SAS and BARS scores were -2.1 and -0.4 respectively (both $p<0.001$).

Conclusion: Switching to quetiapine SR was associated with clinical benefit and was well tolerated in patients with schizophrenia experiencing suboptimal efficacy/tolerability with their previous antipsychotic treatment.

P404

Posttraumatic stress disorder among schizoaffective and bipolar patients

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Backgrounds and aims: The present study has the aim to evaluate the link between PTSD and Bipolar Disorder/Schizoaffective Disorder. There are great apparent differences between Bipolar Disorder and Schizoaffective Disorder, also many similitudes.

Methods: The sample consists of 22 patients, 14 females and 8 males, with average age 29,3 years. They were hospitalized for depressive or manic episode and diagnosed using DSM IV criteria with BPD (n1=12 patients) and Schizoaffective Disorder (n2=10). All the patients were screened for PTSD using module from the Structural Clinical Interview for DSM IV (SCID).

Results: The study replicated the impact of PTSD on the onset of the two major disorders. In this sample, 8 from 10 patients with Schizoaffective Disorder (80%) have had PTSD (frequently after a suicide in patient‘s family or rape), 3-4 years before onset. The most patients with Bipolar Disorder (n=7; 58,33%) had also a PTSD but the temporal link between this one and BD is longer (6,5 years average).

Conclusions: It may be concluded that PTSD is highly prevalent in patients with Schizoaffective Disorder, but there is also a great risk of having PTSD in patients with BD.

P405

The pitfalls and caveats in the implementation of an early intervention service for psychotic patients in a rural region.

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In his article Introduction to ‘Early psychosis: a bridge to the future’ McGorry stated optimistically: ‘‘Early intervention in psychiatry has taken a long time to emerge as a key strategy to reduce morbidity and mortality with psychotic symptoms’’ It suggests that we have almost solved the problem.

The good news is that there are indeed many excellent guidelines for those young patients suffering from a psychosis. There are also translations of those guidelines into programs, for instance The Early Intervention Service (EIS) in the UK. Programs like the EIS deliver well coordinated, comprehensive care with interventions such as medication, psychosocial intervention and vocational training and are of proven evidence.

The bad news is that these programs are scarce. They only exist in a few sites in Europe. In Rivierduinen, a large mental health trust in The Netherlands, we try to implement an EIS.

In the workshop I would like to share the following topics with the audience:

The importance of developing and sustaining, with professionals and management, a golden stan-dard of care. This goes beyond the composition of guidelines and has a lot to do with knowledge management throughout the different levels of the organization.

The pitfalls in the different phases of the implementation of an Early Psychosis Guideline in a rural area with several small sub regional operating teams.

At the end of the workshop the participants are equipped with tools and suggestions to manage the implementation process.

P406

The ‘‘difficult to diagnose’’ autism spectrum disorders in preschoolers and the early intervention program, "let’s get started"

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Background: Early diagnosis and interventions are the standard in the field of Autism Spectrum Disorders, however ascertainment of these diagnoses is unreliable, in a large minority of high functioning cases given the ambiguity of diagnostic criteria of the Pervasive Developmental Disorders; Not Otherwise Specified, and the lack of clear boundaries with other developmental disorders. A ‘‘Difficult to Diagnose’’ clinic was developed 6 years ago to rapidly develop a consensual diagnosis to expedite treatment. The factors that cause diagnostic confusion will be outlined and a brief observational tool adapted from the Children’s Autism Scale for Children will be described utilizing a videotaped presentation. The clinical diagnosis was compared to the ‘‘gold standard’’, the previously validated Autism Diagnostic Observational Scale (ADOS). To bypass long waiting lists for interventions and provide immediate direction to help parents stimulate social engagement, a brief intervention called ‘‘Let’s Get Started’’ was developed and will be described.

Methods: The consensual clinical diagnoses of two physicians and the findings on the ADOS will be correlated.

Conclusion: The ADOS does not consistently diagnose the ‘‘Difficult to Diagnose’’ children. By utilizing a collaborative clinical method focusing on the child’s social interactive skills, the child on the Autism Spectrum can be differentiated from other developmental disorders. Those on the Autism Spectrum can receive a social interactive training program administered by their parents, who have been trained in the ‘‘Let’s Get Started’’ program, taught to them when they felt most helpless and disempowered, and in mourning after being given the diagnosis of Autism.

P407

Self-reported medical comorbidity and resulting interactions with health care providers in US patients with schizophrenia or bipolar disorder

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Schizophrenia and bipolar disorder have high rates of medical comorbidity, in particular obesity, diabetes, and cardiovascular disorders. This investigation assessed (a) patient awareness of comorbidities associated with their mental illness, (b) patient knowledge of long-term health risks associated with mental illness and its treatment, and (c) interaction with health care providers regarding comorbid conditions. An Internet-based survey of patients currently receiving pharmacotherapy for schizophrenia or bipolar disorder was conducted in 11 countries. The following results are from a US sample of 135 patients with schizophrenia and 135 with bipolar disorder. Among subjects with schizophrenia, 29% self-reported obesity, 32% diabetes, 28%

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hypertension, and 18% other cardiovascular disease. Similarly, 29% of patients with bipolar disorder reported obesity, 14% diabetes, 21% hypertension, and 8% other cardiovascular disease. A BMI >30 kg/m2 was reported in 71% of subjects with schizophrenia and 51% of subjects with bipolar disorder. Health care providers discussed potential long-term consequences of weight gain with 61% of subjects with schizophrenia and 42% of subjects with bipolar disorder, and they discussed the impact of psychotropic medication on comorbidities with 60% of subjects with schizophrenia and 40% of subjects with bipolar disorder. However, only 20% of subjects with schizophrenia and 24% of subjects with bipolar disorder reported receiving a physical examination, 35% and 42% respectively reported being weighed, and 28% and 36% respectively reported having a blood test. These results suggest that subjects in this sample are suboptimally informed about issues surrounding comorbidity and its long-term consequences despite high rates of medical comorbidity.

P408

Musical hallucinations induced by tramadol

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Background and aims: Auditory and musical hallucinations have been reported in patients as an adverse effect of the use of opioids. Hearing loss, old age, and female gender are considered risk factors in the development of musical hallucinations. The aim of this report is to describe a case of a patient with auditory and musical hallucinations and to discuss the role of an opioid –tramadol- in the origin of those.

Methods: An 80 years old woman experiencing auditory hallucinations was referred to our hospital from an emergency room. The patient had bilateral mild hearing loss and was receiving tramadol 112.5 mg/daily during the last year for cervical pain. In the last ten months, she had been gradually noticing the voice of her dead husband coming from under her pillow, as well as intermittently hearing popular songs being played inside her head. The patient had good insight on both types of abnormal perceptions, which were reported as increasingly unpleasant through time.

Results: Tramadol was discontinued and pimocide (range 1-4 mg/day) and loracepam (2.5 mg/day) were introduced, achieving the improvement of the hallucinations and the anxiety associated with them.

Conclusions: The outcome of this case supports the hypotheses that Opioids could induce musical hallucinations. Hearing impairment, old age, and gender could be underlying risk factors on the development of musical hallucinations.

P409

Quality of life in patients with schizophrenia: why do physician and patient perspectives differ?

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Background and aims: Perception of Quality of Life (QoL) in patients on antipsychotic treatment may differ depending on the perspective. This prospective, naturalistic study looked at differences between the "objective" physician perspective using the Quality of Life Scale (QLS) and the "subjective" patient perspective using the Subjective Well-being on Neuroleptics Scale (SWN).

Methods: Data were collected in a prospective, 12-month, prospective naturalistic study in 1462 outpatients on antipsychotic treatment for schizophrenia. Patients were grouped into 4 cohorts depending on the degree of concordance between SWN and QLS ratings. The impact of factors on the concordance was expressed as adjusted odds ratio (OR; QLS=SWN used as reference group).

Results: Linear correlation was found between QLS and SWN ratings: 10 points on the SWN corresponded to 9.35 points on the QLS. Several factors affecting the concordance of both ratings were identified: Compared to the cohort with QLS=SWN, higher QOL ratings by the physician (QLS>>SWN) were more likely in females than in males (OR=1.36) and in older than in younger patients (?30 vs. >50 yrs: OR=0.58), but less likely in patients with high baseline CGI-severity (CGI>4; OR=0.63) or treatment with oral typicals before baseline (OR=0.53). Higher QOL ratings by the patient (SWN>>QLS) were less likely in patients with psychotherapy before baseline (OR=0.54), medication intolerability before baseline (OR=0.53) or patient request of treatment change at baseline (OR=0.64).

Conclusions: The combination of several factors predicted concordant QoL ratings, including male sex, young age, high CGI at baseline, and prior treatment with oral typical antipsychotics.

Poster Session 2: PSYCHOGERIATRICS

P410

Pregabalin for the treatment of generalized anxiety disorder (GAD) in elderly patients: efficacy as a function of baseline symptom severity

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Objective: This secondary analysis of a multicenter, randomized, flexible-dosage, placebo-controlled, double-blind, parallel-group trial evaluated the efficacy of pregabalin, based on baseline anxiety symptom severity, as treatment of GAD in patients ≥65 years.

Methods: Patients underwent an 8-week double-blind, flexible-dosage (150-600 mg/d) treatment phase, including a 1-week dose-escalation period (50 mg/d to 150 mg/d). The study's primary efficacy measure was mean change from baseline to endpoint-LOCF in HAM-A total score. To determine whether baseline symptom severity influenced pregabalin's efficacy, we evaluated patient subgroups with baseline HAM-A total scores of ≥20 (pregabalin n=171, placebo n=95), ≥22 (pregabalin n=146, placebo n=85), ≥24 (pregabalin n=120, placebo n=72), ≥26 (pregabalin n=93, placebo n=48), and ≥28 (pregabalin n=65, placebo n=28).

Results: Patients' mean age was 72 years, and mean duration of their GAD was 17 years. 77% were women. 177 patients received pregabalin; 96 received placebo. Pregabalin was significantly superior to placebo on the primary outcome measure: mean change from baseline in HAM-A total score was −12.84 for pregabalin and −10.7 for placebo (P=.044). Treatment differences between pregabalin and placebo for each symptom-severity stratum were: ≥20, −2.18 (P=.044);

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