

with the Positive and Negative Syndrome Scale. For the facial expression recognition task, 56 faces were taken from the Karolinska Directed Emotional Faces (KDEF; Lundqvist et al., 1998), which included 4 pictures of faces (2 male and 2 female) for each of the six basic emotions (sadness, anger, happiness, fear, disgust, surprise), in addition to 4 photos of faces with neutral expressions. Participants were asked to choose the emotion that corresponded with the face.

**Results:** Analysis of variance (ANOVAs) revealed significant differences between schizophrenic patients and normal controls in terms of KDEF performance. Correlations were observed between KDEF performance and the Positive and Cognitive dimensions of the PANSS. Finally, independent t-tests were performed for scores for the specific emotional expressions of the KDEF, which revealed significant differences between the two groups for joy and surprise.

**Conclusions:** Results reveal that schizophrenic patients present facial expression recognition deficits compared to normal controls, in particular with the emotions joy and surprise. Furthermore, these deficits are specifically associated with the presence of positive and cognitive symptoms.

## P067

Observational study of patients with schizophrenia in Spain: ACE 2005 study

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**Aims:** Epidemiological study of schizophrenia in Spain with a focus on clinical, diagnostic and treatment trends along the year 2005 compared with those observed in ACE 2004 study;

**Methods:** 617 psychiatrists from public and private Spanish clinics registered the first four patients with schizophrenia seen at their offices.

**Results:** A total of 2,430 patients were entered in the study (70% males, 79% unmarried; median age, 37 years) of which, 1,113 had participated in the ACE 2004 study. Twelve percent of patients had a history of illegal drug abuse, 59% had paranoid schizophrenia, 11% had residual schizophrenia, and 6% showed undifferentiated schizophrenia, with a significant skewing to a greater proportion (71% vs. 47%) of the paranoid subtype among “de novo” patients. On inclusion, 9% were suffering an acute exacerbation, 72% showed a stable disorder, and 18% had active symptoms. Up to 96% of patients included “de novo” had been previously treated with antipsychotic drugs, mainly risperidone (27%), and olanzapine (17%). After inclusion in the study, the antipsychotic drugs most frequently prescribed were aripiprazole (25%), risperidone (18%), olanzapine (10%), and amisulpiride (8%). Training for psychosocial functioning, and occupational therapy (about 15% each) were the most frequent non-pharmacologic interventions (44% of all patients) used before entering in the study.

**Conclusions:** Patients observed were predominantly unmarried young males with paranoid schizophrenia. The proportion of patients with this subtype was greater than that recorded for patients who previously participated in ACE 2004 study. A trend towards treatment with aripiprazole or risperidone was observed.

## P068

Specificity of autobiographical memory in schizophrenia: Retrospective and prospective deficits

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Cognitive deficits are viewed as core symptoms and among the major disabilities of schizophrenia. Among these deficits, memory impairments are likely to play a crucial role, and more specifically, memory for personal episodes, is disproportionately impaired. Schizophrenia is associated with a reduction of specific autobiographical memories which are marked after the onset of the disease (e.g., Riutort et al., 2003). This impairment is consistent with the existence of an abnormal development of personal identity in patients with schizophrenia. Williams and colleagues (1996) suggest that the specificity with which people retrieve episodes from their past determines the specificity with which they imagine the future. The aim of the present study was to investigate this hypothesis in patients with schizophrenia. A French adaptation of the Autobiographical Memory Test (AMT, Williams & Broadbent, 1986) was administered to 12 patients with schizophrenia (4 men) and 12 control participants. In this version (TeMA, Neumann & Philippot, 2006), participants had to recollect specific past events or to imagine specific future scenarios in response to cue words. Results showed that patients retrieved fewer specific autobiographical memories and generated fewer specific future events than controls. In addition, their difficulty to imagine the future was correlated to their lack of specificity in the retrieval of past memories. The possibility that memory impairments could affect imageability of the future might have central clinical implications. Indeed, it suggests that cognitive deficits may play an important role in the feelings of hopelessness about the future often encountered in schizophrenia.

## P069

Catatonia after abrupt discontinuation of chronic clozapine treatment

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Clozapine has been reported to induce various withdrawal signs and a rapid onset psychotic reaction (supersensitivity psychosis), after cessation of chronic treatment. Catatonic features associated with discontinuing or decreasing clozapine have also been described in a few cases.

We report the case of a 37-year-old woman, who had already suffered from disorganized schizophrenia for 20 years, and in whom we diagnosed agitated catatonia with purposeless motor activity for four days followed by a catatonic stuporous state with marked hypokinesia, negativism, mutism, posturing, waxy flexibility, echo phenomena, refusal to eat or drink and stereotyped movements with mannerisms that lasted another four days. She also demonstrated fever and some changes in blood and serum parameters. After resolution of the catatonic symptoms the patient's behaviour and speech remained enormously disorganized. The symptoms occurred less than one week after discontinuation of clozapine treatment (350 mg). The patient was on clozapine for almost 10 years, had been stable and had a re-emergence of some psychotic symptoms twice when clozapine was decreased. She was treated with lorazepam and was then put on amisulpiride and risperidone (liquids), with no response of her psychotic symptoms. For that reason, reinstatement of clozapine was decided 40 days after admission and the patient recovered dramatically.

Catatonia occurred in our patient a few days after discontinuation of long-term clozapine treatment and it therefore could be caused by

clozapine withdrawal itself. Clinicians should be alert to recognizing catatonia as a possible clozapine withdrawal phenomenon.

## P070

First diagnoses in schizophrenic patients

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Until a patient is diagnosed of schizophrenia often receives another diagnoses. Reasons can be multiple: difficulty for the differential diagnosis in prodromal phases, comorbidity with other psychiatric disorders, abuse of substances, behaviour disorders, etc.

**Objective:** The aim of this study is to analyze the diagnosis that received in the first admission a sample of schizophrenia diagnosed patients.

**Patients and Methods:** Health histories of schizophrenia diagnosed patients who entered the Brief Hospitalization Unit of Dr R. Lafora Hospital in 2005 are analyzed. A total number of 162 patients is obtained. The diagnosis that received in the first entrance to our hospital is extracted from the health history.

**Results:** A 64,4% of the patients with diagnosis of schizophrenia in 2005 were diagnosed of schizophrenia in their first entrance. Another 8,6% were diagnosed of psychotic nonspecified disorder. A 7,4% did not receive psychiatric diagnosis. 6,4% brief psychotic episode. A 3,1% psychotic disorder induced by substances. A 2,5% schizoaffective disorder. A 0,6% bipolar disorder. And a 6,2% received other diagnoses.

**Discussion:** The data of our study indicated that a 28,2% of the schizophrenia diagnosed patients received another diagnosis previously (a 7,4% did not receive diagnosis to the discharge). Of the previously data, a 21,4% received diagnoses of psychotic disorders different from schizophrenia. This must probably response to temporary criteria for the diagnosis of schizophrenia (brief psychotic episode) prodromal forms (psychotic nonspecified disorder) and to substances use (psychotic disorder induced by substances) that make difficult the diagnosis in the early phases of the disease.

## P071

The role of long-acting risperidone in antipsychotic polypharmacy: Retrospective study in a brief hospitalization unit

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**Introduction:** Despite the use of antipsychotics as monotherapy is considered to be the standard treatment for schizophrenia and other psychotic disorders, many studies prove that antipsychotic polypharmacy (AP) is more frequent than expected in accordance to the experts' guidelines.

**Objective:** To analyze the prescription of long-acting risperidone (LAR) for schizophrenic patients discharged after being admitted in our BHU and its relationship with the AP.

**Material and methods:** This retrospective study reviews the antipsychotics prescribed to those discharged patients diagnosed as schizophrenic who were admitted in our BHU during 2005. A total of 209 patients are included. The data are analyzed in relation to the prescription of antipsychotics for discharged patients on LAR

and the antipsychotic combinations for those patients discharged on another antipsychotic regime, both as a complementary treatment and to cover the LAR therapeutic window.

**Results:** 57 patients (27%) were discharged on LAR. 42% were treated with benzodiazepines, 56% with anticholinergics and 16% with mood stabilizers. 79% of patients treated with LAR were discharged with another antipsychotic in combination: oral risperidone (58%), followed by amisulpiride (18%). Similar dosages were used in patients discharged only on LAR and those used in patients prescribed with more than one antipsychotic ( $p>0.05$ ).

**Conclusions:** LAR could be an efficient strategy both to enable the treatment compliance and to achieve a monotherapy treatment. Despite LAR is frequently combined with another antipsychotic, in most cases oral risperidone is used, consequently avoiding the use of two antipsychotics of different kind in the same patient.

## P072

The role of psychiatrist on prescription of psychotropic drugs in schizophrenic patients in a psychiatric brief hospitalization unit

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**Introduction:** Use of antipsychotic drugs in monotherapy is considered the standard treatment for schizophrenia and other psychotic disorders. Nevertheless, exist numerous studies that show as the polypharmacy with antipsychotics (PA) is much more frequent than it would be expected attending to experts recommendations.

**Objective:** The objective is to compare the prescription habits, in reference to the PA as well as to other psychotropic drugs, of 8 psychiatrists of a Psychiatric Hospitalization Unit.

**Material and methods:** Review of the psychotropic drugs prescribed as maintenance treatment in schizophrenia patients ( $n=200$ ) at outcome in 2005.

**Results:** 55,5% of 200 studied patients were registered with PA. This frequency oscillates between 78% and the 33,3% based on the psychiatrist. The patients received an average of 3,06 (DS 1,26) of psychotropic drugs; rank between 2,69 (DS 1,10) and 3,38 (DS 0,52) in relation to the psychiatrist. As maintenance treatment at outcome, it was prescribed an average of 1.61 (DS 0.65) of antipsychotics, rank 1.33 (DS 0,49) – 2,00 (DS 0.7). 33,2% patients received anticholinergics (17,1%-100% according to psychiatrist). Benzodiazepines were prescribed to 62,2% of patients (17,1%-100%). Mood stabilizer in the 16,7% of the cases (8%-41%). It is observed that those psychiatrists who use more PA use less benzodiazepines and anticholinergics.

**Conclusions:** PA extended practice in spite of therapeutic guides recommendations. Although differences between the psychiatrists from the study are observed, most of the patients have 3 psychotropic drugs as maintenance treatment at outcome: 1 or 2 antipsychotics, benzodiazepines and anticholinergic drugs.

## P073

Predicting the “revolving door” phenomenon in schizophrenic patients

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