

### Neuroleptic Treatment of HIV-Associated Psychosis.

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The goal of this rater-blinded randomized prospective comparative study was to assess the efficacy and side effects of haloperidol (H) and thioridazine (T) in the treatment of new-onset psychosis in HIV-infected patients. We studied 13 men (eight on H, five on T) with no history of psychosis prior to HIV infection and whose psychosis was not due to identifiable organic factors. Participants, seven of whom were in CDC stage C (AIDS), were evaluated before treatment and then weekly for six weeks. The mean dose in chlorpromazine equivalents was 124 mg/d. Both neuroleptics produced significant reduction of psychosis. All H-treated patients developed extrapyramidal side effects. Psychotic HIV-infected patients respond to neuroleptics but require and tolerate relatively low dosages.

### Cognitive Deficits and Psychopathology in Elderly Schizophrenics

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The psychopathological profile and its relationship to cognitive functioning in elderly schizophrenics is not well understood. Aims of our study were to examine (1) psychopathological and cognitive profiles of elderly institutionalized schizophrenics compared to a sample of younger schizophrenics, (2) the correlation of psychopathology with cognitive deficits. 25 DSM-III-R schizophrenic inpatients (mean age 67), on stable medication, were assessed on a multidimensional rating battery (PANSS, HAM-D, EPS Scales, Dementia Scales and Neuropsychological tests). They were compared to 20 younger inpatients (mean age 35), matched on gender and medication status. There was no difference in PANSS total/subscales, depression and cognitive symptoms including IQ between the two groups. Clinical Dementia Rating of the older group indicated questionable dementia (range 0.25–0.27). The older group scored better in California Verbal Learning Test's total recall ( $t = -2.30$ ,  $p < 0.03$ ), short cued recall ( $t = 3.05$ ,  $p < 0.005$ ), long cued recall ( $t = 2.70$ ,  $p < 0.011$ ) and long delay recognition measure ( $t = 3.7$ ,  $p < 0.0007$ ) than the younger group. We concluded that older age did not affect the symptom profile of this sample. Patients showed overall low dementia measures. This sample did not show a significant dementing process.

### PREPUBERTAL PSYCHOSIS: A CASE CONTROL STUDY

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Psychotic symptoms, hallucinations, delusions, or a thought disorder, are very rarely observed in children. This holds true not only for the community at large, but even in high risk groups such as the offspring of schizophrenic mothers. This study was undertaken to describe the frequency, syndromes, demographics, and neurodevelopmental and medical correlates of prepubertal psychosis. A chart review was conducted at nine child psychiatry inpatient units in the New York metropolitan area of all children admitted over a two year period who received a discharge diagnosis of a DSM III-R axis I "nonorganic" psychotic disorder. The next age and sex matched admission was used as a control subject. One hundred prepubertal psychotic children were identified, of which 55 were given a diagnosis of psychotic disorder NOS (atypical psychosis). Psychotic children were overwhelmingly male and from the lower social classes. In both cases and matched controls, disorders of higher cognitive functioning were frequent, while neurologic and medical disorders were rarely diagnosed. Psychotic symptoms occur prior to the onset of puberty, but the syndromal presentation and demographics differ from adult onset psychotic disorders. These results support the hypothesis of a neurodevelopmental influence upon psychotic symptomatology and suggest an alternative explanation of the schizophrenic progress.

### Magnetic Resonance and Positron Emission Tomography Imaging of the Basal Ganglia in Schizophrenia.

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Magnetic Resonance and Positron Emission Tomography with Fludeoxyglucose (FDG) were used to study the size and metabolic rate of the caudate and putamen in 43 schizophrenia patients either never medicated  $n = 16$ , or off medications  $n = 27$  for at least two weeks and 17 normal controls. During the FDG uptake period, all subjects performed a visual attention task (a degraded stimulus version of the continuous performance task.) The size of the caudate and putamen was not significantly different between the groups. In normal controls the right caudate and putamen were more active than the left but in schizophrenics the left was more active than the right. Exploratory correlations between Brief Psychiatric Rating Scale (BPRS) subscales scores and glucose metabolism revealed higher hostility and lower mannerism and posturing associated with caudate and putamen metabolism. These findings are suggestive of a right putamen pathology in schizophrenia. It is consistent with our previous findings that neuroleptics increased the metabolic rate in the right putamen but, not the left, in schizophrenics. Additionally, analyses comparing the shape of caudate and putamen will also be presented.