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Background and Aims: Schizophrenia is a major mental disorder that have a multifactorial ethiology, but genetic and hyperactivity of dopamine receptors also have an important role. Free radicals such as super oxide, nitric oxide cause cell injury when they are generated in excess or when the antioxidant defenses are impaired. Both of these processes seem to be affect schizophrenia. This study was designed to determine a correlation between schizophrenia and stress oxidative factors.

Methods: This study was carried out 60 schizophrenic patients and 180 normal subjects as a control group based on DSM-IV-T.R. criteria. The two groups were paired match based on age, sex, and confounder factors such as smoking.

For determination of stress oxidative indexes we used three methods such as Sath (for lipid peroxidation) Hu (for thiol groups) and FRAP (for antioxidant capacity). Analysis was done by statistical tests, also correlation severity by odds ratio analysis.

Results: The mean value of thiol groups in schizophrenic group was significantly lower than control group ($P=0.0001$), and also the mean value of FRAP (Ferric Reducing Ability of Plasma) index was significantly lower than control group ($P=0.0001$), but the mean value of TBA was more than control group with $P=0.103$ was not significant.

Conclusion: There was significantly negative correlation between schizophrenia and thiol groups. This data revealed that antioxidant defense mechanisms might be impaired in schizophrenia, these findings also provided theoretical bases for the development of new strategy in the treatment of schizophrenia, such as antioxidant supplement.

Key words: FRAP, Schizophrenia, Thiol, Lipid peroxidation, Stress oxidative

P0212

Vocational rehabilitation for schizophrenic patients in Germany: Is it cost-effective in the long run?

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Background and Aims: Little is known about the effectiveness and the cost of care for patients treated in vocational rehabilitation programs, although vocational therapy is an essential part of inpatient treatment or community care of patients with schizophrenia.

Methods: As a part of a randomised controlled trial in 5 centres, the long-term direct cost of care for patients with schizophrenia, being treated with different vocational rehabilitation programs during an index-stay in a psychiatric hospital were assessed. Results were compared to controls who received non-specific ergo-therapeutic treatment instead.

Results: Cost differences between study patients and controls were small and not statistically significant. However, cross-centre costs differed considerably.

Conclusions: In spite of standardized inclusion criteria and a randomised assignment of study patients, a selection bias, triggered by the differing vocational rehabilitation programs is assumed as a source of cross-centre cost-variation which might be supported by differing service offers in the study regions.

P0213

Incidence of schizophrenia is not declining in Finland - any more

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Background: Since 1980s, several reports, based mainly in hospital registers, have suggested that the incidence of schizophrenia is decreasing. However, changes in capacity of mental hospitals, in admission policy and in diagnostic practice have not always been taken into account.

Aims: Our aim was to study 1) how annual first admission rate for schizophrenia varied during a quick deinstitutionalisation period in Finland and 2) how it was associated with changes in admission policy and diagnostic practice.

Methods: From the National Hospital Discharge Register, we identified 30 041, 15 to 64 year old patients admitted for the first time for schizophrenia to mental hospital in Finland between 1980 and 2003, as well as numbers of annual inpatient days in and all patients admitted to mental hospitals. Rates for all admitted patients and first-admitted schizophrenia patients (RFASpo) were calculated and analysed with Poisson regression analysis.

Results: RFASpo decreased from 56.4 in 1980 to 29.5 in 1991, stayed stable until 1998 and slightly increased thereafter (30.8 in 1998 and 37.8 in 2003). Changes in RFASpo, coincided with changes in all admissions and periods of official diagnostic classifications. RFASpo varied also between gender and age groups.

Conclusions: In 1980s, decrease of first-admission rate for schizophrenia seemed to be dependent on change in admission policy, in number of mental beds available and in diagnostic practice. In 1990s, increase of first-admission rate for schizophrenia may be associated with economic recession and increased number of beds for adolescents.

P0214

Sexual dysfunction and quality of life in schizophrenia

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Backgrounds and Aims: Sexual dysfunction are frequent in schizophrenia. Little is known about association between quality of life and sexual dysfunction in men with schizophrenia.

Method: Sexual dysfunction was assessed in 34 male outpatients with schizophrenia using a self completed gender specific questionnaire. Patients' mental state was rated using Positive and Negative Syndrome Scale (PANSS). Current medication was recorded. Quality of life was assessed using Schizophrenia Quality of Life Scale (SQLS).