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Background and Aims: Some patients with schizophrenia switch medications due to lack of efficacy or side effects; improvement in symptoms and side effects following a switch must be assessed.

Methods: In a 12-week, open-label, baseline-controlled, flexible dose switch study, adult outpatients with schizophrenia experiencing suboptimal efficacy or tolerability problems were switched from haloperidol (n=99), olanzapine (n=82), or risperidone (n=104) to ziprasidone (80¬−160 mg/d; dosed bid with food). The primary efficacy evaluation was the BPRS score at Week 12. Safety evaluations included change from baseline in movement disorders (SAS, BAS, AIMS), weight, prolactin, and fasting lipids levels. Statistical tests were 1-sided non-inferiority comparisons with correction for multiple comparisons (0.025/3 significance level), for the primary efficacy endpoint, or 2-sided (0.05 significance level), for secondary endpoints.

Results: BPRS scores improved significantly compared with all 3 preswitch medications at Week 12. Mean change from baseline (SD) for patients switched from haloperidol, olanzapine, and risperidone was −11.3 (16.3), −6.3 (14.2), and −9.9 (13.2), respectively ($p < 0.0001$ vs baseline). Movement disorders, measured by SAS, BAS, and AIMS, improved significantly for subjects switched from haloperidol and risperidone. Change in weight (kg ± SD) from baseline was 0.4 ± 3.97, −2.0 ± 3.99 ($p < 0.001$), and −0.6 ± 3.21 for subjects switched from haloperidol, olanzapine, and risperidone, respectively.

Conclusions: Patients switched to ziprasidone demonstrated improvement in symptoms and movement disorders, with a weight neutral effect. Ziprasidone is an appropriate switch option for patients experiencing suboptimal efficacy or poor tolerability with their current treatment.

P0145

Unitary psychosis an evidence from early psychosis

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Introduction: Early psychosis is not a discrete disorder; rather it is mixed-up state .Different states like depression, anxiety, psychosis, obsession manifest during this period. 20% to 40% of BLIPS positive subjects eventually make transition to psychosis. Large proportion of remaining patients develops anxiety or mood disorders. During early psychosis unitary psychosis, manifest itself in forms of different psychiatric disorders.

Method: An electronic search was made at data based websites including pub med and Blackwell synergy using key words , unitary psychosis, prodrom, early psychosis .This was followed by manual and internet study of relevant articles .

Results: Cognitive deficits and defects of facial recognition were present in both schizophrenic and bipolar prodrom .In 24.2% schizo-obsessive patients reduced size of the left hippocampus was found. 84% subjects reported depressive symptoms before transition to psychosis, 73% of patient of schizophrenia starts with non-specific affective and negative symptoms. In presence of depression, probability of transition to psychosis increased from 4% to 21.7%. In 47.3% of patients, OCD occur before onset of frank psychosis.

Discussion: High prevalence of comorbidities during prodromal phase indicates that shared common factor is involved. Anxiety, depression and attenuated psychosis are integral components of early psychosis. Overlapping of bipolar and schizophrenic prodrms depicts commonality of origin of two disorders.OCD is associated with schizo-obsessive subgroup. Strong interactive relationship among different disorders could be explained on basis of unitary psychosis.

Conclusion: Presence of unitary psychosis is realized in the studies of early psychosis.

P0146

Phenomenon of loneliness in structure of apathy abulia syndrome

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Phenomenon of loneliness is one of the clinical and psychological mechanisms causing development of apathy abulia syndrome.

Objectives

1. To identify a phenomenon of loneliness, levels of depression and anxiety of patients with deep psychopathological disorders.
2. To allocate the role of the phenomenon of loneliness as the differentiation factor of therapy of patients with deep psychopathological disorders.
3. To study and create differential models of therapy of patients with deep psychopathological disorders.

Material and Methods: 74 patients were surveyed at the Republican centre of mental health in Bishkek city in the age of from 16 till 60 years with deep psychopathological disorders .

- Modified UCLA scale for the evaluation of the level of the loneliness,
- Standardized Zung depression scale
- Standardized Spilberger-Hanin anxiety scale

Results: Patients with organic psychopathological disorders (F06.2) 32 people had less level of loneliness (37.8 ($P<0.01$)) in comparison with patients suffered from, schizophrenia (paranoic with apathy abulia syndrome) (57,3 ($P<0.01$)). While the intensity of hypothimic affect of patients with deep psychopathological disorders was higher (46,2 ($P<0.01$)) , then one of patients with schizophrenia. Anxious level was middle and there wasn't found any verified differences.

Conclusions

- Phenomenon of loneliness is one of the clinical and psychological mechanisms causing development of apathy abulia syndrome of patients with deep psychopathological disorders
- Phenomenon of loneliness is one of components of differential therapy of patients with deep psychopathological disorders.

P0147

Evidence for a normally functioning mirror system in schizophrenia

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Background & Aims: The Mirror System (MS) subserves imitation and may facilitate emotional processing. We explored the possibility that this system is dysfunctional in schizophrenia. Schizophrenic patients and controls completed an imitation task to test basic MS function, and an affective startle paradigm to investigate the MS for emotional processing.

Methods: Imitation task: reaction time to initiate finger movement in response to (1) observation of finger movement and (2) a numerical cue was recorded (Brass et al, 2001).

Affective startle: participants viewed pictures that were divided into emotionally positive, neutral and negative categories. Pictures were preceded by emotionally congruent primes: half the primes consisted of a videoclip showing hand-object interaction and half consisted of a control sequence showing static images of the interaction. Acoustic startle probes were presented during picture viewing and startle eyeblink amplitude was recorded.

Results: There were no differences between groups on either task.

Imitation task: observation of biological motion facilitated motor responses compared to a numerical cue.

Affective startle: startle amplitude was inhibited during positive picture viewing and potentiated during negative picture viewing when pictures were primed with moving videoclips compared to static controls.

Conclusions: Our results suggest that the MS functions normally in schizophrenia. Both patients and controls exhibited comparable facilitation of movement responses when observing biological motion, reflecting recruitment of the basic motor MS during imitation. Furthermore, both groups showed enhanced startle reactivity to pictures primed with moving videoclips designed to recruit the MS, reflecting involvement of the MS in emotional processing.

P0148

Refusal to eat, as a symptom of schizophrenia, can result in cachexia, phenomenologically resembling comorbid anorexia nervosa

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Refuse to eat, resembling eating disorders, may be related to overvalued ideas; beginning during prodrome and transforming into delusions throughout psychosis.(2,3) Clarifying the reason is crucial, as antipsychotics' side effects can aggravate comorbid eating disorder.(1)

Female, age 16. Referred to our inpatient psychiatry clinic first, by an internist, for her refusal to eat. Height:155cm, Weight:26.3kg, BMI:10.95; was on wheelchair. She had primary amenorrhea. Complained about her fear of eating, excessive need to smoke, insomnia. 3 years ago, she began to refuse eating, reporting foods being fatty. After 6 months, persecutory delusions (being poisoned) and her unique auditory hallucination ("Don't eat, otherwise we'll kill you") began. She was taken to practitioners and internists repeatedly, was hospitalized but didn't mention her psychotic symptoms. 2 years ago, she noticed that auditory hallucinations reduced when smoking; then became a heavy smoker. Her food intake had reduced in the last year and she had eaten nothing during last 2 months. Alimentation and Risperidone 1.5-3mg/day was administered via nasogastric tube. 3 weeks later; delusions and hallucinations remitted, eating behaviour normalized, smoking reduced explicitly. At 5th and 9th week of medication, weight/BMI were, 34kg/14.15 and 44.5kg/18.52 respectively. Except negative symptoms; she had no positive symptom, no fat phobia and no disturbed body perception. Eating behaviour was normal.

Smoking may be a self-medication in Schizophrenia.(5) Cognitive and emotional component of eating refusal, like fat phobia and disturbed body perception, should be searched carefully after remission of positive symptoms, to exclude comorbid eating disorder.(4)

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P0149

Place and clinical features of schizotypal personality disorders in schizophrenic spectrum

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Background: Schizotypal personality disorder is situated in the middle of a spectrum of related disorders, with schizoid personality disorder on the milder end and schizophrenia on the more severe end. It is inserted to schizotypal disorders (F21), but not to personality disorders (F60). Clinical definitions of this disorder correspond to common definitions of all schizotypal disorders, but there is not integral conception of schizotypal personality and its place in "schizophrenic spectrum".

Aim of the study: To define clinical features and a place of schizotypal personality disorder among disorders of schizophrenic spectrum.

Material and Methods: Cohort of 35 patients with schizotypal disorders were studied by clinical psychopathological and experimental psychological methods.

Results: We found that schizotypal personality disorder takes an intermediate storage between personality disorder and schizophrenia as it includes some special features of schizophrenia. But it has stabile character without typical for schizophrenia course and moulds by ways distinguishing from personality disorder.

Conclusion: The results let us guess that we can consider schizotypal personality disorder as acquired personality peculiarities in the result of schizophrenic process in continuum of mild states not reached to residual schizophrenia with distinct deficit symptoms (20.5)

P0150

The Danish national schizophrenia project: Response to clinical treatment according to gender in first episode psychosis

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Background: Gender differences are often ignored in clinical research and as such undervalued as a treatment factor. In FEP-patients, female gender is associated with better social function and a higher degree of compliance, while males seem to exhibit more negative symptoms and a higher degree of abuse.

Objectives: To evaluate whether gender differences ought to result in gender specific treatment interventions.

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