

P0197

Combined application of psychotropic drugs in schizoaffective disorder

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Thirteen years ago the clinical symptoms of the patient has begun as depression. Main symptoms was the psychomotor retardation, fatigue, markedly diminished interest in all and mutismus. At this time the diagnosis was Major Depressive Disorder, the therapy were changed antidepressant drugs (fluvoxamine, fluoxetine after paroxetine), and the patient's symptoms resolved -, but the recovery was slow. Later – years after – her depressive symptoms were resumed again, but joined psychotic symptoms. So the therapy consisted of antidepressant and – temporary - antipsychotic medication (haloperidol). The remission was total too, but brief : just the main symptoms were the alogia, affective flattening, lack of emotional resonance, severe insomnia, depressed mood and delusion symptoms. Longitudinal the diagnose became Schizoaffective Disorder. We must changed the antidepressant drugs four times (sertraline, venlafaxine, bupropion and after duloxetine) , and the antipsychotics three times (risperidone, amisulpride and finally olanzapine) by the time the symptoms disappeared. We saw, that a psychotic disorder might start with mild affective symptoms as a differential diagnostic problem, and the psychosis fulfill for many years.

P0198

Pellagra psychosis: Clinical case and revision

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Introduction: We present the case of a psychotic patient with a previous diagnosis of pellagra, admitted to an acute care unit of Miguel Bombarda Hospital, Lisbon. Pellagra is a systemic disease caused by niacin deficit; its clinical presentation is revised, taking into account psychiatric disease.

Objectives: We will focus the following items:

- definition of pellagra and description of its main clinical symptoms
- historical issues of psychiatric symptoms of pellagra
- pellagra psychosis – evolution of classifications
- neuropsychiatric features of pellagra
- diagnosis, treatment and outcome of psychiatric illness of pellagra

Methods: Medline Research. Bibliography revision.

Results/Conclusions: Clinical presentation of pellagra includes gastrointestinal, dermatological and neuropsychiatric symptoms.

The first description of pellagra dates back to 1863. In the beginning of the 20th century, approximately 30% of admissions in psychiatry were due to this disorder, which was included in the first classification of mental illness of the American Psychiatric Association.

Pellagra psychosis should be diagnosed in a patient with typical symptoms and signs of pellagra and psychotic symptoms which respond to treatment with niacin.

Pellagra is currently a rare disorder, but the diagnosis should be taken into account in alcoholic patients, undernourished, with anorexia nervosa or tuberculosis treated with isonyazid.

With proper treatment, there is a complete recovery.

P0199

A simulation model to estimate the coronary heart disease risk in schizophrenic patients treated with second-generation-antipsychotic drugs: A Spanish perspective

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Objective: To describe a generalizable stochastic-simulation model for schizophrenia treatment related with the cardiovascular associate risk of SGA.

Methods: A model to simulate the expected 10-year occurrence of all-type cardiovascular events (CVE) in a hypothetical cohort of 100.000 patients with schizophrenia treated with SGA drugs in Spain was developed. The model considered, as a baseline health state, outpatient treated with SGA with characteristics of patients enrolled in the CLAMORS study; a cross-sectional study in schizophrenia spectrum disorders aimed to ascertain prevalence of metabolic syndrome in such patients together with CHD. Three other states were considered: suffering a CVE, death due to CVE and death due to other causes. The CVE risk for each SGA drugs was estimated through a locally-adjusted Framingham risk equation. Treatment outcomes were simulated using the expected mean change of the cardiovascular (CV) risk factors from the CATIE clinical trial. Death by CVE or others causes were estimated from published literature.

Results: The 10-year rate of CVE following SGA treatment was 0.181, 0.179, 0.176 and 0.172 for olanzapine, quetiapine, risperidone and ziprasidone, respectively. Relative risk was calculated relative to no-treatment, and the corresponding values were 1.03, 1.02, 1.00 and 0.97. The total estimated CVE were 25,269 events; 25,157; 24,883 and 24,514, respectively.

Conclusions: A generalizable, flexible model was developed through stochastic simulation of the CV risk for SGA drugs. The estimated clinical outcomes suggest different levels of CVE risk for each SGA drugs. Ziprasidone showed the lower rate with no association with increased risk for CHD.

P0200

Yalom's therapeutic factors in the long-term, psychodynamic, outpatient group psychotherapy with psychotic patients

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Therapeutic factors in group psychotherapy could result with symptomatic, behavioral, and personality changes. According to Yalom (1985), therapeutic factors are: instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal input, interpersonal output, group cohesiveness, catharsis and existential factors. Their importance varies during group process.

Although therapeutic factors of group psychotherapy with nonpsychotic patients are well investigated, there are few studies regarding group psychotherapy with psychotic patients.

In this paper we will present investigation of therapeutic factors by Yalom's questionnaire in different phases of group psychodynamic oriented psychotherapy with psychotic patients, respectively in patients who have participated in group psychotherapy for less than six months and in those that have participated in group psychotherapy for more than five years. We expect the results of this study to contribute to better understanding of group process with psychotics and to the development of guidelines for the definition of more specific therapeutic strategies.

P0201

Early intervention in psychosis: A comprehensive hospital outpatient programme for the first episodes during the critical period of illness

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Early intervention in first episodes of psychotic disorders is very important in therapeutic treatment because first three to five years is considered to be critical period in the course of illness (Birchwood, 2002), because it significantly determinates patient's future cognitive, social and emotional functioning and also reflects on their family functioning.

Psychiatric hospital «Sveti Ivan» in Zagreb has started the programme which is consisted of psychoeducation for patients and their family members, and psychodynamic group psychotherapy for patients and group psychotherapy for family members.

In order to improve patient's follow-up we also investigated cognitive functioning in different phases of treatment, object relations, separation and individuation and empathy.

Considering that stigma related to mental disease leads to decrease of self-esteem, loneliness and reduction of quality of life, we applied self-esteem questionnaire, loneliness scale, SF 36 and perceived social support questionnaire.

In this paper partial preliminary results of our programme with group psychotherapy after first six months-period by using Scale of emotional empathy, Rosenberg Self-Esteem Scale and UCLA Loneliness Scale (short version) will be presented.

P0202

Evaluation of basic symptoms in schizophrenia in Iran, Ardabil

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Background: The objective of this research is determines the most frequent basic symptom & the most frequent type of schizophrenia in Ardabil hospitals patients.& providing a new classification of basic symptoms in these patients, so that psychiatrics of Ardabil city can use the results of this study to achieve an accurate & also rapid diagnosis of schizophrenia.

Methods: This study is a descriptive – analytic one. A sample of 100 patients of both sexes from 17 up to 40 years old was selected. To study the basic symptoms of schizophrenia in them, we used a 44 item questionnaire which was provided through a combination of PANSS & Kitamura questionnaires. To screen the patients with schizophrenia, we used MMPI test. The findings was analyzed by descriptive statistics & through the computer software SPSS. Also a PCA method of factor analysis was used to the hypotheses.

Results: single (62%=49 patients), unemployed (52%=52), with no education (31%=31), negative family history (91%=91), with frequent admission (47%=47). The most frequent basic symptom in

these patients was social withdrawal was at second place. the most frequent type was paranoid schizophrenia (44%=44).

Conclusion: The findings have a concordance with results of the last studies about the basic symptoms of schizophrenia & also with DSM-IV & Bleuler& Kraepelin symptoms all of these systems introduce the different fields of a single diagnostic structure rather than antagonist ones.

Anyway, two important factors that were recognized were cognitive disorder. This study suggests that if we recognized emotional symptoms

P0203

Follow and study basic symptoms & problems in schizophrenia patients in north west of Iran

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Background: The objective of this research is studying the basic symptoms in schizophrenic patients and determines the most frequent basic symptom and the most frequent type of schizophrenia in them. Also, providing a new classification of basic symptoms

Methods: This study is a descriptive – analytic one. A sample of 100 patients of both sexes(age: 17-40)was selected. To study the basic symptoms of schizophrenia in them, we used a 44 item questionnaire which was provided through a combination of PANSS (Emsley, 2003) and Kitamura questionnaires. we used MMPI test. The findings were analyzed by descriptive statistics and through the computer software SPSS. Also a PCA method of factor analysis was used to the hypotheses.

Results: single (62%=49 patients), unemployed (52%=52 patients), with no education (31%=31 patients), negative family history (91%=91 patients), with frequent admission (47%=47 patients). The most frequent basic symptom in these patients was attention deficit, and social withdrawal was at second place. Also, the highest frequent type of schizophrenia was paranoid schizophrenia (44%=44 patients).

Conclusion: This study's findings are similar to with the results of the last studies about the basic symptoms of schizophrenia and also with DSM-IV and Bleulerand Kraepelin symptoms . it seems that all of these systems introduce the different fields of a single diagnostic structure rather than antagonist ones.

However, two important recognized factors were cognitive disorder and relationship disorder. This study suggests that if we recognized emotional symptoms and restlessness, we should think of other psychotic disorders.

P0204

The incidence of risk factors for metabolic syndrome in patients with mental illness

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Patients with schizophrenia are twice as likely to have coronary heart disease and their overall life expectancy is reduced by approximately 10 years. Metabolic syndrome is a cluster of risk factors known to increase the risk of cardiovascular disease and diabetes. This study aims