

Background: Guidelines of treatment with antipsychotic medication have changed in the last 10 years, following the marketing of atypical antipsychotic medication (1994), being at the beginning the more frequently use of typical antipsychotics and classic Depot in opposite to oral and depot atypical antipsychotics at the present.

Aims: To describe the real situation about the use of antipsychotics in patients with Schizophrenia following hospitalization into the different Acute Hospitalary Units and differences in their first and subsequent admission.

Methods: A survey was conducted by different hospitals in our geography from the discharge reports occurred in 2006 on schizophrenic patients.

Results: 2424 discharge reports were analyzed from 6 Acute Hospitalary Units. They were obtained 601 schizophrenic patients (24.79%) that required rehospitalization in 15.2% (N=76). The average stay was two to three weeks. Most patients were diagnosed of Paranoid Schizophrenia (74;75%). The more frequently used was oral and/or IM atypical antipsychotic medication at 43%, opposite to 22.30 of the atypicals antipsychotics.

The predominant antipsychotic association used was a typical oral antipsychotic with atypical depot (26.47%), followed by the association of typical antipsychotic with oral atypical antipsychotic in 10.625. In readmissions the differences between both groups faded (atypical antipsychotics, 33.57% and combinations with depot, 30.26%)

Conclusion: There has been an evolution in the pattern of use of antipsychotic medication in the last 10 years. From predominant use of typical antipsychotics we have switched to atypical antipsychotics in monotherapy in first place (50% of patients), followed by the association of atypical antipsychotic plus depot.

P0222

Delusional beliefs among subjects with schizophrenia, their healthy relatives, and normal subjects

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Background and Aims: To investigate delusional beliefs and their dimensions (distress, preoccupation, conviction) across three groups, including patients with schizophrenia, their healthy family members, and normal subjects.

Methods: Subjects were 25 patients with schizophrenia, 35 of their healthy first degree relatives, and 35 normal subjects. Frequency of delusional beliefs and their dimensions were assessed using Peters et al. Delusions Inventory (PDI-40). General Health Questionnaire (GHQ-28) was used to examine general mental health.

Results: Frequency of delusional beliefs was higher in the patient group, compared with family group and normal subjects. Scores of all three dimensions of beliefs among the patients were significantly higher than the normal subjects but not more than their family members. In addition, conviction in the beliefs was significantly higher in the family members as compared to normal subjects.

Conclusions: The existence of the delusional beliefs among the healthy family members of patients with schizophrenia and the higher conviction in these beliefs as compared to normal subjects is in

keeping with the continuum notion of psychosis. Further investigations are needed to support the notion.

P0223

Duration of untreated psychosis and pathways to care in patients with first episode psychosis in Iran

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Background and Aims: This is the first study of duration of untreated psychosis and pathways to care among patients with first episode psychosis in Iran.

Methods: Subjects were patients with a first episode of a nonorganic psychotic illness that were admitted to a university affiliated psychiatric hospital in Iran. Patients were assessed for duration of untreated psychosis (DUP, defined as the duration between the appearance of first symptoms of psychosis and the time when first adequate treatment is received), pathways to care (including any previous helping contacts and referrals to the hospital), and mode of illness onset.

Results: Ninety-one patients were enrolled. Median DUP was 11 weeks, with the mean of 52.3 weeks (range: one day to 17 years). Following the onset of psychosis, most patients were first seen by a psychiatrist (n=23, 25.3%), a traditional healer (n=21, 23.1%) or a general practitioner (n=16, 17.6%). Most of the referrals to the psychiatric hospital was by the family (n=30, 33.1%), and health professionals (n= 29, 31.9%). Acute illness onset and rural place of residence were associated with shorter DUP in multivariate analysis.

Conclusions: DUP in this developing country setting was comparable to several others in western countries. This may be due to the preponderance of acute psychoses in this sample, and different help seeking behavior or health care system. Of special notice, family plays a significant role in the journey toward care.

P0224

Psychotic-like experiences in general population: Prevalence and correlates in an urban dwelling population in Iran

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Background and Aims: To assess psychotic-like experiences and their correlates in a large sample of urban dwelling general population in Tehran, the capital city of Iran.

Methods: A random sample of 2158 subjects aged 18 -65 residing in a densely populated area in southern Tehran was surveyed. Psychotic-like experiences were assessed with the Symptom Checklist-90-Revised (SCL90-R) symptom dimensions "paranoid ideation" and "psychoticism". Paykel's Interview for Recent Life Events was used to examine recent and past stressful life events.

Results: Using "moderately experienced" cut-off level, the prevalence of psychoticism symptoms ranged from 9.4% (Having