scarce. Within the ABC Schizophrenia Study, the onset and course of schizophrenic symptoms and of alcohol and drug abuse was retrospectively investigated in a representative first-episode sample of 232 schizophrenic patients by means of the structured interview "IRAOS". Information given by relatives validated the patients' reports.

In first-episode schizophrenics the rates of alcohol or drug abuse (24% and 14%) were twice the rates compared to a matched sample from the general population. Male sex and early symptom onset were major risk factors. Drug and alcohol abuse both significantly preceded the first positive symptom — on the average by more than 5 years. But neither the onset of alcohol abuse nor the onset of drug abuse significantly preceded the first symptom of schizophrenia. Alcohol abuse usually followed it, whereas drug abuse often emerged simultaneously with the first symptom. Only in one third of the comorbid cases substance abuse seemed to precipitate schizophrenia.

## ALCOHOL USE AND ABUSE IN PATIENTS SUFFERING FROM SCHIZOPHRENIC DISORDERS IN CORFU ISLAND

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Alcoholism is frequently associated with schizophrenic disorders. Statistical analysis was conducted on the frequency of this coexistence as it is represented in the psychiatric population of the Psychiatric Hospital of Corfu during a period 3 years. For this research, a specialized questionnaire was administered for the recording of demographic and social characteristics, while the scales BPRS and BECK were used for the assessment of the psychopathology and the depression of the patients. The alcoholic schizophrenic patiens constitute the 4% percentage of the total admission of the hospital. And they are the 22% percentage of the total alcoholic treated inpatients during this period. The mean age of the inpatients was 29 years of age while a great portion (63%) of them was unmarried.

Finally we recorder the possible causes that lead schizophrenic patients to alcoholism and the effects that alcoholism has on the prognosis and the therapy of this disorder.

## SCHIZOPHRENIC PSYCHOSES AND MUTATIONS OF THE CILIARY NEUROTROPHIC FACTOR (CNTF) AND NEUROTROPHIN 3 (NT3) GENES: EVIDENCE FOR THE MALDEVELOPMENTAL THEORY

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The maldevelopmental theory postulates that neurodevelopmental deficits, disturbances of cell migration and dysconnections of neural and glial structures are crucial factors in the etiopathogenesis of schizophrenic psychoses. Neurotrophic factors play a central role in the regulation of neural development and postnatal maintenance. For the CNTF gene, a null mutation has been described, whereby homozygote mutants lack CNTF completely, while for the NT3 gene, a missense mutation, Gly → Glu (GGG → GAG), is known. The aims of the present study were to investigate the frequencies of these mutations in psychiatric patients and to determine whether an association with schizophrenic psychoses is evident. Further, the allele frequencies were determined for the first time in a Caucasian population.

212 psychiatric inpatients (ICD-10 diagnoses) were examined with respect to CNTF mutation, of whom 188 were also examined for NT3 gene polymorphism; these genes were also examined in 60 healthy controls. Genotype determination involved extraction of genomic DNA from blood, PCR with primers flanking the gene region of interest, digestion of the PCR products with restriction endonucleases, fragment separation by gel electrophoresis and analysis under UV light. Previoulsy described primers have exhibited dimerization tendencies which interfere with genotype determination; we have therefore developed a new protocol for NT3 genotyping using more specific primers.

The schizophrenic psychosis group (n = 51) showed a significantly increased frequency of the CNTF null mutation allele when compared to healthy controls (0.250 vs. 0.122; $\chi^2$ test, $p < 0.05$). Patients with other diagnoses exhibited no increased frequency of the mutated allele. Further, the CNTF mutation was not in Hardy-Weinberg equilibrium, as there were only 7 homozygote mutants, whereas 15 would be predicted. Concerning the NT3 polymorphism, we found a frequency of 0.006 for the allele *Glu* in the total sample. There were no homozygotes (*Glu/Glu*), and the three heterozygotes (*Gly/Glu*) belonged to the patient group (2× endogenous depression, 1× hebephrenia).

Neurotrophic factor genes have been considered as strong susceptibility loci in research into the etiopathogenesis of schizophrenia. Our results suggest mutation of the CNTF gene as a genetic factor which could increase an individual's risk for schizophrenic psychosis. The detected frequency of the NT3 allele *Glu* in Caucasians is far lower than that previously described for a Japanese population reference. An association of the mutant allele with schizophrenic psychoses was neither refuted nor confirmed, but all heterozygotes suffered from endogenous psychoses. Taken together, our findings lend further support for the maldevelopment theory of schizophrenic psychoses.

## INCREASED MORBID RISK OF SCHIZOPHRENIA IN RELATIVES OF PATIENTS WITH SEVERE BIPOLAR DISORDER

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If "the familial liability to schizophrenia is, at least in part, a liability to develop psychosis" (Kendler et al., 1993), one would expect a higher morbid risk of schizophrenia in the relatives of bipolar disorder at the severest, psychotic end of the spectrum (Hypothesis 1). In addition, one would expect, analogous to findings in patients with schizophrenia, high familial morbid risk for schizophrenia to be associated with female gender (H2), early onset (H3) andpoor prognosis (H4).

We tested these hypotheses in a sample of 104 patients with severe DSMIIIR bipolar disorder requiring on average 6.13 admissions over 16 years. An average of 2 relatives for each proband were interviewed using the FH-RDC, and age and sex-adjusted morbidity risks were calculated according to the method of Strömgren.

H1: MR for not only bipolar disorder (5.2%), but also schizophrenia (3.0%), are much higher than reported population risks. H2/3: MR for schizophrenia in relatives of the female, early onset (below 50th percentile) group (7%) was significantly higher than in the other groups (female late onset: 1.0%; male early onset: 0.0%; male late onset: 3.1%). H4: familial morbid risk for schizophrenia, expressed as a continuous, age and sex-adjusted likelihood ratio score, was associated with the average number of hospital admissions per year (as a proxy of illness severity).

Our findings are suggestive of a continuum of psychosis corresponding to a continuum of illness severity, with relatives of early onset, female probands being most at risk of developing psychotic disorder.

# NR23. Personality disorder and psychotherapy

*Chairmen:* A Mann, D McLean

## DISSOCIATIVE, SOMATOFORM AND BORDERLINE DISORDERS — COMBINATION AND DIFFERENTIATION IN ADOLESCENTS

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*Introduction:* Inpatient psychotherapy of severe dissociative and somatoform disorders (DD/DS) often lacks effects and up to 50% of therapies are interrupted by patients or families. Still most theoretical therapy concepts refer to classical hysterical neurosis as a major psychodynamic factor in these disorders, although clinical practice seems to differ from these concepts.

*Objectives:* In a retrospective case control study we tried to differentiate between hysterical neurosis and borderline-like phenomena seen in the inpatient psychotherapy of 60 adolescent with DD/DS (ICD-9: 300.1) by analysis of the protocols of individual and family therapy.

*Methods:* Out of the 60 cases 30 were chosen to be subject of content analysis of the therapy protocols (1829 pages). We used the categories of the Operational Psychodynamic Diagnostics (OPD) for the parameters of conflict and psychic structure as seen in modern psychodynamic theory. Using the concept of ideal types we tried to establish two or more types or therapy to be proved in further research.

*Results:* As expected most adolescents showed conflict concerning autonomy and dependence (n = 18) and other well known "hysterical" conflicts. On the level of psychic structure as defined by OPD only 4 patients were found to be "appropriate integrated", whereas most others showed archaic borderline defense mechanisms and structural deficits in bonding, communication and self-reception.

*Conclusions:* The new descriptive ICD-10-diagnosis "DD" (F44) as wellas "SD" (F45) and the former ICD-9 concept of hysteria both have little relevance for individual therapy. Having analysed 30 carefully documented therapy processes, it seems that both for DD and SD there is a large group of adolescent patients with more severe personality disorders such as borderline personality. This must be recognized in therapy.

## AN ATTACHMENT-BASED APPROACH TO THE MANAGEMENT AND PSYCHOTHERAPY OF BORDERLINE PERSONALITY DISORDER

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Contempory Attachment Theory, based around longterm follow-up studies of infants classified in the Strange Situation, and on Mary Main's Adult Attachment Interview, suggests that potential 'borderline' pathology may have its origins in specific forms of insecure attachment in infancy and early childhood characterised either as 'A/C' or 'D' pathology. This will be later manifest in 'disorganised' narratives in the AAI.

Patients with borderline personality disorder have problems both with intimacy and autonomy, suggesting that they have a mixture of both avoidant and clinging interpersonal strategies often oscillating between them in parallel with rapid changes of mood.

The author will review these studies and suggest how they lead to attachment-based management and psychotherapy strategy for patients with borderline personality disorder. Patients in whom avoidance predominates need an attuned, empathic approach along the lines pioneered by Kohut and Winnicott. Patients with an enmeshed, clinging style need confrontation and limit-setting as suggested by Kernberg. Many of these patients, in addition to long-term individual psychotherapy, require brief hospital admission. This too needs to be informed by knowledge of attachment patterns and theory. The results of a pilot study of eight patients managed in this way will be presented.

## ECHO OF THE DISASTER AT THE CHERNOBYL'S NUCLEAR POWER STATION. PSYCHOTHERAPY OF THE VICTIMS

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Ten years has passed since the terrible disaster at the Chernobyl's nuclear power station happened, but many of the victims did not get proper psychotherapeutic help till now.

People who received different dose of radiation and had to migrate without necessary financial help were getting through the psychotherapy. That resulted the following breaches: asthenoneurotic syndrome, depressive state etc. In those condition methods of group psychotherapy proved to be preferable, for example Gestalt therapy. Methods of individual consulting were used if necessary.

The work in group can be devided into for stages:

1. On the first stage the great potential of affect was discovered with the victims. Mainly that was suffering from the loss, depression and feeling of "being thrown out" of life, unreacted aggression, anxious expectations. While the first stage I was the initiator and then the recipient of group's react.

2. That stage was the stage of first catharsis realized in 1–3 meetings. The period of devastation has been watching after catharsis. While that period patients did not need any activity. I used dynamic contact with group and tried to create constructional communication. Nonformal leader appeared in the group in that time.

3. While the third stage the group began to trust the leader. Developing of affect went on by a little shocking way. Potential of constructional action was growing in the group.

4. Development of the structure functioning independently was the goal of the last stage.

That main indexes of successful work were.

a) decision of one's most important problems of life for every individual patient.

b) successful functioning and including to society's life for group.

c) feeling of confidence for me.

The center of individual help may be organized in the nearest future. Contact with the patient is kept at present and special help is rendered to people who need it.

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