

outside of 2 standard deviations were considered abnormal. In contrast to a group of 61 age-matched normal controls, Vmean in MCA and ACA was significantly increased in the schizophrenic group on admission ($p < 0.05$). PI was not significantly changed in any of the ultrasounded vessels. Vmean showed a significant positive correlation to the degree of positive symptomatology in PANSS ($p < 0.05$). After psychopathological improvement, a significant decrease of Vmean was found ($p < 0.05$).

First results indicate a correlation between the increased blood flow velocity found in TCD and brain SPECT results. Thus, increased Vmean in frontal brain circulation may be seen as an indication of increased perfusion (SPECT), which correlates positively with the degree of productive schizophrenic symptomatology. Further study will show if TCD may be used routinely to add to, or even substitute, SPECT or PET examinations, thus constituting an alternative method to radionuclides.

TREATMENT RESPONSE STUDIES IN SYSTEMATIC CATATONIA (LEONHARD). I. LORAZEPAM CHALLENGE

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Objectives: Our objective was to establish the treatment response pattern of the Leonhardian group of systematic catatonias in a series of double-blind, placebo-controlled cross-over drug trials. This presentation reports the effect of lorazepam challenge on systematic catatonia.

Method: 17 patients with chronic schizophrenia, who met operationalized criteria for systematic catatonia according to Leonhard (Petho & Ban, 1988), participated in the study. Lorazepam (6 mg/day) and identical-looking placebo were added consecutively for 6 weeks each to the patients' existing drug regime under double blind conditions, followed by a 2-week wash-out period. Assessment using the GAS, BPRS, HDRS, SANS, AIMS, Simpson-Angus Scale, Van Putten Akinesia Scale, Barnes Akathisia Rating Scale, Modified Rogers Scale, Bush-Francis Catatonia Rating Scale and the NOSIE was carried out at baseline and at 3 weekly intervals afterwards. Raters were blind to the patients' medication status.

Results: Addition of lorazepam did not significantly alter the clinical and motor status of patients with systematic catatonia.

Conclusions: In contracts with acute catatonic syndromes occurring in other nosological entities such as affective and reactive psychoses, lorazepam had no therapeutic effects on the Leonhardian systematic catatonia subtypes characterized by persistent psychomotor abnormalities. This finding raises the likelihood that catatonia is a clinically and pathogenetically heterogeneous clinical phenomenon.

THERAPEUTIC RESPONSE TO SULPIRIDE IN THE TREATMENT OF SCHIZOPHRENIA

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Schizophrenia is an extremely heterogeneous disorder and approximately one-third of these patients respond poorly, or not at all, to antipsychotic drugs [1]. Positive symptoms of schizophrenia are known to respond well to traditional antipsychotic drugs, whereas negative symptoms respond poorly or not at all. The atypical antipsychotic drugs, of which sulpiride is the longest established, appear to be very effective both in cases refractory to traditional antipsychotics and in cases with prominent negative symptoms. In a recent study we compared the quality of life of schizophrenic patients treated with sulpiride and chlorpromazine, which appeared to indicate a favourable

outcome for sulpiride [2]. In this exploratory longitudinal study, we compared severity of clinical features: (1) Prior to transition from traditional to sulpiride drug treatment and 2) After 52 weeks of sulpiride monotherapy. Sixty patients (M:F = 30:30) diagnosed with schizophrenia according to DSM-IV criteria were investigated. Symptoms of schizophrenia including delusions, hallucinations, positive thought disorder, inappropriate affect, flattening of affect and negative thought disorder were rated from all available casenotes using a five point scale of severity on both occasions together with Global Assessments Scale (GAS) rating. Significant improvement occurred; in the GAS ratings (mean pre-trial GAS = 56.3, mean final GAS = 61.0, t -value = 8.32, $p < 0.001$). With regard to the individual symptoms of schizophrenia, significant improvement occurred for each of the symptoms rated, using the Wilcoxon signed-ranks test. In particular both measures of negative symptoms i.e. flattened affect and negative thought disorder both showed improvement at a probability of $p < 0.0005$. These findings further underline the potential role of sulpiride in the overall improvement of schizophrenic symptomatology with particular relevance to the more treatment resistant negative symptoms and may offer advantages over conventional antipsychotics.

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- Patel JKM, McMillan A-M, Reveley MA, Dursun SM (1996) A clinical and quality of life comparison of sulpiride and chlorpromazine in the treatment of schizophrenia. *Br J Clin Pharmacol.* In press.

ZUR MEDIKAMENTÖSEN AKUTHERAPIE BEI ERSTAUFGENOMMENEN SCHIZOPHRENEN PATIENTEN — EIN VERGLEICH ZWEIER FÜNFJAHRESPERIODEN

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1. Ziel der Studie: In den letzten Jahren konnten Leitlinien zur medikamentösen Akuttherapie von schizophrenen Psychosen entwickelt werden. Die Umsetzung dieser Richtlinien in die tatsächliche klinische Praxis wurde nur selten evaluiert. Oft fanden sich im Vergleich zu den Vorgaben kontroverse therapeutische Gegebenheiten. Mittels der durchgeführten Untersuchung wollten wir nun die tatsächlich angewandten Behandlungsprinzipien prüfen. Ziel der Studie war es ebenfalls, die Praktikabilität der dort gegebenen Empfehlungen in der klinischen Praxis nachzuvollziehen.

2. Methodik: Es handelt sich um eine retrospektive Studie, kombiniert mit kurzzeitiger prospektiver Verlaufsbeobachtung. Eingeschlossen wurden stationäre Erstaufnahmen von schizophrenen Psychosen der Diagnosegruppen 295 (ICD 9, 1975). Insgesamt kamen in dieser Zeit 270 Patienten zur stationären Erstaufnahme. Die tatsächlichen medikamentösen Verhältnisse wurden mit einem strukturierten Untersuchungsbogen erfasst. Zur Auswertung gelangten eine Reihe von Einzeldaten, die einen Überblick über das medikamentöse Regime ermöglichten. Weiterhin wurden die Jahrgänge von 1985 bis 1989 mit denen von 1990 bis 1994 verglichen.

3. Zusammenfassung einiger Resultate: Derzeit können nur vorläufige Fakten berichtet werden. Vom 1985 bis 1989 wurden 120 Patienten aufgenommen, in der nachfolgenden Untersuchungsperiode 150. Das Durchschnittsalter betrug 33 Jahre, Frauen waren aber zum Aufnahmezeitpunkt 5 Jahre älter. Es liess sich zeigen, dass die grundlegenden Behandlungsprinzipien wie Beginn der medikamentösen Therapie meist am Aufnahmetag, Bevorzugung der oralen Applikation, Überwiegen von Kombinations- gegenüber Monotherapien, Neigung zu einem Beibehalten oder Verringern der initial verordneten Medikamentendosen, Aufteilen der Tagesdosen und Verordnung von Schlafmedikation, in den meisten Jahrgängen vergleichbar waren. Dem gegenüber fanden sich einige Aspekte der medikamentösen Behandlung, die auch in vergleichbaren Studien berichtet wurden. So

gab es über die Jahre eine ständige Höherdosierung der gewählten initialen Dosierungen, eine Bevorzugung von hochpotenten Neuroleptika gegenüber niederpotenten Präparaten und auch in einzelnen Fällen den Einsatz von Mehrfachkombinationen. Nach 1991 zeigte sich deutlich der häufigere Einsatz von atypischen Neuroleptika.

4. Schlussfolgerungen: Die gefundenen Daten des medikamentösen Regimes entsprechen in den meisten Fällen den in der Literatur berichteten Leitlinien akuter neuroleptischer Therapie bei schizophrenen Psychosen, obwohl einige Differenzen herausgearbeitet werden konnten. In vergleichbaren Arbeiten fanden sich ähnliche Ergebnisse. Die Resultate der durchgeführten Studie sind Ausgangspunkt für die Diskussion dieser Differenzen, möglicherweise auch für eine Korrektur der derzeit gültigen Leitlinien.

CONCEPTS OF SCHIZOPHRENIA IN SOVIET AND RUSSIAN PSYCHIATRY

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Concepts of schizophrenia of the Soviet Russian school, historically based upon the broad concepts of schizophrenia by Kraepelin and Bleuler and supported by the results of Russian clinical-genetic and katamnestic research, as well as the relationships to the German concept of "Einheitspsychose (Unitarian Psychosis)" are presented. Along with the discussion of correspondences with and differences to Western diagnostic systems (DSM, ICD) it will be pointed out that the old Soviet system of classification extends to psychotic and also non-psychotic forms which in ICD-10 are not attributed to schizophrenia, but to other categories. Such differential-diagnostic criteria of sluggish schizophrenia and neurotic disorders as rudimentary positive psychotic symptoms, thought disturbances and characterological changes are delineated. The concept of latent schizophrenia is considered by the authors too broad for reliable diagnosis. Furthermore, recent developments in Russian psychopathology and modifications in Russian schizophrenia concepts will be exemplified by the concept of "Psychic Diathesis" that illuminates the signs of vulnerability for schizophrenia.

THE EFFICACY AND SAFETY OF TWO FIXED DOSES OF ZIPRASIDONE IN SCHIZOPHRENIA

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Ziprasidone's high affinity for 5HT_{2A} receptors and moderate affinity for D₂ receptors suggest significant antipsychotic efficacy with low extrapyramidal side-effect liability. This 6-week, double-blind, placebo-controlled multicenter study was designed to compare the safety, toleration and efficacy of two fixed-dose regimens of ziprasidone in subjects with an acute exacerbation of schizophrenia or schizo-affective disorder. After a 3 to 7-day placebo washout, patients were randomized to receive either ziprasidone 40 mg bid on days 1 to 41 (106 patients); ziprasidone 40 mg bid on days 1 to 2, followed by 80 mg bid on days 3 to 41 (104 patients); or placebo (92 patients). On day 42, subjects received a single morning dose. Both the 80 mg and 160 mg dose groups demonstrated statistically significant changes from baseline in BPRSd total, BPRSd core items, CGI severity and PANSS total scores. All differences were statistically significant.

Measurement of negative symptoms by the PANSS negative subscale also showed statistically significant differences between both ziprasidone groups and placebo. Side-effects were limited in both the 80 mg and 160 mg groups. This indicates that ziprasidone at

doses of 80 mg and 160 mg daily is an effective and well-tolerated antipsychotic.

Last visit change in Primary Efficacy Scores (All Subjects, Last Observation Carried Forward)

	Ziprasidone 40 mg bid	Ziprasidone 80 mg bid	Placebo
BPRSd – total	-7.7*	-10.3**	-3.4
BPRSd – core	-3.4*	-4.4**	-2.0
CGI – severity	-0.5*	-0.8**	-0.2
PANSS – total	-12.4*	-17.1**	-5.4
PANSS – negative subscale	-3.2*	-3.9**	-0.9

*p < 0.05, **p < 0.001.

The author thanks the Ziprasidone Study Group for participation in this study.

REDUCED VISUAL MOTION SENSITIVITY IN UNMEDICATED SCHIZOPHRENIC PATIENTS

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There is long standing evidence of visual deficits in schizophrenia; and recent visual masking studies suggest an abnormality of the fast transient (magnocellular) system which is specialised for detecting fast flicker and motion and is important for spatial localisation and eye movement control. There is already strong evidence for magnocellular impairment in dyslexics, who show schizotypal traits of perceptual aberration and magical thinking, and we have shown that both dyslexics and normal schizotypal subjects have impaired visual motion sensitivity, a good index of magnocellular function, here we report an investigation of this in schizophrenic subjects. Thresholds for detecting coherent motion in random dot patterns were assessed in 9 acute schizophrenic patients (neuroleptic-naïve), and two control groups, normal and dyslexic, individually matched for age, sex and handedness, mean motion thresholds (% coherence) were: schizophrenic patients 14.79 ± 5.26; dyslexics 12.99 ± 4.92; normal controls 8.32 ± 1.7. The effect of group was significant (p = 0.01), and on post-hoc comparison (LSD) motion sensitivity did not differ between schizophrenic and dyslexic groups, but both were impaired relative to normal controls (p < 0.05). These results are consistent with magnocellular visual disturbance in schizophrenia, which may contribute to the visual abnormalities associated with the disorder. They are also compatible with other evidence for an association between dyslexia and the schizophrenia spectrum.

PATIENTS SUBJECTIVE ILLNESS CONCEPTS ABOUT CHRONIC SCHIZOPHRENIA — A COMPARISON OF VIEWS SEEN BY PATIENTS AND PSYCHIATRISTS IN OFFICE PRACTICE OF EAST GERMANY AFTER REUNIFICATION

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Background: The subjective point of view in patients and therapists about illness and therapy is of a considerable significance with respect to a psychotherapeutic co-treatment for chronic schizophrenic subjects.

Samples and method: 25 schizophrenics (clinical obvious schizophrenia according to DSM-IV criteria with at least one relapse) and 38 psychiatrists in office practice in the area of the cities Dresden and Leipzig were interviewed in the framework of a pilot study. All patients were explored by means of the Dresden Semistructured