P0097

Memory measures in healthy relatives of bipolar and schizophrenic probands

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Background: The aim was to investigate the cognitive abnormalities in healthy individuals (No Axis I or II disorders) at risk for bipolar disorder (BD) and schizophrenia (SZ)

Materials and Methods: Participants were 17 BD-R, 15 SZ-R and 23 controls. All participants underwent assessment of IQ, working, verbal memory and learning, visuospatial memory, verbal and visual recall and recognition. Lack of lifetime Axis I and II disorders was screened using Structured Clinical Interview for DSM-IV and symptomatology was assessed with the Brief Psychiatric Rating Scale (BPRS).

Results: No difference was found in IQ. The SZ-R underperformed compared to BD-R and controls in working memory. The SZ-R had increased number of intrusions but did not differ from the BD-R in short delay. The SZ-R showed impairment in long term recall. No effect of learning was found. SZ-R and BD-R underperformed compared to controls in visuospatial memory. SZ-R showed long term memory deficits with higher overall forgetting scores in both visual and verbal tests compared to BD-R and controls. The BD relatives were able to retain more verbal items but comparable visual items to SZ-R. Effect of BPRS total score was found only for BD-R across all measures.

Conclusions: BD-R do not show deficits compared to controls in the dorsal prefrontal cortex (DPFC) like the SZ-R. The SZ-R show impairments in fronto temporal networks that are preserved in BD-R supporting deficits in semantic categories in both encoding and retrieval whereas impairment shown in BD-R may be mainly attributed to the effect of symptoms.

P0098

Executive function measures in healthy relatives of bipolar and schizophrenia probands

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Background: The aim of this project was to investigate the cognitive abnormalities in healthy individuals (No Axis I or II disorders) at risk for bipolar disorder (BD) and schizophrenia (SZ)

Materials and Methods: Participants were 17 BD-R and 15 SZ-R and 23 controls. All participants underwent assessment of IQ, inhibition, verbal fluency, planning and cognitive set shifting. Lack of lifetime Axis I and II disorders was screened using Structured Clinical Interview for DSM-IV and symptomatology was assessed with the Brief Psychiatric Rating Scale (BPRS).

Results: No difference was found in IQ. Loss of inhibition was found in both SZ-R and BD-R compared to controls whereas SZ-R had slower initiation times. SZ-R also failed to inhibit relatively fast erroneous responses, leading to an effect on error rates but not in reaction times. SZ-R and BD-R produced fewer words compared to controls whereas the former group made more errors. BD-R achieved both comparable number of categories to controls and made equal number of errors whereas SZ-R underperformed compared to former groups in both measures. Effect of BPRS total score was found only for BD-R across all measures apart from inhibition.

Conclusions: Genetic predisposition to SZ may be mediated by deficits in both the Ventral and Dorsal Prefrontal Cortex (VPFC) and (DPFC). In BD-R impairment was limited in the VPFC whereas the DPFC function was preserved. The two disorders share inhibition deficits associated with the VPFC.

P0099

Treatment of post-psychotic depression (PPD) in schizophrenia

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Background: Depression accompanied acute psychosis in 70% of cases and remitted in line with the psychosis; 36% developed PPD without a concomitant increase in psychotic symptoms. PPD occurs without concomitant change in positive or negative symptoms.

Aims: We try to evaluate efficacy of Fluvoxamine, versus efficacy of mirtazapine and venlafaxine in PPD.

Method: 25 patients (17 men, 8 female), aged 18-45 years, diagnosed with schizophrenia and PPD by DSM IV criteria. All patients received a second generation of antipsychotic (SGA) .We divided in 3 groups - A (9 patients) treated with SGA + Fluvoxamine (100 mg/day), group B (8 patients) treated with SGA + mirtazapine (30-45mg/day) and group C (8 patients) treated with SGA + venlafaxine (150- 225mg/day). We use BPRS, HAMD, and CGI for severity. Period of study 2 month, with visit at every week. We evaluate efficacy in group A versus efficacy in group B and C.

Results: in group A: 2 drop-out, 6 responders, 1 non-responders; in group B: 1 drop- out, 6 responders, 1 non- responders , in group C: 1 drop- out, 7 responders. The response was faster in group C. The treatment was well tolerated.

Conclusions: The results were similar in all groups, but the most responders were found in patients with family support, in first 3 years of evolution of schizophrenia, with family history of affective disorders, absence of negative symptoms. The response was better at patients who don't have traumatic stress in there children or adolescent period.

P0100

The role of neuropsychological assessment in the comprehensive diagnosis of schizophrenia

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Background and Aims: The blurring of nosological boundaries across clinical forms of schizophrenia is critical. The aim of the research was to address the relationships between neuropsychological functioning, clinical scales and international diagnosis criteria for a comprehensive diagnosis of schizophrenia.

Methods: 67 patients diagnosed with schizophrenia according to ICD-10 criteria were included in the current study. The average age of the patients was 33.17 years (SD=9.22). Patients included were not diagnosed with medical or neurological conditions. In clinical

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assessment PANSS, GAS and CGI tests were used, and also neuropsychological computerized assessment of working memory and implicit learning (WLM, SWM), executive functioning (STDT), time of reaction (SST), discrimination of facial emotional expression (PEAT).

Results: In four forms of schizophrenia (paranoid, catatonic, simplex and non-differentiated), high scores on the negative PANSS scale were revealed, while on the positive PANSS scale, high scores were revealed in two of these forms (paranoid and non-differentiated). Significant correlations were found between delusional-hallucinatory symptoms and deficits in neuropsychological functioning (implicit learning, decision time, perseverance in errors). Significant correlations were found between apathy, social withdrawal, avolition, difficulties in abstract thinking, working memory disorders, attention deficit. Discriminating ability between emotional expressions did not correlate with PANSS scores, however it did correlate with GAS scores.

Conclusions: 1. Schizophrenia clinical forms can not be distinguished through PANSS or GAS scores. 2. Neuropsychological assessment appears to be a fine differentiating diagnostic tool between different clinical forms of schizophrenia. 3. Impaired cognitive functioning ads to the dimensional diagnosis of schizophrenia.

P0101

Opioid withdrawal symptoms: Low efficacy of non-opioid drugs

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Introduction: Opioid withdrawal, stress or cues associated with opioid consumption can induce opioid craving. If opioids are not available, opioid dependent patients usually search for alternative drugs. Since several non-opioid drugs stimulate the endogenous opioidergic system, this concept may explain their frequent use by opioid dependent patients. We hypothesized that non-opioid drugs alleviate opioid withdrawal symptoms and are therefore consumed by opioid addicts.

Methods: We asked 89 opioid dependent patients participating in an outpatient opioid maintenance program to estimate the potential of several non-opioid drugs in being able to alleviate opioid withdrawal.

Results: Values (mean ± SD) for benzodiazepines: 3.2 ± 1.1, tricyclic antidepressants 3.6 ± 1.1, cannabis 3.6 ± 1.0, alcohol 4.1 ± 1.1, cocaine 4.2 ± 1.1, amphetamine 4.4 ± 0.9, nicotine 4.7 ± 0.7, caffeine 4.9 ± 0.5. A worsening of opioid withdrawal was reported by 62% of the patients for cocaine, 62% for amphetamine, 50% for caffeine, 37.5% for cannabis, 27% for nicotine, 26% for alcohol, 8% for tricyclic antidepressants and 3% for benzodiazepines.

Discussion: Our study shows a low efficacy of non-opioid drugs in alleviating opioid withdrawal symptoms. The data basis of this study was good and the sample was suitable to be asked for estimations of drug-drug interactions. 26% - 62% of the patients even reported a worsening of opioid withdrawal for cannabis, alcohol, cocaine and amphetamine. Only benzodiazepines and tricyclic antidepressants were reported to have a moderate positive effect on opioid withdrawal.

P0102

Amisulpride in combination: Saving potential in clozapine dosage; A case report

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Objectives: Side effects from a high-dose clozapine treatment for a schizophrenic patient led to massive compliance problems. The dose of clozapine could be halved without recurrence of an acute psychotic symptomatology by concomitantly administering amisulpride The side effects, especially hypersalivation, disappeared almost entirely, which in turn led to good compliance. In a short review we would like to present the pathophysiology and therapeutic options of clozapine-induced hypersalivation.

Conclusion: Despite various attempts at explanation and therapeutic approaches, hypersalivation under clozapine remains a side effect that is sometimes very difficult to get under control. As in our case report, it can lead to quite relevant compromises in compliance. The cause for the observable paradoxical hypersalivation under clozapine which can occur in spite of the anticholinergic effect remains unexplained.

The combination of clozapine and amisulpride with its overall good tolerability represents an option for reducing the sometimes inevitably high doses of a monotherapy, and the associated side effects, such as in our case with clozapine. In addition, making use of synergetic effects and in turn, improving the patients' compliance would be possible.

P0103

Evaluation of selection cognitive functions in patients with schizophrenia

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Working memory disturbances makes important role in etiopathogenesis and clinical pictures of schizophrenia.This study evaluated a selection of cognitive functions of patients with schizophrenia.

Material: Twenty nine schizophrenic patients (16 male and 13 female), aged 17-64 (mean 32) years, participated in this research.

Methods: Neuropsychological tests measuring working memory were performed in patients with schizophrenia: psychomotor speed (TMT A), visuospatial working memory (TMT B), verbal functions (Stroop Test and Verbal Fluency).

Results: Age of patients significantly correlated with prolonging the time of carrying out part A of TMT and the first part of the Stroop Test and correlated with smaller number of words in Verbal Fluency Test. The cognitive dysfunction is more prominent in patients in age above 35 years.

P0104

The role played by sleep disturbances in the etiopathogeny of psychotic symptoms

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