

educational level as well as previous contact with the mentally ill were found to be significant determinants of the attitude. In addition, we found that schizophrenic patients generally considered themselves as less mentally unwell than the person in the vignette.

Conclusion: These findings suggest a need for public mental health education in order to improve the level of recognition of mental illness. The relationship of the attitudes with sex, educational level and previous contact with the mentally ill could assist the planning of such educational programme.

EVIDENCE FOR CHOLINERGIC ABNORMALITIES IN PANIC DISORDER

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Panic disorder is characterised by a number of physiological and psychological changes. Among the neuroendocrine abnormalities are blunting of the growth hormone (GH) response to clonidine, lowered ACTH to cortisol ratio following corticotropin-releasing hormone and reduced TSH and prolactin release following TRH. These changes overlap with those identified in major depression. Pyridostigmine (PYD) increases cholinergic neurotransmission which reduces somatostatin (SS) tone at the hypothalamus and allows GH release. In patients with major depression, GH release is augmented which is consistent with Janowsky's postulated cholinergic overactivity in depression. We examined the PYD/GH response in 16 patients with DSM-III-R panic disorder and an age and sex matched comparison group to determine whether there is evidence for cholinergic abnormalities in panic disorder. Mean basal (\pm SEM) GH levels did not differ significantly between those with Panic Disorder (2.03 ± 0.35 mU/L) and the comparison group (1.01 ± 0.24 mU/L). Peak GH levels, as measured by mean Δ GH (difference between basal and maximal following PYD) were significantly elevated with Panic Disorder (14.87 ± 0.65 mU/L) compared to healthy volunteers (6.73 ± 0.65 mU/L). This finding indicates that there is evidence to suggest increased cholinergic neurotransmission in panic disorder. This is consistent with other neuroendocrine abnormalities seen in both depression and panic disorder and merits further investigation.

HIGH DOSE ANTIPSYCHOTIC MEDICATION: THE IMPACT OF THE ROYAL COLLEGE CONSENSUS STATEMENT ON PRESCRIBING PRACTICE

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Aims and Methods: This study examined whether antipsychotic prescribing practice has changed since the publication of the Royal College of Psychiatrists Consensus Statement on the Use of High-Dose Antipsychotic Medication which considered that the widespread use of high-doses was unlikely to be always justified. The case notes of patients admitted to a 17 bed psychiatric intensive care unit were examined for the periods 1.4.93 to 31.3.94 (prior to publication of the statement) and 1.9.94 to 31.5.95 (after publication). The highest daily dose of antipsychotic medication in chlorpromazine (CPZ) equivalent doses was recorded for each patient along with data on patient characteristics, diagnosis and treatment.

Results and Conclusions: There were 76 admissions involving 63 patients in each sample. There were no significant differences in terms of age, sex, ethnicity or diagnosis. The mean highest daily dose (in CPZ equivalents) fell from 1782 mg to 1379 mg, ($t = 2.04$, d.f. = 118, $p = 0.04$). The dose reduction was most marked in those patients with a diagnosis of schizophrenia (2189 mg vs. 1542 mg; $t = 2.83$, d.f. = 51, $p = 0.007$). The proportion of patients on more than one regular antipsychotic drug also fell (32/57 vs. 20/62, $\chi^2 = 6.9$, d.f. =

1, $p = 0.009$). The results provide some preliminary evidence that the publication of the Royal College Consensus Statement has resulted in more cautious use of high-dose antipsychotic medication.

CORRECTION FOR ATTENUATION IN Tc-99m HMPAO SPECT IN OBSESSIVE COMPULSIVE DISORDER

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Imaging findings have been incorporated within several conceptualizations of the neuropathology of obsessive compulsive disorder (OCD), which focus on aberrations in sensory, response and emotional systems resulting from aberrant frontal lobe or basal ganglia functioning.

Single-photon emission computed tomography (SPECT) has the potential to be quantitative. However, attenuation is the major limitation of quantitation in SPECT. Attenuation also affects the quality of images by reducing lesion contrast and producing "hot rim" artifacts. Therefore, attenuation must be compensated for to ensure accurate quantitation and to improve the quality of images.

Material and Methods: 22 patients were recruited for the protocol with diagnosis of OCD, DSM-III-R criteria. 9 subjects met DSM-III-R criteria for depression. All patients were studied by SPECT at rest. 10 areas were studied. We compared the result of OCD patients with and without correction for attenuation in these areas, with the results in the control group.

The results will be shown at the Congress.

ANOMALIES OF DERMATOGLYPHICS IN PATIENTS WITH SCHIZOPHRENIA

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Neurodevelopmental hypothesis of schizophrenia postulates an environmental stressor (e.g. viral infection) operating during the second trimester of pregnancy. During this period, neural cells migrate to the cortex and fingertip dermal cells migrate to form ridges. The patterns of dermatoglyphics are assumed to be markers of developmental disturbances in second trimester. In patients with schizophrenia, a higher frequency of dermatoglyphic anomalies was recently reported.

In this study, finger and palmar dermatoglyphics were assessed in 20 patients with schizophrenia (12 male, 8 female), aged 18–56 years, and in 25 healthy subjects (7 male, 18 female), aged 20–24 years, by means of standard ink technique.

The most frequent fingertip patterns in both groups were ulnar loops and whorls. Prevalence of radial loops on right and left hand was different in schizophrenic patients (9 out of 11 on right hand) compared with control group (10 out of 14 on the left hand) ($\chi^2 = 7.0$, $p < 0.01$). The anomalies of palmar lines were found in 8 schizophrenic patients (in 6 on the right hand and in 6 on the left hand) and not in control subjects ($\chi^2 = 12.2$, $p < 0.001$). The frequency of dermatoglyphic asymmetry was similar in schizophrenic and control groups, and among schizophrenic patients, asymmetry occurred mostly in paranoid type.

These preliminary observations may suggest some anomalies of dermatoglyphics in schizophrenia, probably due to developmental disturbances during prenatal period.