SES14.3
Novel antipsychotics and weight gain

A. Magnusson*. *Ullevål University Hospital, Department of Psychiatry, Oslo, Norway*

Obesity is common in schizophrenia. The tendency of many of the newer antipsychotics to induce weight gain to a larger extent than that of traditional low dose neuroleptics has renewed the interest in weight problems of patients with schizophrenia. Weight gain has been identified as a major risk factor for various medical disorders such as type 2 diabetes and cardiovascular disease. This might be one of the causes for the increased morbidity and mortality rates of patients suffering from schizophrenia. Furthermore, weight gain has a major impact on compliance. Low age, female sex and low pre-treatment weight have been suggested as predictors of antipsychotic induced weight gain. Weight gain in turn has been suggested as a predictor of clinical response. The newer antipsychotics vary greatly in their tendency to induce weight gain. There are various potential mechanisms by which the newer antipsychotics could increase weight. Better knowledge of this might eventually lead to development of antipsychotic drugs without these side effects, or new strategies to counteract the weight gain.

SES14.4
Depression and ischemic heart disease

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Depression can be seen as a response to stress, causing activation and hyperactivity of the hypothalamic-pituitary-adrenocortical axis and thereby hypercortisolemia. Hypercortisolemia induces hypertension, hypercholesterolemia, hypertriglyceridemia and hyperglycemia which all are risk factors for IHD. The increased level of cathecolamines causes increased heart rate, vasoconstriction and decreased heart rate variability. Diminished heart rate variability predisposes to ventricular arrhythmias. The depletion of seretonin in depression increases the expression of seretonin receptors in trombocytes. Seretonin in itself is a weak trombocyte agonist but it also potentiates the effects of other agonist such cathecolamines. The binding of seretonin to a trombocyte causes aggregation, release of intragranular products and activation of the archidonic pathway which all in the end causes the formation of a thrombus. Seretonin receptors are also found on the vessel wall causing vasocontriction. This occurs especially in areas with dysfunctional endothelia such as atherosclerotic areas. The physiological consequences of depression may therefore induce risk factors for IHD, arrhythmias, trombocyte activaton and high procoagulant properities. This will be illustrated by recent research findings.

S54. Immigrants and psychiatry: a European perspective

Chairs: T. McNeil (S), R.M. Murray (GB)

S54.1
What explains the increased incidence of schizophrenia in some immigrant groups to the Netherlands?

J.-P. Selten*. *Department of Psychiatry, University Hospital, Utrecht, The Netherlands*

There have been reports of an increased incidence of schizophrenia in first- and second-generation immigrants to the Netherlands from Surinam, the Netherlands Antilles and Morocco. The incidence for immigrants from Turkey, first- or second-generation, was not increased.

Selective migration has been ruled out as the sole explanation for immigrants from Surinam. More than one third of the Surinamese-born population had migrated to the Netherlands.

A problem for an interpretation in terms of biological factors is how to explain the increased risk in immigrants of both first and second generation. One could speculate that female immigrants, when pregnant, produce an abnormal immune response to a virus in Western Europe and that this response damages the foetal brain. But this hypothesis does not explain the increased incidence in those of the first generation.

The stress of acculturation, which will often lead to a breakdown of social bonds and previously consensual worldviews, operates across both generations. It is conceivable that this highly unstructured environment precipitates the disorder in subjects who are genetically at risk. The normal rates for Turkish immigrants could be due to the protective effect of their strong social and family networks. Evidence for a greater stability in the Turkish community is provided by the crime rates, which are lower for Turkish immigrants than for Moroccan, Antillean and Surinamese subjects in the Netherlands.

S54.2
Evidence that ethnic group effects on psychosis risk are confounded by experience of discrimination

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[3]*Institute of Psychiatry, UK*

Background: Minority populations who report chronic discrimination have higher rates of psychosis. However, a direct link between experience of discrimination and psychosis has not been established.

Methods: 4722 people were interviewed with the Composite International Diagnostic Interview (CIDI) at baseline, and one and three years later. At baseline, subjects were asked about their experience of discrimination on the basis of age, sex, handicap, appearance, ethnic group and sexual orientation. Ethnic minority status was defined using the subject's and parents' place of birth. At year three, individuals with CIDI evidence of psychotic symptoms were interviewed by clinicians to identify new cases of psychosis. The predictors of developing psychotic symptoms severe enough to warrant treatment over the follow-up period were calculated using regression analysis.

Findings: Baseline experience of discrimination strongly predicted new onset of psychosis at year 3 (OR trend over 4 levels: 2.8,

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95% CI: 1.9–4.2). This association remained after adjustment for age, sex, minority status, urban residence, level of CIDI paranoid symptoms at baseline, level of education, unemployment and single marital status (OR: 2.3, 95% CI: 1.5–3.5). Minority status increased the risk for psychosis (OR adjusted for age and sex=2.1; 95% CI: 0.8, 5.6); this effect was largely confined to young men (OR men aged 18–34 years=6.3, 95% CI: 1.04, 38.5). Entering minority status and discrimination jointly in the equation attenuated the effect size of minority status much more (28%) than that of discrimination (8%), leaving only discrimination as significant independent predictor.

Interpretation: Experience of discrimination is robustly associated with onset of psychotic symptoms and may explain in part the high observed rates of schizophrenia in some minority populations.

S54.3

Migration and schizophrenia: a Danish population-based cohort study

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[2]*Aarhus University, Denmark*

Migration is increasingly implicated as a risk factor for schizophrenia, yet the mechanism underlying this association remains obscure. We studied immigrant background and history of foreign residence (among persons with Danish background) as potential risk factors for schizophrenia, utilizing a novel approach that would minimize the influence of selection factors. Using data from the Danish Civil Registration System, we established a population-based cohort of 2.14 million people resident in Denmark by their 15th birthday. Schizophrenia in cohort members and psychiatric disorder in a parent were identified by cross-linkage with the Danish Psychiatric Case Register. First- and second-generation immigrants had significantly increased risk for schizophrenia compared to persons with Danish background. Age at first residence in Denmark and the accumulated number of years lived in Denmark had no impact after adjusting for these factors. Among persons with Danish background, history of foreign residence significantly increased the risk for developing schizophrenia. Our findings provide compelling support for an association between migration and schizophrenia that is not solely attributable to selective migration and that may possibly also be independent of foreign birth.

S54.4

Does racial discrimination cause mental illness?

K.J. McKenzie*. *Royal Free and University College Medical School, London, UK*

Differences in incidence of mental illness between some immigrant groups and indigenous populations cannot be explained by traditional risk factors such as genetic and socio-economic differences. Important risk factors include the reasons for migration and the host population's response to newcomers.

One such response is racial discrimination. Though it has been considered a possible risk factor for some time, there has been little systematic evidence to support or refute such claims. An increasing body of literature now suggests that racial discrimination is in fact an important risk factor for mental illness. These include a cross-sectional association between reported racial discrimination and psychosis in a national sample, demonstration of a longitudinal association between reported racial discrimination at baseline and incident psychosis three years later and evidence that rates of psychosis, suicide and presentation for parasuicide are higher in an ethnic minority group when it makes up a lower proportion of the local population.

The author will review these recent developments and the wider literature to answer the question; "Does racism discrimination cause mental illness?".

S54.5

Social isolation and high rates of psychosis among migrant groups

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Objectives: Social isolation is likely to be one of the major problems of migrant communities. We sought to test whether this applied to the patients of Caribbean origin in Britain experiencing a first onset of psychosis.

Methods: A first onset sample of patients in London was compared with a similar group in the Caribbean and healthy controls using socio-demographics, perceptions of disadvantage and contact with non- psychiatric medical services prior to presentation.

Results: The British Caribbeans were more socially isolated (lived alone and had fewer social contacts), more Rely to be unemployed and had greater perceptions of being disadvantaged than their white counterparts in both the psychotic and the healthy controls and even more so than the Caribbean cohort. They also had a longer duration of untreated symptoms and less interaction with the non-psychiatric medical services.

Conclusions: These findings support the hypothesis that higher rates of psychotic illness may occur in the context of increased social isolation, perceptions of disadvantage and may be compounded by a tendency to not engage in appropriate help seeking behaviour.

S55. Personality disorders: new issues in diagnosis, etiology and therapy

Chairs: H. Sass (D), C.B. Pull (L)

S55.1

Experimental psychopathology in personality disorders

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Alterations of emotional responses are one of the main features in cluster B personality disorders: borderline personality disorder (BPD) is generally thought to be associated with emotional hyperresponsiveness while antisocial personality disorder appears to be characterized by emotional detachment.

Method: In a first step, psychophysiological measures and functional magnetic resonance imaging (fMRI) were used to identify neurobiological correlates of abnormal emotional processing. In a second step, the influence of emotions on inhibitory attentional functioning was focused on, using neuropsychological tasks.

Results: Psychophysiological data supported Cleckley's theory of emotional detachment in psychopaths. fMRI findings, using emotional paradigms showed intense amygdala activation in borderline subjects suggesting that limbic hyperreactivity may be a neurofunctional correlate of emotional dysregulation. Preliminary

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