

AUDIT OF PATIENTS ON HIGHER DOSE DEPOT ANTIPSYCHOTIC DRUGS IN THE COMMUNITY

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Aims: Clinic audit of patients on higher dose depot antipsychotic drugs (defined as 200 mg flupenthixol decanoate fortnightly or equivalent).

Method: Standards derived from the Royal College of Psychiatrists Consensus Statement (Thompson 1994) were agreed and practice surveyed after 6 and 12 months. These standards were: 1. Monitor mental state and side effects using the Manchester Scale every 3 months on average (at least every six months). 2. Reduce or increase medication on a fixed scale, if indicated, depending on symptoms and side effects. 3. Annual physical examination, routine blood and ECG. 4. Flupenthixol levels.

Results: 17/24 had a clinical review in the first 6 months; 11/17 had their depot changed, 13/24 had a physical examination, ECG and routine bloods. 4 patients had an abnormal physical, 8 patients had abnormal bloods and 5 patients had an abnormal ECG. 7 patients were not reviewed during the first cycle due to poor attendance at outpatient clinics. A more assertive policy of community nurses bringing these patients to outpatients and of following these patients up at home was introduced along with a home phlebotomy service. The second audit cycle is now nearly completed and all patients have now been seen although 6 still refuse investigations.

Comment: There are a small group of patients who appear to benefit from higher dose neuroleptics although they may be at increased risk of sudden death. This audit has demonstrated that to look after this group of patients with severe mental illness in the community adequately requires changes in routine outpatient follow-up to ensure all patients are being adequately reviewed.

EARLY-ONSET SCHIZOPHRENIA. A REGISTER-BASED STUDY OF A DANISH POPULATION WITH A DIAGNOSIS OF SCHIZOPHRENIA GIVEN BEFORE THE AGE OF 18 YEARS

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Early-onset schizophrenia has been the focus of increasing interest among researchers and clinicians. This study presents findings of a group of Danish children and adolescents aged 8 to 17 years, who have all been diagnosed with schizophrenia. The study is based on data extracted from the nationwide Danish psychiatric case-register, and covers the whole of Denmark. The presentation will include follow-up data, focusing upon diagnostic development and stability, and the rate of readmissions to psychiatric hospitals in adulthood.

SCHIZOPHRENIA WITH ONSET BEFORE THE AGE OF 15 YEARS: A CASE-NOTE STUDY OF ALL ADMITTED PATIENTS IN DENMARK FROM 1970 TO 1994

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The study presents the results of a nation-wide analysis of patients diagnosed with schizophrenia before the age to 15 years.

Methods: The study covers a total population of approx. 5 million people. All cases were identified via the nation-wide psychiatric case register, covering all admissions to psychiatric hospitals. All case-notes of the included cases were collected and studied.

Results: The schizophrenia diagnosis was seldomly given in childhood or early adolescence, as only 35 patients under the age of 15

years were actually included in the study. The presentation will include phenomenological and socio-demographic data, and follow-up data (including diagnostic stability and admission patterns in adulthood).

CLOZAPINE (LEPONEX) IN THERAPY OF PSYCHOTIC DISORDERS: THE EFFICACY, SIDE EFFECTS AND INTERACTIONS

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Long term application of clozapine in clinical psychiatric treatment in Yugoslavia selected this atypical neuroleptic in the group of most frequently used antipsychotic drugs. Due to its wide spread application and possible side effects, the pharmaco-epidemiologic clozapine study, with no limitations in psychotic categories or combination with other drugs, was introduced in the Center for Psychopharmacotherapy. At the same time this study was a parameter of doctrinal attitudes of referring psychiatrists. The follow up was based on 149 patients, both sexes, aged between 20 and 60 years. There were four groups of mental illnesses: schizophrenic, affective and paranoid psychosis, as well as psychotic syndrome group. The study period was October 1994–June 1995. Total White Blood Cellcount (WBC) and Differential Count (DC) was monitored monthly. For the clinical estimation was used BPRS and PANSS. The concomitant therapy which was symptomatically applied was also registered. Obtained results showed high clozapine efficacy in the acute therapy of psychotic states within each patient group and in the long treatment therapy. The interactions with antidepressants, anxiolytics and hypnotics were minimal. Side effects regarding WBC and DC were minimal (anova singl factor $p < 0.001$) and didnt influence the clozapine therapeutic effects.

ON THE FREQUENCY CLINICAL PICTURE AND EVOLUTION OF THE FIRST RANK SCHNEIDERIAN SYMPTOMS IN SCHIZOPHRENIA

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According to his diagnostic approach, led by purely pragmatic motives, K. Schneider differentiated a special group of symptoms, called first rank symptoms. Despite some disputable moments, gradually, first rank Schneiderian symptoms occupied a basic place amongst the contemporary criteria in making a diagnosis of schizophrenia.

The research has been carried out during the period 1984–1995 in the Department of Psychiatry and medical Psychology of the Medical University-Varna 230 patients were examined. For 160 of them it was the first psychotic episode and for 70 — it was the second or the subsequent one. The formal list of C. Mellor (1970) and his operational criteria for seeking and registering of the symptoms was used.

85 of the patients with a first psychotic episode had one or more first rank symptoms (53.1%). The most common was thought insertion (23%), followed by thought withdrawal (18.8%) and thought broadcasting (16.4%); and the most rare — “made” impulse (1.3%), followed by “made” affect (3.4%) and somatic passivity (5.6%). During the second or subsequent episode of the illness in 91.4% of the patients first rank symptoms have been registered in the same representation. Our results definitely show, that the registered during the first psychotic episode first rank symptoms have been persistently present during the next attacks of the schizophrenia illness. Most early appear the thought disturbances, being with the longest duration.