Design: We studied 107 consecutive bariatric surgery candidates immediately before and six and twelve months after the operation (adjustable gastric band). All participants completed the Eating Disorder Examination (EDE 12.0D, Fairburn and Cooper, 1993), the Body Dysmorphic Disorder Examination (BDDE, Rosen and Reiter, 1994), the Binge Eating Scale (BES, Gormally *et al.*, 1982), the Shame and Guilt Susceptibility Scale (SSCV, Battacchi *et al.*, 1998) and the Body Uneasiness Test (BUT, Cuzzolaro *et al.*, 1999). EDE 12.0D and BES were used to evaluate binge behavior and to support the diagnosis of *BED*. BDDE was used to exclude a double diagnosis of *BED* and body dysmorphic disorder and to assess negative body image through a semistructured interview. SSCV evaluates guilt and shame emotions on eleven subscales. The BUT is a new self-report questionnaire: higher scores (Global Severity Index) indicate greater body uneasiness. BUT provides moreover scores on five subscales: *Weight Phobia, Body Image Concerns, Avoidance, Compulsive Self-Monitoring, Depersonalization.*

Results: At baseline, the subjects with binge eating disorder presented a significantly more negative body image (BUT and BDDE) with more intense feelings of shame and guilt (SSCV). At 6-month follow-up weight reduction was frequently, but not constantly, associated with less body uneasiness. Body dissatisfaction insignificantly increased at 1-year follow-up.

Discussion: Body image may not change in tandem with weight modification and weight loss is not always a sufficient solution of body image concerns in obese subjects (*vestigial body image*, according to Cash). It will be essential to know longer term effects of weight loss on body image and to analyse predictors of outcome.

FC12. Schizophrenia III

Chairs: A. Laurent (F), K. Hynek (CZ)

FC12.01

RISPERIDONE FOR CHRONIC SCHIZOPHRENIC PATIENTS ON DEPOT NEUROLEPTICS: A DETAILED CLINICAL AUDIT AND SWITCH STUDY

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Background: Data on the efficacy of novel antipsychotics in schizophrenia is largely a series of open multicentre and non randomised trials on schizophrenic subjects where representation remains unclear. The aims of the study were to (i) carry out a clinical audit of all patients on depot neuroleptics and from this identify those patients who would be eligible for a switch to oral risperidone (ii) to conduct a trial of Risperidone in all eligible and consenting patients.

Method: A detailed clinical audit of patients on depot neuroleptics was performed and included assessments of symptomatology, side-effects, quality of life, insight and attitude to medication. Eligible and consenting patients participated in a 6 month open trial of Risperidone and all consenters and non-consenters were followed up to 12 months assessing clinical status, side-effects and quality of life.

Results: Of 143 patients audited on depots in a service area of approx 100,000 population 69 were eligible for the trial and of these 33 consented to switch. 23 (76.7%) completed 6 months of treatment with Risperidone and all had a good outcome. Reasons for early dropout comprised non-compliance (4), adverse events (3), withdrawal of consent (2) and insufficient response (1). At 12 months 19 patients were still taking risperidone.

Conclusions: The study suggests that about 50% of consenting patients from amongst these with chronic schizophrenia receiving depot neuroleptics will do well when switched to oral Risperidone. Audit and 6 and 12 month follow-up data will be presented.

FC12.02

COULD THE SCHIZOTYPAL FEATURES EXPLAIN THE EQUIVOCAL FINDINGS OF THE WISCONSIN CARD SORTING TEST IN THE FIRST-DEGREE RELATIVES OF PATIENTS WITH SCHIZOPHRENIA?

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Even though the Wisconsin Card Sorting Test (WCST) has been proposed as an indicator of vulnerability to schizophrenia, no agreement can be found in the WCST studies of first-degree relatives of patients with schizophrenia. The aim of this study was to evaluate whether these equivocal findings could be reconciled if one takes into account the schizotypal features of the first-degree relatives.

Twenty four patients with schizophrenia, 49 of their first-degree relatives and 40 controls performed the computerised version of the WCST and were evaluated by the Social Anhedonia (SA), Physical Anhedonia (PA), Perceptual Aberration (PAS) and Magical Ideation (MI) scales. Non parametric Kruskall-Wallis and Mann-Whitney tests were used since the variables were not normally distributed.

The number of categories achieved was lower ($p < 0.03$) and the number of trials to complete the first category was higher ($p < 0.01$) in the schizophrenic than in the control group; none of the 8 WCST indexes studied was significantly different between the first-degree relative and control groups. The four scores of schizotypy were significantly higher in the patient group than in the control group (SA: $p < 0.01$; PA: $p = 0.0001$, PAS: $p < 0.0005$; MI: $p < 0.01$); in the first-degree relative group, the SA score tended to be higher ($p = 0.15$) than in the control group and the PA and PAS scores were intermediate between those of the patient and control groups. The number of perseverative responses (PR) and the number of perseverative errors (PE) were significantly higher in the subgroup of first-degree relatives whose SA score was 2SD above the mean of the control group ($p < 0.05$) than in the subgroup of the other first-degree relatives; a similar trend was found for the PA scale (PR: $p = 0.09$; PE: $p = 0.08$).

In conclusion, this study shows a link between the WCST performance and the negative dimension of schizotypy and supports the hypothesis that the lack of agreement between studies of first-degree relatives of patients with schizophrenia could be explained by discrepancies in schizotypal features.

FC12.03

RECENT DERMATOGLYPHIC STUDIES IN TWIN SAMPLES: FURTHER EVIDENCES FOR AN ENVIRONMENTAL RISK FACTOR IN SCHIZOPHRENIA

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Introduction: Examination of dermatoglyphic abnormalities as ridge dissociation (RD) and abnormal palmar flexion creases (APFC), may constitute enduring evidence of a prenatal insult occurred during the first or second trimester of intrauterine life. These measures can provide an indirect means to examine hypotheses relating abnormal CNS developmental processes to later psychoses.

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