of memory functioning in comparison to their relatives. The first degree relatives were comparable to healthy controls on tests of intellectual ability. The schizophrenic subjects were significantly more intellectually impaired than both their relatives and healthy controls. The findings indicate some evidence of a similar neuropsychological deficit in memory functioning in schizophrenics and their first degree relatives.

#### COGNITIVE DECLINE IN SCHIZOPHRENIA

D.M. Mockler, T. Sharma. *Institute of Psychiatry, Department of Psychological Medicine, De Crespigny Park, Denmark Hill, London, UK*

The prevalence and course of cognitive impairment schizophrenia remains a point of debate. Is cognitive impairment in schizophrenia a dementing process, markedly declining with age or does cognitive impairment occur in the early stages of development, possibly pre onset of schizophrenia with no further marked decline with advancing age? The study investigates memory and intellectual decline in schizophrenic (n = 83) subjects compared to healthy controls (N = 47) using the Wechsler Adult Intelligence Scale-Revised (WAIS-R), Rivermead Behavioural Memory Test (RBMT) and the National Adult Reading Test (NART) in a cross-sectional study using 5 age related cohorts (18-29, 30-39, 40-49, 50-59 and 60-69 years of age). No significant variation in memory functioning was found across the 5 cohorts for the schizophrenic subjects. However, memory functioning in the control subjects was significantly disparate with impaired performance with increasing age. This found to be related to age effects. The schizophrenic subjects showed impaired intellectual and memory functioning compared to the control cohorts. Memory functioning was not significantly variable when comparing the 60-69 year old schizophrenic/control cohorts. A significant reduction in intellectual ability was evident across the 5 schizophrenic cohorts. The findings indicate that memory functioning does not decline significantly with age in schizophrenia. The healthy subjects memory functioning becomes comparable to schizophrenic subjects between the age of 60-69 years. It is possible that impaired memory functioning in schizophrenia reaches a base level in the early years/or pre-illness and does not deteriorate significantly beyond this level with increasing age and years of illness.

#### AMISULPRIDE IN THE TREATMENT OF SUBCHRONIC OR CHRONIC SCHIZOPHRENIA WITH ACUTE EXACERBATION: A DOUBLE-BLIND COMPARISON WITH HALOPERIDOL

H.J. Möller<sup>1</sup>, S. Turjanski<sup>3</sup>, S. Turjanski<sup>3</sup>, O. Fleurot<sup>3</sup>, and the Amisulpride Study Group. <sup>1</sup> *Psychiatric Department University, Munich, Germany;* <sup>2</sup> *Inserm U302, Pitié-Salpêtrière, 75013 Paris;* <sup>3</sup> *Synthelabo, 92350 Le Plessis-Robinson, France*

Amisulpride is a substituted benzamide selective for dopamine D2 and D3 receptors without activity on other receptors. In animal studies it binds preferentially to limbic receptors, indicating a potentially low propensity to induce extrapyramidal symptoms. In previous studies amisulpride was effective in productive and deficit schizophrenia. The purpose of this multicentre, international, randomized, haloperidol-controlled, double-blind study was to compare the efficacy of amisulpride (AMI) versus haloperidol (H) in the treatment