Results: A preliminary analysis is reported for this abstract. Complete data were available for 53 consecutive cases (33 males, 20 females, mean age 32.2 year; 20 affective psychosis: F 30–33; 27 schizophrenia group: F20–29; and 6 Substance-related psychosis: F10–19). All three stages were identified in 46 (86.7%) cases. The NOS estimated mean and median prodrome lengths of 624 and 280 days respectively for schizophrenia group; and 106 and 49 days for affective psychosis (mean difference 517; 95%-CI 115, 919; $p = 0.013$). This difference was due to a significantly longer period of unease in the schizophrenia group.

Conclusions: The NOS helps identify individual components of onset in psychosis. Onset is significantly longer in schizophrenic disorders than in affective psychosis.

FC09.04
THE PRODROME OF FIRST ONSET PSYCHOSES: ARE AFFECTIVE SYMPTOMS SPECIFIC TO DIAGNOSIS?

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Background: Insidious onset and longer duration of untreated psychosis predict a poorer outcome in psychotic disorders. Characterising the symptoms of psychotic prodromes underlies prediction, early intervention and may illuminate mechanisms of onset. Affective symptoms are common in the prodrome of schizophrenia, but their specificity to a particular diagnostic group has not been established.

Aim: To quantify prodromal affective symptoms of first onset psychoses and determine their specificity to diagnosis.

Method: Subjects were drawn from a first onset inception cohort collected over 2 years in Nottingham. Each was assessed blind to diagnosis using the Nottingham Onset Schedule (NOS). Consensus diagnoses were made according to ICD 10 criteria using data from SCAN version 2 and case notes. Prodromal affective and non specific neurotic symptoms were quantified and diagnostic groups compared using Fisher's Exact Test.

Results: A preliminary sample is reported for this abstract. Complete data from 53 of 63 consecutive cases was initially available - 26 with schizophrenia and other psychoses (F20–29), 21 with affective psychoses (F30–33). 6 with drug induced psychoses were excluded. Depressive symptoms of low mood ($p = 0.7$), anhedonia ($p = 1.0$), fatigue ($p = 0.6$) and anxiety ($p = 1.0$) were all relatively common in both groups and not specific to diagnosis. Sleep and appetite disturbance and impairment of concentration are more common in affective psychoses as was a manic "triad" of elated mood, overtalkativeness and overactivity.

Discussion: These results suggest that core depressive symptoms do not have a diagnostic specificity and are common in the prodrome of both schizophrenia and affective psychoses. Biological depressive symptoms are more common in affective psychoses. Work is ongoing with the rest of the cohort. This will allow us to investigate these findings in a larger sample and in more detail.

FC09.05
CLOZAPINE, OLANZAPINE, RISPERIDONE, AND HALOPERIDOL IN REFRACTORY SCHIZOPHRENIA

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This was a prospective, double-blind, randomized 14-week trial in which patients were assigned to either clozapine (CLO), olanzapine (OLZ), risperidone (RIS), or haloperidol (HAL). The subjects were 157 treatment-resistant inpatients diagnosed (DSM-IV) with chronic schizophrenia or schizoaffective disorder. The trial consisted of Period 1 (8 weeks, escalation and fixed dose) and Period 2 (6 weeks, variable dose). The doses were escalated to their target levels: CLO 500, OLZ 20, RIS 8, and HAL 20 mg/day, and remained fixed until the end of Period 1. In Period 2, the doses were titrated within dose ranges: CLO 200–800; OLZ 10–40; RIS 4–16; HAL 10–30. CLO, OLZ and RIS (but not HAL) resulted in statistically significant ($p < 0.05$) improvements on total PANSS score in Period 1. In Period 2, CLO and OLZ were more effective ($p < 0.002$) against negative symptoms (PANSS subscale) than HAL; these differences were not mediated by extrapyramidal side effects. OLZ was also superior to HAL on total PANSS and General Psychopathology PANSS subscale ($p < 0.05$). CLO, OLZ, and RIS had less extrapyramidal side effects than HAL. Further research is required to determine whether these results generalize to other populations and dosage regimens.

FC09.06
CHOLECYSTOKININ CCK_B RECEPTOR mRNA ISOFORMS: EXPRESSION IN POST-MORTEM MONKEY AND HUMAN BRAIN – ALTERATIONS FOLLOWING SCHIZOPHRENIA

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CCK_B receptors are implicated in various psychiatric disorders. Their brain distribution has been studied with e.g. ligand binding techniques. This study focuses on the CCK_B receptor mRNA expression in cynomolgus monkey and human brain revealing implications for schizophrenia. We examined the monkey and human brain distribution of mRNAs encoding CCK_B receptors compared with mRNA encoding CCK peptide using in situ hybridisation histochemistry.

Monkey and human brain expression of CCK_B receptor mRNA show preferentially cortical distribution, with laminar expression of CCK_B receptor mRNA in the neocortex, hippocampus and cerebellar cortex. Low CCK_B receptor mRNA levels arc seen in subcortical structures such as the striatum, amygdala and claustrum. CCK peptide mRNA in monkey is marc specifically distributed to neocortex and hippocampus, displaying laminar distribution. Lower levels arc scan in the amygdala, claustrum and substantia nigra. The human brain distribution of mRNAs for CCK_B receptors and CCK peptide, respectively, is similar to that of the cynomolgus monkey brain. Hybridisation to tissue sections of post-mortem frontal cortex of schizophrenics and matched controls (B.A. 10)