to identify at-risk patients by offering a physical health screening to all patients on antipsychotics.

A total of 79 patients have been screened, with the majority of patients were being treated with an oral atypical antipsychotic (88.6%).

Most patients (81%) were found to be overweight (BMI≥25) and 58.2% of patients had a waist circumference above the recommended limit. 40.5% of patients had a blood pressure reading above 130/85.

Cholesterol testing found that 54.9% of patients had a total cholesterol >5.0mmol/l, 58.8% had an LDL of ≥3mmol/l, 44.8% had a triglyceride level ≥1.7mmol/l and 30.6% had a HDL below the recommended limit.

Random blood glucose (RBG) testing identified five patients with a RBG >11.1mmol/l which is indicative of diabetes. A further 17 patients (25%) were in the range 6-11mmol/l and therefore require further tests.

Overall, 38.7% of patients met the criteria for metabolic syndrome. This is significantly higher than that found in the general population with European studies suggesting the prevalence to be 12-25%.

These findings suggest that a significant number of patients with serious mental illness are at risk of cardiovascular disease. Patients should be offered lifestyle advice, further tests and appropriate treatment. A follow-up study should address the impact of these interventions.

P0205

An audit of antipsychotic depot: Patients' perspective

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The aim of the study was to assess patient perspectives of conventional depots and risperidone long-acting injection (RLAI). All adult patients receiving treatment with a depot were invited to complete a patient survey.

70 patients completed the survey, of which 20 were on RLAI. The mean duration of treatment with conventional depot was 12.1 years compared to 1.5 years for RLAI. Patients on conventional depot had an average of 0.58 admissions each over the past two years compared to 0.8 for RLAI patients. 72% of conventional depot patients had been relapse-free during the past two years compared to 45% of RLAI patients.

33.3% of patients on RLAI reported no side-effects compared to 10.2% on conventional depots. 77.6% of conventional depot patients reported that their treatment was effective, compared to 61.9% with RLAI. 61.2% of conventional patients reported that they were satisfied with their treatment compared to 47.6% with RLAI.

Although RLAI was generally better tolerated than conventional depots, more patients on conventional depots rated their treatment as effective, and satisfaction levels were also higher. However, other studies have found high patient satisfaction with RLAI1, and a review of the literature2 found that side-effects are one of the main drivers of patient satisfaction.

A limitation of this study is the differences between the two treatment groups in baseline demographics and this may have impacted on the results. Patient satisfaction with treatment is based on many variables and further research into this is needed.

P0206

Empirical evidence of residential skills therapy for schizophrenic patients: A controlled study including a 5-year follow-up

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Background: Against the background of a paradigm shift in the locus of treatment from the hospital to the community, successful housing and re-establishing residential skills therefore are among the main preconditions for the independent living of schizophrenia outpatients. But so far only a few empirically evaluated treatment approaches exist, which specifically focus on improving these skills.

Method: During the last years, we developed a new manualised cognitive-behavioural group therapy program for residential skills (experimental group, EG).

In an international controlled study, the EG was compared to a conventional, unspecific therapy for social skills (control group, CG). EG and CG were conducted in groups consisting of 5-8 patients over a period of 6 month. Assessments were applied before and after therapy and at a 1-year follow-up. Additionally, relapse rates and rehabilitation status were assessed over 5 years after the beginning of therapy. Altogether 54 patients participated in this study (EG: N=26; CG: N=28).

Results: EG patients displayed a significantly higher frequency of change from a high structured in-patient setting to a lower structured outpatient setting and unassisted living compared to CG patients during 5 years of assessment (odds ratio=12.5). Moreover, lower relapse rates, significantly reduced psychopathology and higher treatment motivation of EG patients compared to controls were found. Both treatment groups significantly improved in cognitive and general social functioning.

Conclusions: Due to these results, the newly developed residential skills program could constitute an additional treatment option in the context of multimodal psychiatric rehabilitation.

P0207

Characteristics of patients at first contact for psychosis in Bologna

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Introduction: International literature has recently given great attention to risk factors and early detection of psychosis. According to this research line we have investigated the main characteristics of subjects at first contact for psychotic disorder with one of the three Community Mental Health Centers (CMHC) of Bologna Ovest.

Method: A retrospective study was conducted recruiting subjects with ICD-10 F2 diagnosis (schizophrenia, schizotypal disorder and delusional disorder), psychosis onset between 18-30 years and at first contact with a Bologna Ovest CMHC over a five-year period (January 2002-December 2006).

The identified sample was evaluated on socio-demographic characteristics, history of substance abuse, history of hospital admissions and pathways to CMHCs.

Results: The sample consists of 56 subjects. They are predominantly male (70%), unmarried (95%) and the most of them (79%) lives with their parents. Twenty-four patients (43%) have an eight year education, whereas 22 (39%) a thirteen year one. During the assessed period 24 (43%) subjects are unemployed and 15 (27%) are studying.

The median age of psychosis onset is 23,3 years and a concurrent substance abuse concerns 26 subjects (46%). Twenty-one (37,5%) patients present an history of hospital admissions.