3. Epidemiology

STIGMATIZATION OF SCHIZOPHRENIA AMONG PSYCHIATRISTS
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Introduction: Stigmatization of schizophrenia is common not only in the society but also among psychiatrists. In a recent study, it was reported that total of 42.7% of 60 psychiatrists never informed patients of the diagnosis of schizophrenia and 40.7% informed on a case-by-case basis. The aim of the present study was to investigate stigmatization and attitudes towards patients with schizophrenia among psychiatrists in Turkey. Method: A questionnaire was distributed to psychiatrists to investigate their attitudes toward patients with schizophrenia. Ninety psychiatrists (42 women and 48 men) from four different regions of Turkey completed the questionnaire. The mean age of the psychiatrists was 6.29 years. On the second step the questionnaire was given to the physicians working at different departments (other than psychiatry) of Dokuz Eylul University. Seventy three physicians completed the questionnaire. The mean age of the physicians was 33.04. The comparisons of categorical variables between two groups were conducted by chi-square test while continuous variables were compared by t-test. Results: Total of 97.3% of the physicians and 75.3% of the psychiatrists stated that the patients should be informed of schizophrenia diagnosis. The comparison of two groups were significant (df: 4, p: 0.02). The psychiatrists (20.4%) and the physicians (24.0) stated similar rates for violence in schizophrenia (p>0.05). The psychiatrists (35.2%) and physicians (33.2%) stated similar recovery rates for schizophrenia (p>0.05). Conclusion: The present study revealed evidence for stigmatization of schizophrenia among psychiatrists. The stigmatization among psychiatrists might lead to stigmatization and discrimination of patients with schizophrenia in the society, as well.


RISK FACTORS AND PREVALENCE OF PSYCHOTIC SYMPTOMS IN THE GENERAL POPULATION IN IZMIR-TURKEY
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Many individuals may have susceptibility candidate genes which do not let develop schizophrenia, but show threshold psychotic symptoms, not interfering with daily life functions. Hence it is of importance to assess the frequency of these symptoms and related risk factors in the population. The existence of psychotic symptoms may take part in a continuum of experiences of psychotic symptoms on one edge, and schizophrenia on the other edge (1, 2). The aim of this study was to find risk factors and identify prevalence of psychotic symptoms in the general population in Izmir-Turkey. The sample was selected with the systematic sampling method from the residents, above 18 years of age, of the 3 districts in the urban area of Izmir-Turkey with the population of 90721. The sample size was calculated as 1500 for the prevalence of 1% with a 5% CI. Composite International Diagnostic Interview (CIDI) was administered by lay interviewers to all the participants, a total of 1280 individuals. Final response rate for all the sample size was 84.5%. CIDI psychotic symptoms were found in 3.6% of the study group. Most frequent symptoms were thought broadcast (1.4%), delusions of persecution (1.4%) and catatonia (1%). CIDI (+) group had significantly less social and financial support, more alcohol use and heavy early morning cigarette smoking compared to CIDI (-) group. Only 3 individuals had substance abuse (cannabis) and none of these were CIDI (+). Logistic regression analysis showed that being a female (OR=2.4 95% CI = 1.2-5.1), having a first degree family history of any mental disorders (OR=13.9 95% CI = 5.7-34.3), lack of social support (OR=4.5 95% CI= 2.3-8.6) and alcohol use (OR=4.9 95% CI = 2.3-10.6) were all related to psychotic symptoms. Having more risk in females in contrast to the Western populations may be due to the severe social pressure on the female gender in Turkey (1, 2). We also note that alcohol might be considered as a risk factor for developing psychotic symptoms in the Turkish cultural setting, such as serious abuse in the other cultures. References: 1. Os, J. Van, Hassens, M., Bijl, R.B., et al., 2000. Strauss (1969) revisited: a psychosis continuum in the general population. Schizophr Res. 40, 11-20. 2. Os, J. Van, Hassens, M., Bijl, R.B., et al., 2001. Prevalence of psychotic disorder and community level of psychotic symptoms: an urban-rural comparison. Arch. Gen. Psychiatry 58, 663-668.

THE NORTHERN IRELAND FIRST-EPISTEME PSYCHOSIS STUDY: EPIDEMIOLOGY OF FIRST-EPISTEME PSYCHOSIS IN NORTHERN IRELAND
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The aim of this study is to examine the epidemiology of first-presentation psychosis, and of schizophrenia in particular, in a large urban and rural Northern Irish population (study population 770,884). Prospective ascertainment of cases of psychosis presenting for the first time to adult psychiatric services within a 2 year period (Jan. 2003–Dec. 2004). Leakage study of hospital discharge records to maximize case-finding. Subjects aged 18-64 with no obvious organic cause for psychotic symptoms. Clinical, diagnostic, neuropsychological and social assessment of subjects carried out at enrolment with 1 and 3 year follow-up examinations. Diagnosis at enrolment based on ICD-10 criteria using the Schedule for Clinical Assessment in Neuropsychiatry (SCAN). Confirmation of diagnosis at 1 year follow-up using OPCRIT. In the first 18 months 250 suitable cases were identified, of whom 194 agreed to participate. The incidence of psychosis in the study area was 3.40/10,000 peoples at risk/year. The modal diagnosis was schizophrenia (40%); incidence 1.35/10,000 peoples at risk/year. Males had 1.8 times increased incidence of all psychosis relative to females (2.15 vs 1.21/10,000/year) and 2.6 times increased incidence of schizophrenia (0.92 vs 0.35/10,000/year). The age at presentation of patients with schizophrenia was similar for males and females (29.4 vs 29.3 years respectively). There was no evidence of an increased rate of psychosis or