

Investigation of the occurrence of psychotic symptoms in non-psychiatric population may help to identify population at risk of psychosis. The aim of our study was to find out lifetime and current prevalence of psychotic symptoms in the general population of the Czech Republic. Study sample consisted of a stratified population. All participants were administered the Psychosis Screening Questionnaire and the data on psychiatric treatment and diagnosis according to the M.I.N.I. were recorded. In total, 3244 subjects responded (48.1% males and 51.9% females). The most frequently reported symptom was paranoia (7.7%), followed by hypomania (6.2%), strange experiences (5.2%), thought insertion (3.8%), and hallucinations (1.7%). Lifetime prevalence of minimum 1 psychotic symptom was 17.9%. The highest proportion of responders reported only one symptom (13.5%). Significantly more males than females experienced paranoia ($p=0.002$). In the subset of individuals with a history of at least one psychotic symptom, 70.6% never visited a psychiatrist, 78.9% did not meet diagnostic criteria of psychotic disorder according to the M.I.N.I., and 67.0% failed to have any psychiatric diagnosis at all. The results suggest a high frequency of psychotic experience among the ethnically homogeneous Czech population. Only the longitudinal follow-up could confirm whether the symptomatic subjects are at risk of development of psychotic disorder. More likely, our findings support a hypothesis of the presence of psychiatric symptoms in the general population as a continuum of psychotic spectrum, from normality and sanity through unique psychotic experiences to fully expressed illness.

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P0177

Differences between schizophrenic patients with good and poor insight: Clinical correlates and outcome

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Background and Aims: Lack of insight is present in 50-80% of schizophrenic patients and is associated with poorer prognosis and negative outcome. The aim of our study was to evaluate possible differences in symptomatology and functioning between schizophrenic patients with poor or good insight.

Methods: One hundred twenty one patients with a DSM-IV-TR diagnosis of schizophrenia in a stable phase were evaluated with PANSS, CDSS, GAF, and QLS. The Scale for the Assessment of Unawareness of Mental Disorder, SUMD, was used to assess three domains: awareness of mental illness, the need for treatment, the social consequences of illness. SUMD cut-off of 3 was used to differentiate patients with good insight from those with impaired insight. Independent sample t-test was performed to compare these two groups on clinical profile, quality of life and global functioning.

Results: No significant differences were found between poor and good insight groups on socio-demographic variables. Significant differences ($p < .01$) were observed between patients with poor and good insight, for all the three dimensions of SUMD, in GAF, PANSS positive and PANSS general symptomatology. Patients with worse awareness of illness presented more severe negative symptoms ($p = .001$) and less depressive symptomatology ($p = .008$). Patients with impaired awareness of need for treatment and the social consequences of disorder presented lower scores in QLS occupational role ($p < .02$).

Conclusions: These findings suggest a link between insight, symptomatology and outcome that can be explained by a clinical

model which considers insight related to how a particular symptom is created.

P0178

Comorbidity in schizophrenia

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Introduction: Comorbidity has been defined as the coexistence of somatic and psychiatric diseases with different physiopathology in the same person, and it can appear simultaneously to the schizophrenia or during the patient's lifetime. There are two types of comorbidity: episodic or taking place during the lifetime of the patient. We can differentiate between comorbidity itself (in cluster, dependent or associated) to the so-called pseudo-comorbidity. Besides, comorbidity has been classified as a co-syndrome and it is considered a prognosis indicator of this disease, which can determine an increase in the rates related to relapses, worse response to treatment, less capacity to cope with social situations, and suicide in patients suffering from schizophrenia.

Results: 177 schizophrenic patients were assessed for affective symptoms and suicide behaviour. 24.3% were suffered for depression. 35% had a previous record of autolytic attempts. The rate of suicide history were higher among depressed schizophrenics (50%) than non-depressed schizophrenics (20%) ($p < 0.05$).

Conclusions: We point out the clinic importance of suicide in schizophrenic patients suffering from depression. Moreover, the study shows the necessity to carry out longitudinal studies to recognize indicators of depression in advance and establish the diagnosis of depression, and, also, to acknowledge the importance of the gender factor in the depression of schizophrenic patients.

P0179

Prospective, multicenter, open-label, observational study of sexual function in patients beginning aripiprazole treatment

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Objectives: Antipsychotic treatment is known to be associated with secondary sexual dysfunction (SD). Recognition and treatment of this adverse effect has received growing attention. Until now, all antipsychotic agents were thought to potentially cause SD mediated by increased prolactin. Our aim was to observe whether aripiprazole modifies SD in patients with schizophrenia after 3 months of treatment.

Material and Methods: Multicenter, observational, open-label, prospective, three-month study with single group of aripiprazole