Conclusions: The slower RT for right hand in schizophrenics possibly reflects a general delay of the left cerebral hemisphere in visuo-motor RT. Moreover, the enhanced RTE suggests an impairment of interhemispheric integration in schizophrenia.

P0076

A study of relationship between psychopathology, insight and compliance in schizophrenia

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A four week longitudinal study was conducted to assess the relationship between insight, psychopathology and treatment compliance in schizophrenia using Insight and Treatment Attitude Questionnaire (ITAQ), Positive and Negative Syndrome Scale (PANSS) and Medication Adherence Rating Scale (MARS). Study sample consisted of 50 patients with schizophrenia diagnosed as per diagnostic criteria of research of WHO with a mean period of illness being 5.32 years. There was substantial psychopathology at intake which improved significantly after 4 weeks. Similar changes were found with the scores of insight and compliance over 4 weeks. Insight and compliance were positively correlated to each other at intake and at the end of 4 weeks. Both of these were negatively correlated with psychopathology scores on both the occasions. Stepwise logistic regression was applied with compliance as dependent variable and psychopathology and insight as independent variables on both the visits and it was found that most powerful predictor of compliance on first visit is insight on first visit [R = .636] and most powerful predictor of compliance on second visit is compliance on first visit [R = .838].

P0077

The expression of positive and negative schizotypy in daily life: An experience sampling study

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Psychometrically identified positive and negative schizotypy are differentially related to psychopathology, personality, and social functioning. However, little is known about the experience and expression of schizotypy in daily life. The present study employed the experience sampling method (ESM) to assess positive and negative schizotypy in daily life in a nonclinical sample of 412 young adults. ESM is a structured diary technique in which participants are prompted at random times during the day to complete an assessment of their current experiences. As hypothesized, positive schizotypy was associated with increased negative affect, thought impairment, suspiciousness, negative beliefs about current activities, and feelings of rejection, but not with social disinterest or decreased positive affect. Negative schizotypy, on the other hand, was associated with decreased positive affect and pleasure in daily life, increased negative affect, and marked decreases in social contact and interest. Both positive and negative schizotypy were associated with the desire to be alone when with others. However, this desire appeared to be moderated by anxiety in positive schizotypy and by diminished positive affect in negative schizotypy. The findings support the construct validity of a multidimensional model of schizotypy and the use of psychometric inventories for assessing these dimensions. ESM appears to be a promising method for examining the daily life experiences of schizotypic individuals.

P0078

Psychopathology, social adjustment, and personality correlates of schizotypy clusters in a large non-clinical sample

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Background and Aims: Correlational methods, unlike cluster analyses, cannot take into account the possibility that individuals score highly on more than one symptom dimension simultaneously. This may account for the inconsistency found in the correlates of schizotypy dimensions. This study explored the clustering of positive and negative schizotypy dimensions in nonclinical subjects and whether schizotypy clusters have meaningful patterns of adjustment in terms of psychopathology, social functioning, and personality.

Methods: Positive and negative schizotypy dimensional scores were derived from the Wisconsin Schizotypy Scales for 6.137 college students and submitted to cluster analysis. Of these, 780 completed the NEO-PI-R and Social Adjustment Scale-self report version, and further 430 were interviewed for schizophrenia-spectrum, mood, and substance use psychopathology.

Results: Four clusters were yielded: low, high positive, high negative, and mixed (high positive and negative) schizotypy. The positive-schizotypy cluster presented more psychotic-like experiences and schizotypal, paranoid symptoms, had more affective and substance abuse pathology, and were more open and extraverted. The negative-schizotypy cluster had more negative and schizoid symptoms, worse social adjustment, high conscientiousness and low agreeableness. The mixed cluster was the most deviant on almost all aspects.

Conclusions: Our cluster solution is consistent with few previous reports in schizotypy and schizophrenia, indicating that meaningful profiles of schizotypy features can be detected in nonclinical populations. The clusters displayed a distinct and meaningful pattern of correlates at across different domains, thus providing construct validity to the schizotypy types defined.

P0079

The dimensional structure of the Wisconsin schizotypy scales: Factor identification and construct validity

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The present study examined the factor structure underlying the Wisconsin Schizotypy Scales and the validity of these dimensions. Confirmatory factor analysis with 6,137 nonclinical young adults supported a two-factor model with positive and negative schizotypy dimensions. As predicted, the schizotypy dimensions were differentially related to psychopathology, personality, and social impairment. Both dimensions were related to schizotypal and paranoid symptoms. Positive schizotypy was uniquely related to psychotic-like experiences, substance abuse, mood disorders, and mental health treatment; whereas negative schizotypy was associated with negative and

schizoid symptoms. Both dimensions were associated with poorer overall and social functioning, but negative schizotypy was associated with decreased likelihood of intimate relationships. The findings support the construct validity of a multidimensional model of schizotypy and the use of psychometric inventories to assess these dimensions.

P0080

The MAO-A VNTR polymorphism is an important determinant of working memory and sensorimotor gating

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Background and Aims: Previous studies suggest that the serotonergic pathway may play an important role in prefrontal cortical (PFC) function. The enzyme monoamino oxidase-A (MAO-A) is primarily involved in serotonin catabolism. The MAO-A gene, harbours a variable number tandem repeat (VNTR) polymorphism with high (MAOA-H) and low (MAOA-L) activity variants. Individuals with the MAOA-H allele present with lower amine concentration, higher response inhibition failure and reduced information processing. We therefore hypothesised that these individuals would present with lower PPI levels and working memory performance.

Methods: PPI (85-dB prepulse at 30-, 60-, 120-ms intervals) was assessed in 118 healthy males (MAOA-L group n=41 and MAOA-H group n=77). Subjects' working memory was assessed with the N-back, a PFC-dependent task. PPI data were analysed with repeated measures ANOVA and the N-Back data were analysed with the Mann-Whitney nonparametric test.

Results: Demographic and startle characteristics were similar between the two genotype groups. Analysis of the PPI data revealed higher PPI levels in the MAOA-L compared to the MAOA-H group in all trial types. In addition, the MAOA-L group had significantly more correct responses in the two-back condition.

Conclusions: Compared to MAOA-L, MAOA-H individuals show lower PPI and worse N-Back performance. These results suggest that the MAO-A VNTR polymorphism is an important determinant of sensorimotor gating and working memory, possibly through a PFC mediated mechanism.

P0081

Influence of patients premorbid peculiarity, who in the first time ached schizophrenia in old age, on negative disorders

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Searching development predictors of schizophrenia continue constantly. In connection with the universal tendency to ageing the population there was a necessity of studying premorbid features at sick of schizophrenia with debut after 45 years, as has served as the purpose of our research. As methods of research data was subjective and objective anamnesises, and the reduced multifactorial questionnaire of the person which questions were answered with relatives, according to their understanding of behaviour of the patient before the first displays of illness have served. 50 patients have been included in research in the age of from 46 till 68 years. During inspection patients were able to remission. 66% of patients are revealed disorder of person in the form of accentuation, other patients were harmonious persons up to illness. The authentic majority of patients had character disorder on schizoid type (55%), on a share epileptiform accentuation

15% were necessary. At the others of 30% of patients are revealed premorbid features in the form of hyperthymic, unstable, hystero-paranoic, psychasthenic and mosaic accentuation. Deeper personal infringements it has not been revealed at one patient. It has not revealed an authentic difference in premorbid features at patients with various type of current schizophrenic process. It is established, that more often at late age the schizophrenia debut at persons with a disharmonious warehouse of the person in premorbid, in particular schizoid accentuation. It is impossible to exclude influence revealed personal features on becoming of negative frustration at sick of late schizophrenia.

P0082

Schizophrenia: is therapy involving early warning symptoms and antipsychotics successful?

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Background and Aims: Are early warning symptoms used in treatment, and if so what result does this therapy have in practise? Is the presumption correct that therapy with a focus on early warning symptoms results in less new episodes and more compliance towards antipsychotic medicine?

Methods: The policy for patients with schizophrenia within GGNet was checked. Moreover, an extensive literature review was conducted using PubMed, the internet in general and research contacts in order to avoid important literature to be left out.

Results: In this study, in line with previous research on early warning symptoms (O'Sullivan & Gilbert, 2003), it was found that they are indeed successfully used in practice (e.g., Birchwood, Spencer, & McGovern, 2000). Moreover, it was also found that patients and their families feel safer and know what to do if new episodes seem to be emerging (e.g., Bosch & Van den Noort, 2008).

Conclusions: Early warning symptoms are indeed successfully used in treatment (e.g., Bosch & Van den Noort, 2008). More research is needed, in order to optimise the techniques that are used in practise. This might result in lower annual cost of rehospitalization for multiple-episode schizophrenia outpatients (e.g., Weiden & Oltson, 1995). Recognising early warning symptoms might be taught, but one point that needs our further attention is the therapyplan that is made after this learning process. How to make this plan work and to optimise the use of early warning symptoms should be a topic for further research.

P0083

Schizophrenia and sleep disorders, their relation and treatment with acupuncture

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Background and Aims: In August 2008, a book will come out (edited by the authors of this abstract and published by Hogrefe & Huber publishers, Germany) on Schizophrenia, Sleep and Acupuncture. Several international researchers and authors have contributed to this unique book. The authors of this abstract would like to present the background theory of this book, and the results that were found so