

Results: From 265 randomized patients, 207 were eligible for the analysis and 175 patients answered the preference question. 106(61%) patients preferred ODT, and 48(27%) preferred OCT ($p < 0.001$ adjusted for treatment sequence); 21(12%) expressed no preference. 90% of patients were rated as almost always compliant on both formulations. The adverse event profiles of ODT and OCT were similar: most common ($>1\%$) adverse events were weight increase, hypertriglyceridaemia, and somnolence.

Conclusions: Most of the patients who answered the preference question declared to prefer olanzapine orodispersible to conventional formulation. Given the importance of patient's preference as one of the factors for future compliance, olanzapine orodispersible tablet could be a good choice.

P0238

"Before" and "Beyond" the parallelism between phenomenology and neuropsychology

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A phenomenological-psychopathological approach, which attempts to directly explicate the basic mode of existence of affected persons, had once attracted broad attentions. Even today the most basic phenomena of schizophrenia cannot be understood without considering this approach, which takes current philosophies into consideration.

After the revolutionary work of Blankenburg, phenomenological psychiatry has attempted to elucidate the relation between transcendental constitution and "naturalness (Selbstverständlichkeit)" based on Husserl's notion of passive synthesis. However due care must be taken with regard to the current trend to lump together this synthesis with the latest neurophysiological findings.

Wittgenstein's philosophy, which turned from solipsistic analysis to the analysis of the language game in our daily life, has also contributed to understanding the quasi-solipsistic feature of delusions (Sass). One can also disclose, referring to Wittgenstein and Spensor-Brown, the specific feature of the conflicts between schizophrenic individuals and their hallucinatory voices. It is as if these conflicts could not be remedied without introducing "imaginary" numbers for solving equations.

It can be postulated that the "other" which once appeared and withdrew in the past, which one cannot retroactively conceive of, provides one with basic trust and the basic structural categorization of our world. However, in schizophrenic cases, this "other" appears in the real biography in the later stage, as someone who becomes the origin of trauma. Deleusian philosophy may make clear "the logic of life" of these individuals remaining in the pre-structured world and also may reveal the conditions of "our" experience from a "schizophrenic" perspective.

P0239

Insight in psychosis: Factors involved

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Background and Aims: We investigated which factors could influence insight in psychosis.

Methods: 117 in-out patients recruited in the Psychiatric Service of Santa Maria Hospital, Lisbon (Portugal) diagnosed with schizophrenia, schizoaffective and schizophreniform disease, psychosis

also drug induced, were evaluated with SAI to assess insight, MARS for medication compliance, WHOQOL-BREF for Quality of Life, BPRS and PANSS for psychopathological symptoms, I.A test (Reduced Raven's Matrix) for Intellectual Ability. Bivariate correlations were operated using Spearman correlation coefficient ($p < 0.01$). Regression analyses with stepwise ascending regression were computed to assess predictors for insight.

Results: We found significant negative correlations between SAI total score and Delusions, Conceptual Disorganization, Hallucinatory Behavior, Suspiciousness, Poor Rapport, Stereotyped Thinking, Somatic Concerns, Unusual Thought Content, Lack of Judgment of Insight of PANSS, Self Neglect of BPRS and Professional State. Positive significant correlation was between SAI and MARS total score. The regression analysis showed negative relations between PANSS Poor Rapport, Suspiciousness, Guilt Feelings, Active Social Avoidance and Insight; positive relation between Depression (PANSS) and Insight.

Conclusions: Poor Insight was determined by Poor Rapport and Social Avoidance maybe because patients are less predisposed to compare their situations with the surroundings, showing defensive denial and less criticism towards symptoms. Suspiciousness contributes to poor insight due to distrustful attitude that makes difficult to accept the diagnosis and the idea of being sick. Guilt feelings determine poor insight as they are prodromes of delusions. Depression increases insight as a consequence of the painful feelings that make patients think about their situations.

P0240

Coping mechanisms evaluation in chronic schizophrenic patients

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Background: Perceptual and thought distortions that are observed in the acute episodes of schizophrenia make the adaptation to reality very difficult, but there are residual symptoms that interfere with coping in the interepisodic phases, also. There are specific coping strategies found by such patients in order to face the difficult challenges of hallucinations, delusions, attentional and memory deficits, but also the social stigma and negative symptoms, like isolation.

Methods: We assessed 51 patients, 40 male and 11 female, mean age 39.8, diagnosed with chronic schizophrenia- paranoid ($n=22$), residual ($n=14$), catatonic ($n=10$) and disorganised ($n=5$) type, according to DSM-IV-TR criteria, in order to establish a correlation between main categories of coping mechanisms and the specific type of schizophrenia. Inclusion criteria: patients included in a cognitive-behavioural therapy and antipsychotic maintenance treatment for at least 4 weeks. Exclusion criteria: axis II comorbidity or severe somatic pathology that could modify patients coping strategies.

Results: Patients with paranoid schizophrenia associated maladaptive coping strategies like alcoholism (36.3%) and aggression (27.2%), those with residual type presented more social withdrawal (71.4%) and self-harming (35.7%), while catatonic and disorganised schizophrenia cases had a high incidence of thought blocking (60% and 40%, respectively) and social isolation (60% in both groups).

Conclusion: There are more frequent types of coping mechanisms in each form of schizophrenia. This is an important fact for focusing the psychotherapy approach on conversion to adaptive coping strategies, using techniques like verbal challenge and reality testing, retribution-enhancing methods, activities daily programming.