

Tuesday, April 5, 2005

P-14. Poster session: Psychotic disorders VI

Chairperson(s): Norman Sartorius (Genf, Switzerland), Nikola Ilankovic (Belgrade, Yugoslavia)
18.00 - 19.30, Gasteig - Foyers

P-14-01

Exploratory Clinical Training on Autobiographical Memory

D. Lecompte, A. Neumann, H. Nachtergaele, S. Blairy, P. Philippot.
CHU Brugmann Psychiatry, Bruxelles, Belgium

Objective: Autobiographical memory relates to the capacity of people to recollect personal events from their lives. It is an inherent part of personal identity and is strongly related to its development (Conway & Pleydell-Pearce, 2000). Schizophrenia is associated with an impairment of both personal and semantic memory and with a reduction of specific autobiographical memories which are marked after the onset of the disease (Baddeley et al., 1995; Feinstein et al., 1998; Riutort et al., 2003). This impairment is consistent with the existence of an abnormal personal identity in patients with schizophrenia. The aim of the therapy was to increase schizophrenia patients' capacities to recall specific personal life events.

Methods: The clinical training consisted of 1h1/2-h group sessions, which took place once a week during 9 weeks with 4 outpatients with schizophrenia and schizoaffective disorders. Participants had to complete a diary. For each day, they had to briefly describe a personal event of the day, to report their thoughts and feelings during the event, and finally to rate the emotional intensity and the self-importance of the event. During sessions, participants were questioned on the content of the diary. Further, exercises to stimulate their thoughts on their personal identity were proposed. Specifically, participants were asked to report self-defining memories. An autobiographical memory test (Neumann & Philippot, 2004) was administrated before and after the training period.

Results: The results showed that the specific autobiographical memory is enhanced by cognitive remediation therapy $t(3) = 9.00$, $p < .003$.

Conclusion: Additional data should be collected to investigate the long-term efficacy of the present clinical training.

P-14-02

Medication Adherence Rating Scale (MARS) – new compliance scale for schizophrenic patients.

A. Wozniak. *Institute of Psychiatry Third Department of Psychiatry, Warsaw, Poland*

Objective: The aim of our study was to examine psychometric properties of the Polish language version of MARS – new compliance scale constructed with the aim of greater validity and clinical utility (Thompson K., Kulkarni J., Sergejew A.A. Reliability and validity of a new Medication Adherence Rating Scale (MARS) for psychosis. *Schizophr Res* 2000, 5; 42: 241-247).

Methods: 60 inpatients with ICD-10. schizophrenia were assessed on MARS, DAI-10, UKU and PANSS. Patients were divided into two groups – those with MARS total score < 7 were

classified as non-compliant. There were no differences between compliant and non-compliant group in age, education, duration of illness and number of hospitalizations.

Results: Non-compliant group had higher score on uncooperativeness (G8) and lack of insight (G12) items on PANSS (3.59 ± 1.24 vs 2.57 ± 1.17 and 4.96 ± 1.34 vs 3.87 ± 1.21 respectively; $p < 0.002$). And lower score on DAI-10. (13.9 ± 2.4 vs 16.8 ± 2.4 ; $p < 0.0001$). MARS total score correlated negatively with excitement factor of PANSS ($r = -0.39$, $p = 0.002$).

Conclusion: Polish version of Medication Adherence Rating Scale (MARS) has good reliability, validity and it is a useful tool for clinical assessment of compliance in schizophrenic patients. Psychometric properties of MARS are better than Drug Attitude Inventory (DAI-10).

P-14-03

Recovery from schizophrenia - a systematic review

E. Lauronen, J. Miettinen, J. Koskinen, J. Veijola, J. McGrath, M. Isohanni. *University of Oulu Department of Psychiatry, University of Oulu, Finland*

Objective: The possibility of recovery in schizophrenia is controversial issue. Because of our findings of low rate of full recovery in schizophrenia in the Northern Finland 1966 Birth Cohort (1.7%), and because of divergent findings from other studies, we wanted to systematically review the studies about the topic and to find out the rate of recovery in schizophrenia.

Methods: By using electronic databases (PsycINFO, Pubmed, Ovid, Web of Science, Elsevier Science Direct, EBSCOhost, CINAHL - Nursing & Allied Health) and manual literature search the studies reporting rate of recovery in schizophrenia were analysed. As a title search we used keywords "schizo* or psychotic or psychos*s" and "recovery or remission or outcome* or course or prognosis". The second search for abstracts included keywords "schizophrenia" and "recovery or remission". The studies included to analyses must have been English language, original articles, not therapy/drug trials/interventions, and must have follow-up at least two years, sample at least 15 cases and the rate of recovery presented.

Results: The search from databases identified 3238 unique articles. After irrelevant articles according to title were manually excluded, the remaining 1972 articles were further studied. As a preliminary result, the rate of recovery in schizophrenia varies from 0% to 50% depending on the sample, used diagnostic system, length of follow-up, rate of missing cases and the definition of recovery.

Conclusion: The likelihood of recovery from schizophrenia remains controversial, but complete recovery seems to be relatively uncommon. Various conceptual and methodological pitfalls cause challenges when studying the course and recovery in schizophrenia.

P-14-04

Dynamic group therapy for schizophrenia: novel or obsolete?

K. Ademmer, P. Hartwich. *Frankfurt, Germany*

Objective: Individual psychotherapy has been shown to improve social skills, decrease the number of severe relapses and thus, of hospitalisation. Traditionally, patients with schizophrenia are not considered to be capable of dynamical group processes

due to their cognitive, negative and productive symptoms. The objectives of this presentation are 1. Demonstration that group therapy is possible and advantageous for persons with schizophrenia, if certain considerations are taken into account. 2. Increase the awareness and institute a discussion about implementation and evaluation of group therapy for schizophrenia

Methods: 1. Group characteristics: homogenous groups (diagnoses: F20 and F25) taking neuroleptic medication regularly, age 20–60 years, no severe substance dependence or organic brain disorder; post acute and chronic schizophrenia 2. Setting: once or twice weekly, two group therapists, one of whom should be experienced. 3. Evaluation: rating by attending psychiatrist (diagnosis, functional abilities, basic data: date of first manifestation, number of hospitalisations, etc) and group therapist. (Group participant evaluation has still to be implemented)

Results: Defining factors that affect 1. acceptance of group therapy 2. effectiveness 3. discrimination of

Conclusion: The aim of this presentation is to generate interest and define the scope of a more dynamically oriented group therapy for schizophrenia. The results will be discussed in context of the pertaining literature and in view of the fact that the neuroleptic treatment, though essential, requires adjuvant treatment to improve psychosocial functioning and coping.

P-14-05

What works in group psychotherapy for schizophrenic patients?

K. Ademmer. *Frankfurt, Germany*

Objective: Psychotherapy in combination with psychopharmacology has been shown to be effective at different stages and for different durations in the treatment of schizophrenia. Attempts at finding specific factors that influence the outcome of treatment have not been very successful. This presentation offers a historical review and empirical data on the variables that work in group psychotherapy for schizophrenic patients and gives a synthesis of factors, independent of the form of treatment that work in group therapy.

Methods: For empirical data: 1. Group characteristics: homogenous groups (F20 and F25) regular neuroleptic medication, 20–60 years, no severe substance dependence or organic brain disorder; post acute and chronic schizophrenia. 2. Setting: weekly, experienced group therapists. 3. Evaluation: rating by attending psychiatrist (diagnosis, functional abilities, basic data: date of first manifestation, number of hospitalisations, etc) and group therapist. Medline research and review of references.

Results: Factors that influence group therapy can be considered as patient, setting and therapist variables (exemplary list) Patient variables: solidarity, regulation of closeness and distance (autistic stand versus overidentification), feeling of acceptance, problem solving training without intense emotional involvement, reduction or acceptance of fragmentation, reality testing Setting variables: homogeneity or compatibility of groups, active intervention of the group therapist (suicidality, acute psychosis), tolerance of the group for adverse events, psychotic expressions. Therapist variables: experience, adherence to the theory of group therapy, "container function", ability for active intervention, flexibility

Conclusion: Development of variables and factors that work in group psychotherapy independent of the type of psychotherapy.

P-14-06

Effect of an educational anti-stigma project for police officers to reduce social distance towards schizophrenic patients

K. Wundsam, G. Pitschel-Walz, W. Kissling. *Klinikum rechts der Isar Psychiatrie, München, Germany*

Objective: Contact with police officers due to schizophrenia is commonly associated with conflict situations, e.g. when patients require clinical admission because of "danger to self or others". These contacts are often stigmatising. This study investigated the effects of an awareness training project for police officers in their readiness to enter social relationships ("social distance") with schizophrenic patients.

Methods: A team of psychiatric patients, relatives, professionals and sociology teachers of a police academy established a curriculum with three units. Within these units, personal experiences with difficult situations due to acute mental illnesses were discussed. Scales in regard to "Stereotypes" and "social distance" were assessed before, immediately following and three weeks after the anti-stigma project (Questionnaires were allocated by Angermeyer MC, Leipzig). First evaluations have been completed; results of the "social distance" scale are presented.

Results: Six classes (n=114) of police officers were enrolled in the project. 79 completed pre- and postinterventional questionnaires. The assessment was repeated 3 weeks later (n=25). The data showed a significant decrease in "social distance" ($p < 0.001$) in the participating police officers; that result was still evident in the follow-up after 3 weeks.

Conclusion: This special training was generally acknowledged and enthusiastically accepted by the officers and the police academy. The data indicates a decrease in "social distance" within the target group through the project and the personal contact with patients seems to be an important detail in this intervention. Officers emphasized that most of them had never had contact with "healthy patients" before. Analyses of the "stereotypes" scale are already in progress.

P-14-07

"Schizophrenia – What's that?": A school project to educate students about schizophrenia and to reduce their social distance towards psychiatric patients

K. Wundsam, G. Pitschel-Walz, W. Kissling. *Klinikum rechts der Isar Psychiatrie, München, Germany*

Objective: Inadequate knowledge about schizophrenia combined with the fear of the stigma associated with mental illness, institutions and psychiatric patients reduces help-seeking behaviour in adolescents. Nescience and lack of personal experience with psychiatric patients sustain the common and frightening myths about this disease. Programs for students pursue two aims: 1. Reducing stigma towards psychiatric patients and counteracting prejudices before they arise – 2. Increasing the help-seeking behaviour of adolescents.

Methods: BASTA – the alliance of mentally ill people develops anti-stigma projects in co-operation with patients, relatives and professionals. The core of this project is a personal meeting with a psychiatric patient and a psychiatrist. Knowledge about schizophrenia, stereotypes about patients and the readiness to enter social relationships regarding patients with schizophrenia ("social distance") were assessed in all participants (n=113) before, after and a month

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