

All patients were on traditional antipsychotic therapy according to clinical indications. 2/3 of patients (blind randomization) received in addition intramuscular injections of the immunotropic medicine Bestim (Russia, Sankt-Peterburg) 100 mkg once a day daily, treatment course - 5 days. As placebo 1/3 of patients received injections of physiological solution.

Results: All patients were divided in two groups according to immunological and clinical indicators: 1- affective-asthenic patients and 2 - negative-asthenic ones. Negative-asthenic patients were characterized by low LE activity compare to affective -asthenic patients ($p<0.001$). High $\alpha 1$ -PI activity was found in both groups patients ($p<0.001$).

Immunotropic augmentation with Bestim facilitated to reduce asthenic syndrom in both groups of patients compare to placebo ($p<0.05$), but the most significant effect was observed in negative-asthenic patients ($p<0.03$). The reduction of asthenia in this patients was associated with significant increase in degranulation activity of neutrophils (LE activity in plasma), ($p<0.001$).

Conclusion: The obtained data allow to propose that low LE activity in plasma of patients with asthenic syndrome in schizophrenia may be a predictor of efficiency of immunotropic medication Bestim for augmentation of psychotropic therapy.

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THE CLINICAL CHARACTERISTIC OF ACUTE BRIEF PSYCHOTIC DISORDERS WITH SYMPTOMS OF SCHIZOPHRENIA

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Introduction: Acute brief psychoses often appear as manifestation of schizophrenia. Acute and transient psychotic disorders are combined into the ICD-10 category of the same name (F23) regardless of their nosological affiliation by reason of acute onset of psychosis (within 2 weeks) and it's short term (less than 1 month for ones with symptoms of schizophrenia). The importance of early recognition of schizophrenic aetiology of acute brief psychoses is determined by the need for adequate therapy.

Objective: To study the clinical-psychopathological and clinical-dynamic characteristics of acute brief psychotic disorders with symptoms of schizophrenia.

Subjects and methods: 18 psychiatric inpatients (9 men, 9 women) aged 20 - 46 years (mean age 30.6 ± 9.6 years) diagnosed with «Acute polymorphic psychotic disorder with symptoms of schizophrenia» (F23.1 in ICD-10) were examined. Clinical-psychopathological, clinical-dynamic, statistical methods were used.

Results: Among the examined group the mean age was lower in men (26.0 ± 5.6 years) than in women (35.3 ± 10.6 years). The duration of psychotic symptomatology ranged from 13 to 83 days (within 30 days in 66.7% of patients); the mean duration of psychosis was 31.6 ± 18.8 days. 27.8% of patients developed psychotic disorder within 48 hours. Manifestation of psychosis was preceded by symptomatology of neurotic and/or affective registers lasted from a few days to six months in 72.2% of cases. Social, occupational and/or family impairment prior to psychosis was registered in 44.4% of cases.

The clinical picture of psychosis was presented by hallucinatory-paranoid (61.1%), paranoid (33.3%), catatonic (5.6%) syndromes. Perceptual deceptions were detected in 77.8% of patients and were presented by verbal (55.6%) and visual (5.6%) pseudohallucinations, as well as true auditory (22.2%) and visual (11.1%) hallucinations. The pseudohallucinations had an imperative character in 22.2% of the examined subjects and led to autoaggressive actions in 5.6% of cases. Delusions of persecution (61.1%), influence (38.9%), self-deprecation (11.1%), grandeur (11.1%) were detected in 83.3% of the examined subjects. Catatonic symptoms (substupor, negativism, echolalia, passive compliance) were registered in 16.7% of cases. Negative symptoms, such as isolation, emotional inexpressiveness, lack of initiative, expressed in varying degrees, were revealed in all examined subjects after reduction of psychosis. Disturbances of thinking presented by the elements of derailment, multilevel thinking, actualization of latent attributes of meanings were detected in 61.1% of patients.

Conclusions: Presence of negative symptomatology after reduction of psychosis allows to relate these conditions to schizophrenia spectrum disorders. Psychotic symptomatology persisted for more than 1 month in 33.3% of cases.