increase of positive psychotic symptoms over time, until full psychosis developed.

The five cases where psycho-trauma occurred in adulthood [including the two wartime cases and the three other cases] showed sudden development of symptoms at the time of the trauma including PTSD and borderline symptoms. The psychotic symptoms developed , also suddenly, some time later, after a subsequent episode of psycho-trauma.

**Conclusion:** These different patterns of development of psychotic symptoms suggest different mechanisms of causation. Nonetheless, in all these cases, a full blown psychotic illness may result. In cases of psycho-trauma, the illness may continue to be accompanied by ongoing symptoms of PTSD and Borderline features, making these patients difficult to treat.

## P0066

Different pathways leading to suicide in schizophrenia

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**Background and Aims:** Suicide and suicidal behaviour are major problems in schizophrenia. Our aim was to review the recent literature on risk factors for suicide in schizophrenia from genes to clinical characteristics to identify different pathways leading to suicide and present a life-span developmental model for suicide in schizophrenia.

**Methods:** We performed a database search in four databases (Medline, PubMed, PsycInfo and Web of Science) with the keywords suicide AND schizophrenia. A comprehensive hand search was also performed.

**Results:** There seem to be five main pathways for schizophrenia patients leading to suicide: First is comorbid depression that leads to suicide. Second, there is a group of patients with a difficult, chronic course of illness and many relapses and exacerbations. They lose their hope progressively over time. Third group comprises patients (mostly young males) with impulsiveness, dysphoric affect and substance abuse. Fourth is a relatively small but theoretically interesting and clinically important group of mainly young patients with high premorbid functioning and above average intellectual capacity. Fifth pathway, failure in treatment, comprises patients lacking social support whose treatment has failed. We also propose a life span model showing these five different pathways to suicide in schizophrenia.

**Conclusions:** There are different pathways leading to suicide in schizophrenia. These suicidal trajectories could be useful in clinical work when evaluating patients' possible suicide risk and treating them. They might also provoke some further research ideas and hypotheses.

## P0067

Social phobic symptoms associated with ''atypical'' antipsychotic treatment: A case report

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**Aim:** The amenable neurochemical base of social phobia still completely has not been clarified, even if has been proposed a potential dysfunction of both serotonergic and dopaminergic brain systems.

Clozapine is the prototype ''atypical'' antipsychotic drug, defining the role of its individual complex actions. It has been reported that clozapine occasionally involves symptoms from the spectrum of anxiety disorders. These symptoms are attributed in the action of this particular drug mainly on the serotonergic system.

In this study is presented the case of a schizophrenic subject, who developed social phobia at the duration of his treatment with clozapine and while he was found in remission of his psychotic symptoms.

**Case:** The patient is man of 24 years and has a 3-year history of schizophrenia, paranoid type. In his history also is reported casual abuse of Indian cannabis as well as alcohol.

Presented symptomatology of social phobia the first interval of his treatment with clozapine (14th week) and while the psychotic symptoms had receded. When in his treatment it was added sertraline, the social anxiety disorder was decreased in remarkable degree. The daily dose of clozapine was maintained immutable.

**Conclusions:** The elements are discussed under the light of new neurochemical opinion but also psychodynamic approach of make, that could explain the appearance of symptoms from the spectrum of anxiety disorders (as the social phobia) in a clozapine-treated psychotic patient, at the duration of remission of his psychotic symptomatology.

## P0068

Catatonic schizophrenia at age 16: When neurology gives up!

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**Introduction:** Catatonic schizophrenia has been described as being decreasing in prevalence. We present a case of a 16 year-old-girl, previously healthy, who develops catatonic schizophrenia in a 5 months period.

**Method:** we present the case of a 16-year-old girl, previously healthy, with family history of schizophrenia, develops 5 months prior to hospital admittance isolation from friends and odd behaviour, like suddenly standing still and speechless (thought blocking). She maintains these attitudes and 3 months after, develops delirious thoughts of death with agitation (screaming and undressing). One month prior to admittance she becomes diskinetic and mute, with loss of sphincter control. She is medicated by a neurologist with olanzapine 5mg od and valproate 200mg bid. As her clinical state worsens, she is brought to a central hospital, where she has MRI and lumbar puncture normal. She is observed by neurologists and psychiatrists in the emergency room. Against the psychiatrist opinion, she is admitted to the neurology ward. After repeating MRI and lumbar puncture and searching for neurotrophic viruses and prions disease, which all turn out negative, she is proposed for electroconvulsivetherapy (ECT) and transferred to a psychiatric ward.

**Results:** She is submitted to 14 ECT and medicated with seroquel 300 bid with dramatic improvement.

**Conclusion:** this case illustrates the secondary role psychiatry is sometimes appointed to in contemporary medicine. Catatonic schizophrenia is a rare disorder and an even rarer form of presentation of schizophrenia. Nevertheless, it exists, and should be taken into account in the differential diagnosis of diskinesia.

## P0069

The effectiveness of a long term group therapy for patients with psychosis for diminishing the negative symptoms of psychosis

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