Volume 259 · Supplement 1 · September 2009

European Archives of Psychiatry+ Clinical Neuroscience

Official Organ of the German Society for Biological Psychiatry

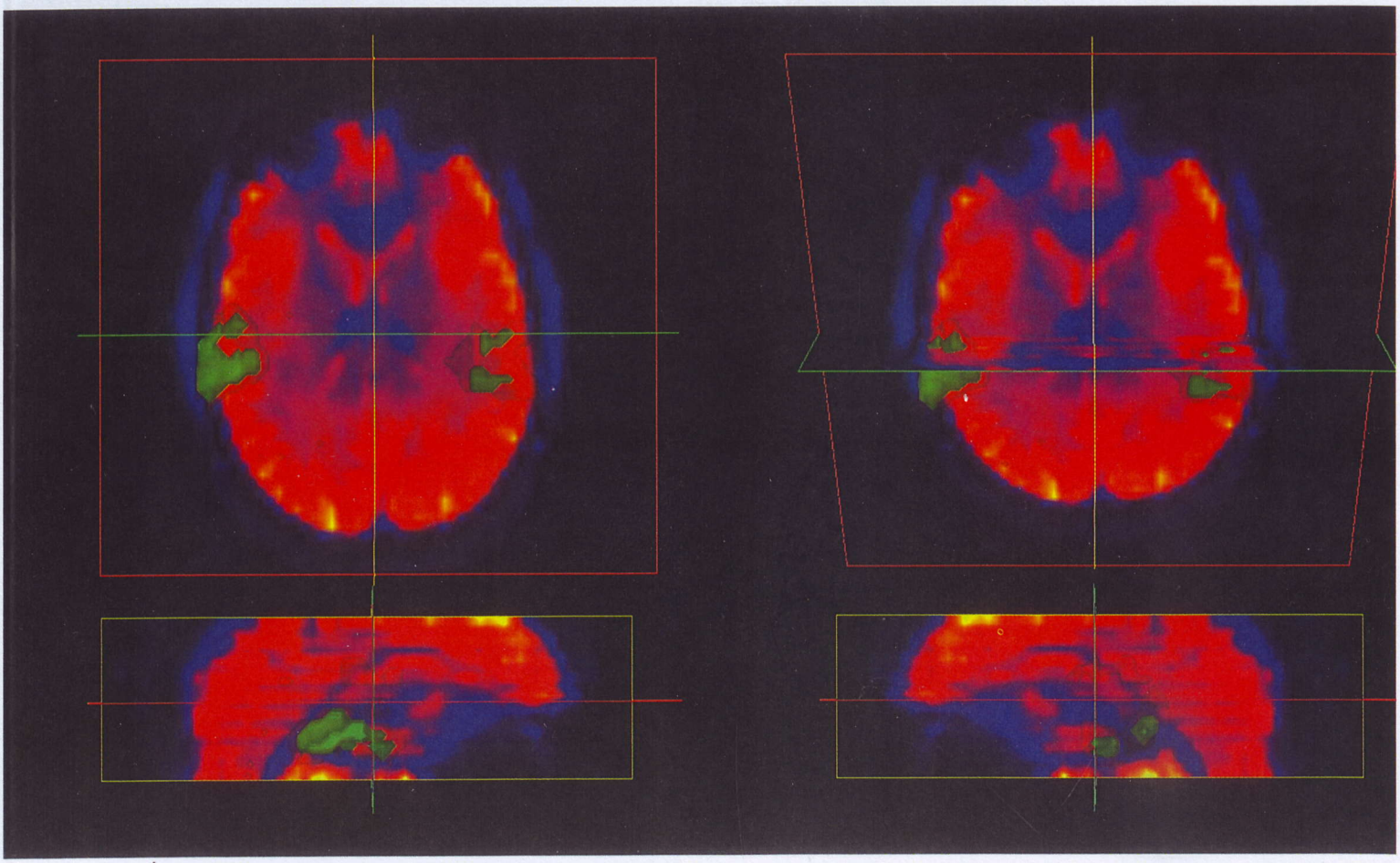
2nd European Conference on Schizophrenia Research: From Research to Practice

21–23 September 2009, Berlin, Germany

Guest Editors: W. Gaebel · W. Wölwer · V. Toeller

Indexed in Current Contents, Medline, SCI and SCOPUS

SUPPLEMENT



www.eapcn.springer.de

Springer

STEINKOPFF VERLAG

Oral Presentations

O-01 Diagnosis and symptomatology

O-01-001

Critical use of the concept of schizophrenia

O. Maeser (Feldkirch, Austria)

Schizophrenia is a mental concept. Eugen Bleuler saw many patients in the Burghölzli Asylum, Zürich's Psychiatric University Hospital. It was by comparing their individual clinical pictures and by means of reasoning that he came to realize there seemed to be a grouping of certain psychiatric symptoms which he termed schizophrenia. So, he created a new psychiatric entity for conceiving particular psychiatric phenomena under this new category. The concept became widely accepted and was further developed into the definitions we now know today in the ICD-10 and DSM-IV. Psychiatrists still diagnose schizophrenia using the same basic principles as then; by watching and hearing what the patient says, by listening to what others have to say about the patient, and by reasoning whether the psychopathological phenomena constituting schizophrenia and its subtypes are present. A diagnosis of schizophrenia is, therefore, based on psychopathological phenomena (mental signs) and not on the basis of physical signs or laboratory findings, as in the case of myocardial infarction, for example. Despite evidence that schizophrenic disturbances can be attributed to biological causes, a diagnosis of schizophrenia is a mentally based concept and not a physically based concept. Since a diagnosis of schizophrenia is still established according to mental signs and by means of pure thinking and reasoning, Immanuel Kant's treatise Critique of Pure Reason is of particular relevance in showing to what extent and with which limitations the concept can be applied. When referring to Kant's Critique of Pure Reason, the clear distinction between mentally based and physically based diagnoses in medicine can be shown and, a context can be provided for showing the possibilities and limitations of a mentally based concept of schizophrenia with the ensuing consequences, particularly in respect of the revision of psychiatric categories from ICD-10 to ICD-11.

O-01-002

Schizophrenia classification: Historical heterogeneity and structural repetitions

K. McNally (School of Psychology, University College Dublin, Dublin, Ireland)

Objective: To understand the nature of contemporary schizophrenia classification, and to appreciate the philosophical issues involved in its discussion, one must understand the historical classification of schizophrenia. To the historical observer, schizophrenia classification has been subject to much mutation. It is characterized not so much by striking progress but by appearance and disappearance. A portion of the competing schizophrenia classifications and subtypes one might historically encounter include the following: acute schizophrenia, acute schizophrenic reaction, acute undifferentiated schizophrenia, ambulatory schizophrenia, atypical schizophreniforme psychosis, asynchronous-asyntonic, catastrophic schizophrenia, catatonic parergasia, catatonic-hebephrenic, chronic undifferentiated schizophrenia, constitutional schizophrenia, cycloid schizophrenia, borderline schizophrenia, hébéphrénie delirante, heboidophrenia, hebephrenia, five day schizophrenia, three day schizophrenia, incipient schizophrenia, juvenile schizophrenia, late schizophrenia, latent schizophrenia, les formes frustes de la schizophrénie, larval schizophrenia, late paraphrenia, paranoia, late indeterminate schizophrenia, nuclear schizophrenia, nonpraecox catatonia, post emotive schizophrenia, post partum schizophrenia, pseudoneurotic schizophrenia, process schizophrenia, post-influenzal schizophrenia, schizoid reaction, schizomania, schizonévrose, schizocaria, schizomanie a forme imaginative, schizonoia, schizophasia, schizophrenia mitis, schizophrenia deliriosa, childhood schizophrenia, pseudo-schizophrenia, simple schizophrenia, schizophrenia simplex, schizophrenia restzustand, schizothymia, senile schizophrenia, situational schizophrenia, schizophrenoses, true schizophrenia, transient schizophrenia, unsystematic schizophrenias, and unmistakable schizophrenias. This paper therefore seeks to clarify the historical reasons and circumstances giving rise to such restless heterogeneity. It examines the legacy of some of the historical assumptions built into schizophrenia classification, and seeks to identify recurrent features and structural repetitions in schizophrenia classification. In order to facilitate this exposition, the classification of Emil Kraepelin's dementia praecox and Eugen Bleuler's schizophrenia will be analyzed. It reports to scientists some of the strengths and weakness of this form of representation.
Method: This data arises out of PhD research into the history of the concept of schizophrenia by the author.

O-01-003

Hallucinations versus delusions: symptomatology may be associated with suicidality in a 5 year follow up, first episode psychosis sample

J. Evensen (Oslo University Hospital, Psychiatry, Norway), J. I. Røssberg, S. Friis, I. Melle

Objective: The main aim of this study was to compare a group of patients with hallucinations only (H) to a group of patients with delusions only (D) to examine if the groups were different with regards to sociodemographic, functional and clinical characteristics including suicidality.
Method: From a total of 301 patients with first episode psychosis, a group of patients H ($n = 16$) was compared with a group of patients D ($n = 106$). PANSS scores, items P1 (delusions) and P3 (hallucination), from baseline and four follow up interviews over 5 years were used to differentiate the groups. The groups were compared on sociodemographic data, assessment of premorbid function (PAS), clinical variables (SCID, PANSS and GAF) and suicidality.
Results: The hallucination only group was significantly younger, and showed poorer premorbid functioning. The delusion only group experienced more positive symptoms and scored lower on the GAF symptom scale at baseline. Most notably, the hallucination group scored higher on measures of suicidality at baseline, and at 5 years follow up a significantly higher proportion of patients was lost to suicide in this group.
Conclusion: This study revealed that patients with hallucinations only can be differentiated from patients with delusions only on multiple variables most importantly on measures of suicidality.