these three groups have a different need to over-report. PTSD was diagnosed using the PDS (Posttraumatic Diagnostic Scale), a self-rating instrument for diagnosing PTSD according to the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Version IV).

Point prevalence of PTSD was conservatively estimated at 27%. The three sub-samples did not differ in PTSD prevalence when adjusted for potential demographic differences. Seventy-five percent of the subjects had experienced at least one traumatic event that matched the criteria for a traumatic event according to the DSM-IV. The Median number of traumatizing life events according to the PDS was four in the examined sample.

Thus in this sample of male prisoners in Switzerland the point prevalence of PTSD was slightly increased compared to other international studies.

S47. Symposium: PRODROME-BASED EARLY INTERVENTION IN THE COURSE OF SCHIZOPHRENIA

S47.01

Results of the German Research Network on Schizophrenia: Early intervention in the initial prodromal phase

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Background and Aims: To determine whether a differential state specific intervention in the initial prodromal state is effective for preventing progression to psychosis.

Method: 128 patients in the early initial prodromal state (EIPS) were randomized to receive either a comprehensive cognitive behavior therapy (CBT) intervention or supportive counseling (SC) for 12 months. 124 patients in a putatively late initial prodromal state (LIPS) were randomly assigned to a needs-focused inter-vention (NFI) or to NFI plus amisulpride.

Results: In the EIPS trial Kaplan-Meier estimates of the risks of transitions to LIPS (5.3% vs. 18.5%, p=0.032), psychosis (1.6% vs. 13.8%, p=0.020) and schizophrenia (none vs. 13.8%, p=0.005) at month 12 were statistically significant lower in the CBT group than in the SC group. In the LIPS trial Amisul-pride+NFI produced superior effects to NFI alone on attenuated and full-blown psychotic symptoms, basic, depressive and negative symptoms and global functioning at week 12.

Conclusion: First results indicate that a differential intervention to the initial prodromal state is effective for preventing progression to psychosis.

S47.02

The OPUS trial: Transition from schizotypal disorder to psychotic disorder. A RCT of integrated treatment and standard treatment

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Background: Only a few randomized clinical trials have tested the effect on transition rates of intervention programs for patients with sub-threshold psychosis-like symptoms.

Aim: To examine whether integrated treatment reduced transition to psychosis for first-contact patients diagnosed with schizotypal disorder.

Methods: Seventy-nine patients were randomized to integrated treatment or standard treatment. Survival analysis with multivariate Cox-regression was used to identify factors determinant for transition to psychotic disorder.

Results: In the multivariate model, male gender increased risk for transition to psychotic disorder (relative risk = 4.47, (confidence interval 1.30-15.33)), while integrated treatment reduced the risk (relative risk = 0.36 (confidence interval 0.16-0.85)). At two-year follow-up, the proportion diagnosed with a psychotic disorder was 25.0 percent for patients randomized to integrated treatment compared to 48.3 percent for patients randomized to standard treatment.

Conclusion: Integrated treatment postponed or inhibited onset of psychosis in significantly more cases than standard treatment.

S47.03

Results of the German Research Network on Schizophrenia (GRNS): Prodorme-based treatment in first-episode schizophrenia

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Background and Aims: After a first episode in schizophrenia, maintenance treatment is recommended for at least 1 year. In addition to maintenance treatment or particularly in case of drug discontinuation prodrome based early intervention is a recommended (supplemental) long-term treatment strategy to prevent relapse. Drug discontinuation, although inferior to maintenance treatment in multiple-episode patients, showed comparable relapse preventing results in first-episode patients (Gaebel et al. 2002), However, more empirical data is strongly needed, to evaluate this treatment strategy in first-episode patients.

Methods: Accordingly, a 2-years long-term trial in first-episode schizophrenia was conducted within the GRNS. In the first treatment year, maintenance treatment with risperidone was compared to treatment with (low-dose) haloperidol (randomized double-blind design). In the second treatment year, continued neuroleptic treatment was compared with stepwise drug withdrawal (randomized design) both supplemented by prodrome-based early intervention.

Results: From the 96 patients after 1-year maintenance treatment, about 50% were not eligible for both treatment strategies due to doctors concerns (particularly to discontinue drug treatment) or to patients decision. Likewise to the first treatment year, relapse rate is very low, and preliminary results seems to indicate a higher risk for relapse and deterioration after drug discontinuation. Early recognition of relapse based on prodromal symptoms and other early warning signs showed satisfactory results with the highest relapse predictive validity for a composite score of unspecific prodromes.

Conclusions: The results emphasizes the need to evaluate and provide various effective long-term treatment strategies to take patients conditions and circumstances into account.

S47.04

The MESIFOS-trial: Treatment strategies in remitted first episode psychosis

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