

psychosis, they have been the focus of little research. Only one theory has been advanced to explain them and this theory has not received consistent empirical support. Recent research has suggested there are two different kinds of delusion of reference: delusions of communication and delusions of observation, and only the latter is associated with hallucinations and persecutory ideation. Delusions of communication may derive from difficulties with self-monitoring, whereby what seems to be communicated concerns the self and originates from the self, although the origin is not recognized but attributed externally.

Methods: This theory was tested with people suffering an acute psychotic episode ($n = 63$) using a visual signal detection task. Participants were required to distinguish between video clips of gestures and nongestures under conditions of uncertainty (visual noise).

Results: The previous finding of two kinds of delusions of reference was replicated. A signal detection analysis showed that people with delusions of communication were no less sensitive to gestures than people with psychosis without these delusions but showed a significantly greater bias toward perceiving them. Whether people had auditory hallucinations or not made no difference to their sensitivity or bias.

Conclusions: It is suggested that bias to perceive gestures occurs because people misattribute self-generated events to an external source. However, this bias is not part of a general tendency to externalize one's own thoughts but may be specific to delusions of communication.

Reduced psychoacoustic sensitivity to auditory temporal stimulation in schizophrenia reflects cytoarchitecturally specific changes in auditory cortex

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Aims/Background: The aim of this study was to apply established psychoacoustic and functional magnetic resonance imaging (fMRI) techniques to examine the neuroanatomical basis of auditory temporal processing deficits in schizophrenia. Previously, we showed reduced sensitivity to auditory temporal stimulation using fMRI and psychoacoustic responses to variations in sinusoidally amplitude-modulated noise (SAM). The present study extends these previous findings by examining the extent to which reduced sensitivity to SAM stimulation reflects anatomically specific changes in auditory cortical activity.

Methods: Eighteen individuals meeting diagnostic criteria for schizophrenia and 18 controls participated in separate psychoacoustic and fMRI sessions. Region-of-interest analyses were conducted using cytoarchitecturally defined anatomical probability maps of primary and secondary auditory cortex. Parametric modulation of auditory BOLD responses was performed using each individual's psychoacoustic SAM detection thresholds for bandpass noise stimuli (0–6 kHz) for 7 SAM rates (4, 8, 16, 32, 64, 128 and 256 Hz).

Results: ROI-based analyses showed that BOLD responses to SAM stimulation were primarily confined to increased activity in transverse temporal gyrus and planum temporal. Analysis of individual sensitivity to SAM rate showed that BOLD responses in anterior-lateral auditory regions showed a significant quadratic function of SAM thresholds. Further, reduced BOLD activity in schizophrenia was evidenced as reduced auditory responses in the same anterior-lateral regions.

Conclusions: The results suggest that reductions in sensitivity to auditory temporal stimulation in schizophrenia may reflect changes in cytoarchitecturally distinct regions of primary auditory cortex (te1.2). These findings are discussed in terms of the possible neural mechanisms underlying auditory temporal processing deficits in schizophrenia.

Mental health problems within couples and marital disruption

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Background: There is growing attention to the social consequences of psychiatric disorders, including the extent to which psychiatric disorders are associated with subsequent divorce and relationship dissolution. The previous research has largely studied individuals and given only limited consideration to the broader context of marriage and the potential interplay between spouses' mental health. The current paper studies couples and examines the association between both spouses' mental health problems and subsequent marital dissolution.

Methods: Prospective analysis of secondary data from a longitudinal national household survey. About 3230 couples were followed over 36 months, with logistic and multilevel regression models used to determine whether mental health problems of spouses at wave 1 (assessed by the mental health scale of SF-36) predicted subsequent marital dissolution.

Results: Couples in which either men or women reported mental health problems had higher rates of marital disruption than couples in which neither spouse

experienced mental health problems. For couples in which both spouses reported mental health problems, rates of marital disruption reflected the additive combination of each spouse's separate risk. These couples did not have disproportionately higher rates of divorce or separation.

Conclusions: Spouse similarity for mental disorders does not seem to increase couples' risk of marital dissolution.

A comparison of the neuropsychological and neurological correlates of childhood, adolescent and adult bipolar disorders

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Background: There is a growing interest in the area of child and adolescent bipolar disorder. Researchers and clinicians are not agreed on whether the phenomenology of the disorder in younger populations is the same as in the adult version of the disorder. To better describe the presentation of the disorder in young people, more specific neuropsychological testing and more sensitive imaging parameters are required. We are seeking to clarify what specific neuropsychological and neuroanatomical aspects of the disorder are the same as in adult onset bipolar and which are different.

Methods: Adults with bipolar disorder were investigated using imaging paradigms sensitive to affective regulation and completed neuropsychological testing. An adolescent sample will also be recruited and complete the same paradigms and neuropsychological battery.

Results: Preliminary neuroimaging results from adult samples indicate that subcortical structures may be recruited as compensation for a co-occurring lack of signal in the prefrontal cortex. The neuropsychological deficits include difficulties with selective attention, sustained attention and executive functioning.

Conclusions: These findings are discussed in light of difficulties with diagnostic specificity, comorbidity, heritability and cut offs for age and disorder. Preliminary findings in studies of young people with bipolar disorder suggest they experience similar neuropsychological symptoms to those found in adults; however, the findings from neuroimaging of young people with bipolar disorder are inconsistent. Suggestions for future research directions will be discussed.

Screening and treatment for depression during pregnancy: a cautionary note

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Background: The aim of this study was to evaluate the recruitment of depressed pregnant women.

Methods: Consecutive pregnant women presenting for routine ultrasound scan were asked to complete the Edinburgh Postnatal Depression Scale (EPDS). Women who scored greater than 12 on the EPDS and who agreed to contact were invited to attend an initial assessment to determine eligibility for the trial. Consenting, eligible women were randomized to either cognitive behaviour therapy (CBT) or routine clinical care (RCC). Follow-up assessments were conducted at mid (6 weeks following initial assessment), end (approximately 36 weeks gestation) and postpartum (approximately 4 months postdelivery) for all participants.

Results: Four hundred women were offered the EPDS, and 93% completed the questionnaire. Thirteen per cent of these women scored greater than 12, although only a minority of these women agreed to be contacted. Of those who agreed to be contacted, less than half attended initial interview. Upon interview, all women, except for one, were eligible and consenting. Three women were randomized to CBT and three to RCC. Only one woman randomized to CBT chose to commence treatment, and only one woman randomized to RCC was offered treatment for her low mood by her lead maternity provider.

Conclusions: Although the vast majority of pregnant women were willing to complete a depression screening questionnaire, most did not agree to additional contact or assessment, and either were not offered treatment or did not accept treatment. This was not an effective recruitment strategy for a randomized controlled psychotherapy trial.

Patient predictors of response to interpersonal psychotherapy and cognitive behaviour therapy

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Aim: The aim of this study was to identify patient factors associated with response to cognitive behaviour