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 frecuently use of typical antipsycotics 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 analized 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 frecuently used was oral and/or IM atypical antipsychotic medication at 43%, opposite to 22.30 of the atypicals antipsycotics.

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

thoughts that are not your own) to 18.4% (The idea that you should be punished for sins); paranoid symptoms were reported in 24% (Having ideas that other do not share) to 50.3% (Feeling that most people cannot be trusted). In linear regression analyses, younger age, single or divorced marital status, past history of a psychiatric illness, and current psychological distress (as measured by GSI score in SCL90-R) were associated with psychoticism dimension, whereas female sex, past history of a psychiatric illness, current psychological distress and recent stressful life events contributed to paranoid ideations.

Conclusions: A considerable proportion of a sample in an urban population in Iran displayed psychotic-like experiences. Correlates of these experiences are similar to those observed for psychiatric problems in general, and does not appear to be specific for psychotic spectrum.

P0225

Reducing duration of untreated psychosis (DUP) within early intervention services: Potential and pitfalls

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Background: Duration of untreated psychosis (DUP) is considered an important predictor of short-term clinical outcome. Early intervention in psychosis services aim to deliver effective intervention as close as possible to the emergence of psychosis, thereby reducing DUP and promoting early and enduring recovery.

Methodology: A literature review was conducted to explore the evolution of the concept of DUP, synthesise the evidence for its predictive value, compare instruments used to measure DUP and assess the psychometric properties of the Nottingham Onset Schedule (NOS) as a measure of DUP.

Results: Identifying time points when psychosis emerges and remits are conceptually ambiguous and clinically difficult to ascertain. Most DUP measures do not take this ambiguity into account and introduce spurious precision in DUP measurements. Mean DUP therefore varies widely between studies, from 25 weeks to over 700 weeks. The relationship between long DUP and poor outcome is also confounded by an interaction between premorbid dysfunction, insidious onset, delayed help-seeking and poor clinical course. A new instrument, the Nottingham Onset Schedule (NOS) is a relatively simple, clinician friendly scale to measure DUP and has been well-validated.

Conclusions: A standardised measure of DUP is a vital first step to allow comparisons between studies. The NOS provides a standardised and reliable way of recording early changes in psychosis and identifies relatively precise time points for measuring several durations in emergent psychosis. Early intervention services can only reduce DUP if early detection is an inherent part of the service

P0226

Acute and transient psychotic disorders: Do ICD-10 criteria identify a distinct category?

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Background and Aims: The Kraepelinian division of endogenous psychoses does not satisfactorily account for Acute and transient psychotic disorders (ATPD), which have been reported world-wide.

Methods: All patients with first-episode psychosis identified in Nottingham between 1992-1994 and diagnosed using ICD10 criteria

were reassessed three years later. ATPD outcomes were compared with schizophrenia and affective psychosis. Multivariate analyses were conducted to determine whether acute onset and early remission predicted favourable outcome in first episode psychosis.

Results: Of 168 cases of first-episode psychosis, 32 (19%) received an intake diagnosis of ATPD. At three years ATPD diagnosis was stable only in women. ATPD outcomes were better than schizophrenia and similar to affective psychosis. Overall, in non-affective psychoses, favourable outcomes were a function of gender and good premorbid functioning rather than acute onset and early remission.

Conclusions: ICD-10 ATPD criteria identify a diagnostically unstable group of disorders. Acute onset and early remission per se do not independently predict favourable outcome in first episode psychosis. Alternative definitions and criteria for ATPD, including operational criteria for acute onset will be discussed.

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P0227

Acute and transient psychotic disorders: Precursors, epidemiology, course and outcome

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Background: ICD-10 delineates Acute and Transient Psychotic Disorders (ATPD, F 23) as distinct from schizophrenia and affective psychosis. We investigated the descriptive epidemiology of ATPD and predictive validity of the diagnosis, compared its three-year outcomes with affective psychosis and schizophrenia, and explored whether acute onset and early remission identify a distinct good outcome subgroup in non-affective psychoses.

Method: Between 1992-1994, all first-episode psychosis patients in Nottingham were identified and assigned an intake ICD-10 diagnosis. Patients were assessed three years later using established outcome measures and longitudinal diagnosis assigned. Multivariate analyses were conducted to determine whether acute onset and early remission predicted favourable three-year outcome in non-affective psychotic disorders.

Results: Of 168 cases of first-episode psychosis, 112 received an intake diagnosis of non-affective psychoses (F20-29) and 32 (19%) of ATPD (F23). ATPD diagnosis was stable in women over three years, but not in men. Outcomes of ATPD were better than schizophrenia and similar to affective psychosis. In non-affective psychoses, favourable outcomes were a function of gender and good premorbid functioning rather than acute onset and early remission.

Conclusion: ICD-10 ATPD criteria identify a diagnostically unstable group of disorders consisting of 'good outcome' schizophrenia, affective psychosis and a very small group of 'true' non-affective,