

to identify at-risk patients by offering a physical health screening to all patients on antipsychotics.

A total of 79 patients have been screened, with the majority of patients were being treated with an oral atypical antipsychotic (88.6%).

Most patients (81%) were found to be overweight (BMI \geq 25) and 58.2% of patients had a waist circumference above the recommended limit. 40.5% of patients had a blood pressure reading above 130/85.

Cholesterol testing found that 54.9% of patients had a total cholesterol $>$ 5.0mmol/l, 58.8% had an LDL of \geq 3mmol/l, 44.8% had a triglyceride level \geq 1.7mmol/l and 30.6% had a HDL below the recommended limit.

Random blood glucose (RBG) testing identified five patients with a RBG $>$ 11.1mmol/l which is indicative of diabetes. A further 17 patients (25%) were in the range 6–11mmol/l and therefore require further tests.

Overall, 38.7% of patients met the criteria for metabolic syndrome. This is significantly higher than that found in the general population with European studies suggesting the prevalence to be 12–25%.

These findings suggest that a significant number of patients with serious mental illness are at risk of cardiovascular disease. Patients should be offered lifestyle advice, further tests and appropriate treatment. A follow-up study should address the impact of these interventions.

P0205

An audit of antipsychotic depot: Patients' perspective

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The aim of the study was to assess patient perspectives of conventional depots and risperidone long-acting injection (RLAI). All adult patients receiving treatment with a depot were invited to complete a patient survey.

70 patients completed the survey, of which 20 were on RLAI. The mean duration of treatment with conventional depot was 12.1 years compared to 1.5 years for RLAI. Patients on conventional depot had an average of 0.58 admissions each over the past two years compared to 0.8 for RLAI patients. 72% of conventional depot patients had been relapse-free during the past two years compared to 45% of RLAI patients.

33.3% of patients on RLAI reported no side-effects compared to 10.2% on conventional depots. 77.6% of conventional depot patients reported that their treatment was effective, compared to 61.9% with RLAI. 61.2% of conventional patients reported that they were satisfied with their treatment compared to 47.6% with RLAI.

Although RLAI was generally better tolerated than conventional depots, more patients on conventional depots rated their treatment as effective, and satisfaction levels were also higher. However, other studies have found high patient satisfaction with RLAI, and a review of the literature² found that side-effects are one of the main drivers of patient satisfaction.

A limitation of this study is the differences between the two treatment groups in baseline demographics and this may have impacted on the results. Patient satisfaction with treatment is based on many variables and further research into this is needed.

P0206

Empirical evidence of residential skills therapy for schizophrenic patients: A controlled study including a 5-year follow-up

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Background: Against the background of a paradigm shift in the locus of treatment from the hospital to the community, successful housing and re-establishing residential skills therefore are among the main preconditions for the independent living of schizophrenia outpatients. But so far only a few empirically evaluated treatment approaches exist, which specifically focus on improving these skills.

Method: During the last years, we developed a new manualised cognitive-behavioural group therapy program for residential skills (experimental group, EG).

In an international controlled study, the EG was compared to a conventional, unspecific therapy for social skills (control group, CG). EG and CG were conducted in groups consisting of 5–8 patients over a period of 6 month. Assessments were applied before and after therapy and at a 1-year follow-up. Additionally, relapse rates and rehabilitation status were assessed over 5 years after the beginning of therapy. Altogether 54 patients participated in this study (EG: N=26; CG: N=28).

Results: EG patients displayed a significantly higher frequency of change from a high structured in-patient setting to a lower structured outpatient setting and unassisted living compared to CG patients during 5 years of assessment (odds ratio=12.5). Moreover, lower relapse rates, significantly reduced psychopathology and higher treatment motivation of EG patients compared to controls were found. Both treatment groups significantly improved in cognitive and general social functioning.

Conclusions: Due to these results, the newly developed residential skills program could constitute an additional treatment option in the context of multimodal psychiatric rehabilitation.

P0207

Characteristics of patients at first contact for psychosis in Bologna

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Introduction: International literature has recently given great attention to risk factors and early detection of psychosis. According to this research line we have investigated the main characteristics of subjects at first contact for psychotic disorder with one of the three Community Mental Health Centers (CMHC) of Bologna Ovest.

Method: A retrospective study was conducted recruiting subjects with ICD-10 F2 diagnosis (schizophrenia, schizotypal disorder and delusional disorder), psychosis onset between 18–30 years and at first contact with a Bologna Ovest CMHC over a five-year period (January 2002–December 2006).

The identified sample was evaluated on socio-demographic characteristics, history of substance abuse, history of hospital admissions and pathways to CMHCs.

Results: The sample consists of 56 subjects. They are predominantly male (70%), unmarried (95%) and the most of them (79%) lives with their parents. Twenty-four patients (43%) have an eight year education, whereas 22 (39%) a thirteen year one. During the assessed period 24 (43%) subjects are unemployed and 15 (27%) are studying.

The median age of psychosis onset is 23,3 years and a concurrent substance abuse concerns 26 subjects (46%). Twenty-one (37,5%) patients present an history of hospital admissions.

Analyzing pathways to CMHCs we find that 16 (29%) subjects have been referred by hospital wards, 11 (20%) by their family, 10 (18%) by the General Practitioner, whereas 5 (9%) by themselves.

Conclusion: Notwithstanding the small size of the identified sample, this study seems to confirm the main characteristics of subjects at first contact for psychotic disorder reported in literature.

P0208

Comorbidity of substance abuse and early psychosis in Bologna

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Introduction: The international literature underlines an high rate of comorbidity between early psychosis and substance abuse associated to poor outcomes.

The aims of the present study are to evaluate the rate of substance abuse among subjects at first contact for psychotic disorder with one of the three Community Mental Health Centers (CMHC) of Bologna Ovest and to consider its influence on the course of the disease.

Method: A retrospective study was conducted on subjects aged between 18-30 years with ICD-10 F2 (schizophrenia, schizotypal disorder and delusional disorder) diagnosis at first contact with a Bologna Ovest CMHC over a five-year period (January 2002- December 2006).

The sample was investigated about the presence of 'Substance Abuse' according to ICD-10 criteria. A 1-year follow-up assessment was performed.

Results: Among the 56 patients recruited, 26 (46%) meet the ICD-10 criteria for 'Substance Abuse' (Abusers). Cannabis is the most frequently used substance (88%). Psychosis appears 1,1 year before among Abusers compared to Non-Abusers. At 1-year follow-up the 46% of Abusers works or studies compared to 67% among Non-Abusers. Moreover hospital admission concerns the 31% of subjects among Abusers and only the 17% of Non-Abusers group.

Conclusions: This study confirms the high rate of substance abuse among subjects with early psychosis reported in literature and suggests its potential negative influence on the course of psychotic disease. To improve the prognosis of patients with psychotic disorder and concurrent substance abuse it seems necessary promoting an integrated intervention between the CMHCs and the Addiction Services.

P0209

Neurocognitive functions as endophenotypes in schizophrenia and bipolar disorder

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Background: Cognitive dysfunctions have been well established in patients with schizophrenia (SZ). Recent studies also showed persistent cognitive impairments in patients with bipolar disorder (BD) in all phases of the disorder including the remission phase. Specific cognitive domains have been considered as candidate endophenotypes in SZ and BD. The aim of this study was to investigate the diagnostic specificity of neurocognitive deficits BD and SZ patients during a stable phase of the illness.

Methods: 40 patients with schizophrenia (20 female, 30.4 ± 8,1 years) were compared with 40 bipolar patients (27 female, 34.7 ± 10.4 years) and 43 healthy volunteers (24 female, 34.7 ± 8.7

years). Executive functions (WCST), attention (CPT), immediate and delayed verbal memory (VLMT) and verbal fluency (RWT) were assessed. Differences in neurocognitive functions between diagnostic groups were analysed for each domain by analyses of covariance (ANCOVA analysis with age, education, IQ, gender and medication as covariates).

Results: SZ and BD patients performed worse than control subjects in the WCST ($p < 0.001$), VLMT ($p < 0.01$) and in the CPT ($p < 0.03$). There was no significant difference in the WCST and VLMT between SZ and BD patients. However, in the CPT, SZ patients showed a significantly greater impairment than BD patients ($p < 0.001$). In BP patients deficits in the CPT were associated with the number of illness episodes.

Conclusions: The findings are comparable to previous results suggesting that the specific profile of the deficits seems to differ between the diagnosis, while the same underlying domains describe neurocognitive functioning in both groups.

P0210

Toxic abuse and therapeutic non-fulfilment of psychotic disorders

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Introduction: A higher prevalence of toxic substances consumption is considered to be under schizophrenia states. These patients are also considered to have a higher possibility than general population of developing different disorders due to the use of substances being the risk above 3 regarding alcohol, 5 for cannabis, 6 for opiates, and 13 for cocaine. Two hypotheses were used for explaining this comorbidity: for alleviating its symptomatology and the adverse effects of the antipsychotic treatment, and on the other hand, the use of toxic substances as causal and predisposing effect of psychotic episodes in patients with personal vulnerability.

Objectives: Sociodemographic description of patients diagnosed as having psychotic disorders with abuse of toxic substances. Establishment of connections between the toxic substance consumption and development of his/her mental disorder.

Methodology: Open retrospective study of two years in which patients diagnosed as having schizophrenia admitted into the University Hospital in Valladolid, Spain: consumers/no consumers. Scales (SAPS, SANS). Hospital Reports (sociodemographic and clinical data).

Results: Preliminary results show the prevalence of the schizophrenic patients with toxic abuse. Predominance of young males that had their first admissions into hospital at very early ages and a higher frequency of hospital readmissions. Likewise in this group positive symptomatology shows a higher predominance and a higher connection with affective disorders. These patients show a better pre-morbid adaptation, a higher frequency of violent and impulsive behaviours, treatment guidelines with higher doses and higher frequency of resistance to treatment. The order consumption of toxics is tobacco, alcohol, cannabis, cocaine, stimulants, and opiates. However it is not rare to find consumption of multiple drugs.

P0211

Correlation of lipid peroxidation, total antioxidant capacity and thiol groups in schizophrenia and normal subjects

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