Wed-P28
D$_2$ RECEPTORS MODIFICATION AND SERTINDOLE EFFICACY IN A SCHIZOAFFECTIVE PATIENT

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A case of a schizoaffective patient, successfully treated with sertindole, is presented here. The psychopathological profile has been studied by neuropsychological tests and psychometric tests (HAM-A and HAM-D, Z-SAS and Z-SDS). The Minnesota Multiphasic Personality Inventory was administered. The regional cerebral blood flow was measured by 99mTc-HMPAO-SPECT and no changes were showed. A reduction of the striatum uptake of the D$_2$ receptor ligand, bilaterally, was reported at the ^{123}I-IBZM-SPECT before the therapy. The patient, successfully treated with sertindole, showed a marked improvement of symptoms, in particular of social retirement, affective flattening and avolition, within two months of therapy.

Wed-P29
CLINICAL SUBTYPES OF SCHIZOPHRENIC DISORDERS: A CLUSTER ANALYTIC STUDY

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Material-Methods: 255 psychiatric inpatients with a definite diagnosis of DSM-IV schizophrenic disorder were examined by means of the Structured Clinical Interview and rated on the 30 main items of the Positive and Negative Syndrome Scale (PANSS). Patients scores were subjected to a cluster analysis, using Ward's method.

Results: Cluster analysis leaded to the formation of five groups. The first group (N = 46) comprised patients with overall psychopathology of minimal severity, whereas in the second group (N = 39) were subsumed patients with severe positive symptoms along with psychomotor excitement. Furthermore, the third group (N = 58) was composed of patients with severe positive psychopathology only, in contrast to the fourth group (N = 34) which comprised patients with severe positive, negative, depressive and cognitive psychopathology. Finally the fifth group (N = 78) subsumed patients with severe negative signs only. Women predominated in the third and men in the fourth groups respectively. Patients of the first and the third groups were older compared to those of the remaining groups. Furthermore they had longer duration of illness and higher number of hospitalizations. Patients of the first and fifth groups had a more insidious onset of illness, whereas those of the second group had the lowest genetic loading. With respect to DSM-IV clinical types of schizophrenic disorders, the paranoid type predominated in the second and above all third groups, whereas the disorganized and catatonic types were markedly overpresented in the fifth group.

Conclusions: Our results suggest the existence of five distinct clinical subtypes of schizophrenic disorders. The first -remitted or residual subtype -includes perhaps the traditional schizophrenia simplex of E. Bleuler, whereas the second and third ones-positive -excited and pure positive ones- correspond roughly to the traditional paranoid type. Furthermore, the fourth subtype -mixed or prototypical- bears resemblances to the DSM-IV undifferentiated type. Finally, the fifth subtype -pure negative- includes the DSM-IV disorganized and catatonic clinical types.

Wed-P30
CLINICAL DIMENSIONS OF SCHIZOPHRENIC DISORDERS: A FACTOR-ANALYTIC STUDY

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Material-Methods: 258 inpatients of both sexes, with a definite diagnosis of DSM-IV schizophrenic disorder were examined by means of the Structured Clinical Interview (SCI) and rated on the 30 main items of the Positive and Negative Syndrome Scale (PANSS). Patients' scores were subjected to two Principal Component Analyses (PCAs with varimax rotation), the first time by fixing the threshold in eigenvalues at the usual ≥ 1 numerical level, and then, following a recent suggestion of Lindenmayer et al (1995), by elevating it at the 1.5 level.

Results: The first analysis leaded to the extraction of seven factors, jointly accounting for 66.81% of the variance. These factors were interpreted as representing -in decreasing order of relative importance- the following dimensions of schizophrenic psychopathology: negative, excitement, depression, positive I (subsuming the items of delusions, suspiciousness-persecution, lack of judgment and insight and active social avoidance), somatic concern, positive II (covering the items of unusual thought content, grandiosity and hallucinatory behavior) and, finally, cognitive disorganization or impairment. By contrast, the second analysis, yielded five factors, jointly accounting for 54.85% of the variance. These factors were interpreted as representing -in decreasing order of relative importance- the negative, excitement, depression, positive and cognitive disorganization components respectively of the schizophrenic psychopathology.

Conclusions: Overall, the results of both analyses agree with those of the several studies carried out in many countries using different linguistic versions of the PANSS. With respect to the first PCA, we should note that the extraction of two positive factors replicates in part the findings of Kay and Sevy (1990), whereas the extraction of a separate component of somatic concern those of Peralta and Cuesta (1993). Furthermore the results of the second PCA coincide with those of several other studies (Lepine 1991, Lindroem and von Knorring 1993, Bell et al 1994, Lindenmayer et al 1994, 1995) in both the number and the interpretation of the extracted factors.

Wed-P31
SPECT AND SCHIZOPHRENIC DEFECT

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Objective: The aim of this study was to investigate whether the schizophrenic defect is related to a relatively lower regional cerebral blood flow (rCBF).

Method: The sample consists of 25 patients with schizophrenia (ICD-10 criteria), 17 men and 8 women, with a mean age of 34.8 years (range, 23–42), a mean length of illness of 9.3 years (range, 5–15), and a defect between mild and severe. A computerized assessed tomography (CAT) scan was made to rule out any gross brain structural anomaly. Data were collected regarding: 1) psychopathology and course of illness; 2) medication; 3) alcohol and illicit drug consumption; 4) family psychiatric history (schizophrenia or other disorders); 5) neuropsychological assessment including WAIS, Benton Visual Retention Test (BVRT), and Wisconsin Card Sorting Test (WCST). The defect was assessed as mild (28% of the cases), medium (60% of the cases), or