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Assessment of sociodemographic characteristics including employment, income and usual residence of European patients with schizophrenia: results from the Star study

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Background and aims: To assess sociodemographic characteristics, including education, usual residence, employment status and income among schizophrenia patients in Europe.

Methods: The Client Sociodemographic and Service Receipt Inventory was evaluated in schizophrenia patients treated with aripiprazole versus standard of care (SoC). 555 patients were equally randomized to aripiprazole (10-30 mg/day) or SoC (olanzapine 5-20 mg/day, or quetiapine 100-800 mg/day or risperidone 2-8 mg/day, [up to 16 mg/day]) for 26 weeks.

Results: At baseline, 67% of the patients were single, 15% married and 12% widowed. The average years of education was 11.2: 24% of the patients received primary education or less, 50% secondary education; 21% further education and only 8% reached university. Of this population, 35% lived alone, 33% lived with relatives other than parents, and 14% lived with their husband/wife. More patients in the aripiprazole than the SoC group were employed (18.5% vs. 19. 9%), while a similar proportion were unemployed (28.8% vs. 25.8%). Among the patients who work (n=105), only two have a managerial position: 35% of patients are on a state pension. The main income source across all countries was state benefit and pension (74%). Only 15% of patients had an effective salary. During the 3 months prior to baseline, patients missed ~18.5 days (50%) from work due to illness.

Conclusions: Despite improvements in the management of psychosis with second-generation antipsychotics, the social and rehabilitation aspects of schizophrenia warrant further attention.

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Oculomotor deficits in schizophrenia: Validation of endophenotypes in a genetically homogenous Icelandic sample

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Background/Aims: Deficits in antisaccade and smooth pursuit eye movements are promising endophenotypes in genetic studies of schizophrenia. Patients with schizophrenia and their relatives have worse performance on these tasks compared to healthy subjects. These oculomotor impairments may be caused by the same brain dysfunctions underlying many of the symptoms of schizophrenia. This study aimed to validate antisaccade and smooth pursuit eye movements as endophenotypes in a genetically homogenous Icelandic sample to use them for studying potential risk genotypes in schizophrenia.

Method: Patients with schizophrenia (N=116) and healthy controls (N=108) matched for age and gender underwent infrared oculographic assessment (sampled at 500Hz) of antisaccades and smooth pursuit (at target velocities of 0.25, 0.50 and 0.75Hz).

Results: On the antisaccade task, patients displayed significantly more reflexive errors, longer antisaccade latency, and reduced antisaccade amplitude gain compared to controls. However, spatial error and the variability of amplitude gain and spatial error did not differ between groups. On the smooth pursuit task, patients had significantly lower velocity gain and more frequent saccades during pursuit. Group differences in velocity gain increased with increasing target velocity. Internal consistency of performance was high for all variables in both groups except for antisaccade spatial error in patients (Cronbach's alpha >0.77 for antisaccades and >0.85 for smooth pursuit).

Conclusions: Our findings confirm the existence of robust oculomotor deficits in schizophrenia in a large sample. These measures can therefore be used as valid endophenotypes in future studies of potential schizophrenia risk genotypes in the genetically homogenous Icelandic population.

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Conceptual problems with early detection of prodromal psychosis

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Background and aims: The prospect of early identification of psychotic development before the first overt psychosis confronts us with novel problems, not encountered in clinical work with psychotic patients. The target of prevention, usually "psychosis", is a fuzzy concept with indeterminate boundaries and unclear content. Consequently, the prospective setting of early detection and intervention is rife with problems both of conceptual (What are the meanings inherent in the diagnostic concepts we use?) and of ethical (What are the consequences thereof?) nature. In this paper I will discuss the grammatical features of various conceptualizations of pre-stages of psychotic disorders, specifically their clinical, nosological and existential significance. This discussion has relevance for both diagnostic practices and ethical debate on the early intervention agenda.

Methods: Conceptual analysis. Material source for this analysis was representative literature and publications from the time period 1990-2006. Five different conceptualizations of pre-stages of psychotic disorders were investigated as to their their clinical, nosological and existential significance.

Results: "At-risk-mental state" emerged as the most prudent and contextually relevant formulation of psychosis risk in preventive setting as it implies clinical significance, is nosologically a weak concept and does not directly imply mental disordedness or psychoticism, thus retaining some degree of existential neutrality. The shortcomings of other available options were described.

Discussion: This conceptual analysis provides us with a meaningful tool for distinguishing the differential clinical, nosological and ethical implications of available (forthcoming)conceptualizations of early stages of psychosis.

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Acute phase proteins and personality disorders in schizophrenia

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Introduction. Interest in the premorbid personality of schizophrenic patients is well established in the psychiatric literature. The relationship between personality disorders and acute phase proteins (APP) in schizophrenia is not well known.

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