SAS and BARS scores were -2.1 and -0.4 respectively (both $p<0.001$).

Conclusion: Switching to quetiapine SR was associated with clinical benefit and was well tolerated in patients with schizophrenia experiencing suboptimal efficacy/tolerability with their previous antipsychotic treatment.

P404

Posttraumatic stress disorder among schizoaffective and bipolar patients

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Backgrounds and aims: The present study has the aim to evaluate the link between PTSD and Bipolar Disorder/Schizoaffective Disorder. There are great apparent differences between Bipolar Disorder and Schizoaffective Disorder, also many similitudes.

Methods: The sample consists of 22 patients, 14 females and 8 males, with average age 29,3 years. They were hospitalized for depressive or manic episode and diagnosed using DSM IV criteria with BPD (n1=12 patients) and Schizoaffective Disorder (n2=10). All the patients were screened for PTSD using module from the Structural Clinical Interview for DSM IV (SCID).

Results: The study replicated the impact of PTSD on the onset of the two major disorders. In this sample, 8 from 10 patients with Schizoaffective Disorder (80%) have had PTSD (frequently after a suicide in patient‘s family or rape), 3-4 years before onset. The most patients with Bipolar Disorder (n=7; 58,33%) had also a PTSD but the temporal link between this one and BD is longer (6,5 years average).

Conclusions: It may be concluded that PTSD is highly prevalent in patients with Schizoaffective Disorder, but there is also a great risk of having PTSD in patients with BD.

P405

The pitfalls and caveats in the implementation of an early intervention service for psychotic patients in a rural region.

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In his article Introduction to ‘Early psychosis: a bridge to the future’ McGorry stated optimistically: ‘‘Early intervention in psychiatry has taken a long time to emerge as a key strategy to reduce morbidity and mortality with psychotic symptoms’’ It suggests that we have almost solved the problem.

The good news is that there are indeed many excellent guidelines for those young patients suffering from a psychosis. There are also translations of those guidelines into programs, for instance The Early Intervention Service (EIS) in the UK. Programs like the EIS deliver well coordinated, comprehensive care with interventions such as medication, psychosocial intervention and vocational training and are of proven evidence.

The bad news is that these programs are scarce. They only exist in a few sites in Europe. In Rivierduinen, a large mental health trust in The Netherlands, we try to implement an EIS.

In the workshop I would like to share the following topics with the audience:

The importance of developing and sustaining, with professionals and management, a golden stan-dard of care. This goes beyond the composition of guidelines and has a lot to do with knowledge management throughout the different levels of the organization.

The pitfalls in the different phases of the implementation of an Early Psychosis Guideline in a rural area with several small sub regional operating teams.

At the end of the workshop the participants are equipped with tools and suggestions to manage the implementation process.

P406

The ‘‘difficult to diagnose’’ autism spectrum disorders in preschoolers and the early intervention program, "let’s get started"

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Background: Early diagnosis and interventions are the standard in the field of Autism Spectrum Disorders, however ascertainment of these diagnoses is unreliable, in a large minority of high functioning cases given the ambiguity of diagnostic criteria of the Pervasive Developmental Disorders; Not Otherwise Specified, and the lack of clear boundaries with other developmental disorders. A ‘‘Difficult to Diagnose’’ clinic was developed 6 years ago to rapidly develop a consensual diagnosis to expedite treatment. The factors that cause diagnostic confusion will be outlined and a brief observational tool adapted from the Children’s Autism Scale for Children will be described utilizing a videotaped presentation. The clinical diagnosis was compared to the ‘‘gold standard’’, the previously validated Autism Diagnostic Observational Scale (ADOS). To bypass long waiting lists for interventions and provide immediate direction to help parents stimulate social engagement, a brief intervention called ‘‘Let’s Get Started’’ was developed and will be described.

Methods: The consensual clinical diagnoses of two physicians and the findings on the ADOS will be correlated.

Conclusion: The ADOS does not consistently diagnose the ‘‘Difficult to Diagnose’’ children. By utilizing a collaborative clinical method focusing on the child’s social interactive skills, the child on the Autism Spectrum can be differentiated from other developmental disorders. Those on the Autism Spectrum can receive a social interactive training program administered by their parents, who have been trained in the ‘‘Let’s Get Started’’ program, taught to them when they felt most helpless and disempowered, and in mourning after being given the diagnosis of Autism.

P407

Self-reported medical comorbidity and resulting interactions with health care providers in US patients with schizophrenia or bipolar disorder

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Schizophrenia and bipolar disorder have high rates of medical comorbidity, in particular obesity, diabetes, and cardiovascular disorders. This investigation assessed (a) patient awareness of comorbidities associated with their mental illness, (b) patient knowledge of long-term health risks associated with mental illness and its treatment, and (c) interaction with health care providers regarding comorbid conditions. An Internet-based survey of patients currently receiving pharmacotherapy for schizophrenia or bipolar disorder was conducted in 11 countries. The following results are from a US sample of 135 patients with schizophrenia and 135 with bipolar disorder. Among subjects with schizophrenia, 29% self-reported obesity, 32% diabetes, 28%

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