

quetiapine IR received twice-daily quetiapine IR 400, 600 or 800 mg/day for 4 weeks. Stable patients were then randomised (1:2) to continue taking quetiapine IR or switch to the same total dose of quetiapine SR (active dose once-daily in the evening) for 6 weeks. Primary analysis: % of patients (modified ITT population) discontinuing due to lack of efficacy or with PANSS total increase  $\geq 20\%$  at any visit, using a 6% non-inferiority margin for the upper 95% CI of the treatment difference. Per-protocol (PP) analysis was also performed.

**Results:** 497 patients were randomised (quetiapine SR 331, IR 166); completion rates were 91.5% and 94.0%, respectively. Few patients discontinued due to lack of efficacy or had a PANSS increase  $\geq 20\%$  in both the MITT (n=496) and PP populations (n=393): 9.1% and 5.3% for quetiapine SR and 7.2% and 6.2% for quetiapine IR, respectively. Quetiapine SR was non-inferior to quetiapine IR in the PP population (treatment difference: -0.83% [95% CI -6.75, 3.71]; p=0.017) but not in the MITT population (treatment difference: 1.86% [95% CI -3.78, 6.57]; p=0.0431). The incidence (quetiapine SR 38.7%; IR 35.5%) and profile of AEs were similar in both groups.

**Conclusion:** Clinically-stable patients receiving quetiapine IR can be switched, without titration, to an equivalent once-daily dose of quetiapine SR without any clinical deterioration or compromise in tolerability.

## P090

Repetitive transcranial magnetic stimulation and rehabilitation of cognitive functions in schizophrenia

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Computer programs are used in rehabilitation of cognitive deficit in schizophrenia. Repetitive transcranial magnetic stimulation (rTMS) can directly affect cortical excitability and metabolism of prefrontal lobe and subsequently affect cognition. The objective of our study was to investigate augmentation of cognitive rehabilitation in schizophrenia with rTMS. Study subjects were stabilized patients with DSM-IV diagnosis of schizophrenia, treated with second-generation antipsychotics, except for clozapine (total N=34). Study with rTMS was double-blind, randomized, placebo-controlled, with 2 parallel arms. All subjects participated in eight-week computer-assisted cognitive training, during first 2 weeks Group 1 (N=8) received rTMS and Group 2 (N=8) inactive sham stimulation. Patients who refused stimulation participated in rehabilitation program only. Data were assessed for the total study sample and for each group separately. The results showed that computer-assisted cognitive training significantly improved severity of cognitive deficit in schizophrenia in many domains, especially executive functions: attention shift – flexibility, attention control, and working memory. The output was faster, more precise, and more reliable. We did not detect to effect of rTMS on the change of cognition, there was no significant difference between active and sham stimulation. This finding can be explained by a significantly lower initial score in Raven test found in actively stimulated group or by a smaller sample size in a double-blind study. The study confirmed efficacy of computer-assisted rehabilitation in remediation of cognitive deficit in schizophrenia.

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## P091

Interventions in a fringe patient

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**Intention:** To study the effect of multiple interventions in a patient.

With schizophrenic disorder, who presents marked impairment in different areas of functioning.

**Material and method:** A 36-year-old woman, unemployed and without social supporting services (systems), was admitted in the Clinic of Psychiatry 1 year after PANSS, in order to re-evaluate the patient's condition. We also designed a treatment plan of medical intervention and psychosocial rehabilitation, in collaboration with social welfare and the service "Assistance at home". Moreover, we managed to broaden our interactions inside her (combination)own family (her parents had abandoned her the last few years she had been abandoned by her family the last years) as well as in her wider local social enrolment.

**Results:** We achieved marked improvement of patient's psychopathology with total remission of positive symptoms and almost total elimination of residual symptoms.

GAF scale increased about 52 units. The patient is now capable to work and participate in several social activities and manifestations.

**Conclusion:** The global psychical intervention and the close collaboration of hospital and community psychiatry service offer a distinctly better effect in the treatment of a chronic patient.

## P092

Volumetric reduction of the corpus callosum and interhemispheric transfer in subjects with first-episode psychoses: A voxel-based morphometry

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**Background:** Recent structural magnetic resonance imaging (MRI) studies have employed voxel-based morphometry (VBM) to investigate whether there are brain volumetric abnormalities of gray and/or white matter regions in schizophrenia. This VBM study investigated volumetric reductions in corpus callosum (CC) subregions in association with first-episode psychosis (FEP). Also, we investigated whether such changes were related to deficits in interhemispheric transfer of somatosensory information, using the Crossed Finger Localisation Test (CFLT).

**Methods:** 122 FEP subjects and 94 controls were examined. MRI processing was performed using Statistical Parametric Mapping. In a subsample of 31 FEP subjects, we investigated correlations between CC volumes and performance on the CFLT. In this task, a fingertip on one hand is touched by the experimenter and the subject's task is to respond by touching with their thumb the corresponding finger on the other hand.

**Results:** Relative to controls, FEP subjects showed volume reduction in a cluster located in the anterior CC genu ( $Z=3.77$ ,  $p<0.001$  uncorrected), which retained significance when analyses were restricted to the schizophrenia/schizophreniform subgroup ( $n=62$ ) compared to controls ( $Z=3.16$ ,  $p<0.001$  uncorrected). In the subsample of FEP subjects who performed the finger localization task, there were two clusters of significant positive correlation between performance on the CFLT and CC volumes, respectively in the anterior genu ( $Z=3.77$ ,  $p<0.001$  uncorrected) and the posterior genu ( $Z=3.30$ ,  $p<0.001$  uncorrected).

**Conclusion:** These findings indicate the presence of circumscribed foci of reduced CC volumes in association with FEP, and suggest that such abnormalities are related to deficits in interhemispheric transfer of information.

### P093

Does the legal status affect the outcome of inpatients with schizophrenia?

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**Background and aims:** Patients suffering from psychotic disorders are the most common to be admitted to psychiatry departments and treated against their will. All patients in this study were included in the international project EUNOMIA, which is focused on the contemporary use of coercive measures in psychiatry. The purpose of this study was to compare the voluntary and involuntary admitted patients, measured as improvement of psychopathology and social functioning.

**Methods:** 120 involuntary and 18 voluntary patients, who met the criteria for an F2 disorder and subjective felt coercion at the admission measured by the McArthur Scale were included. They were assessed three times, in the first week and at the end of first and third month after admission with Brief Psychiatric Rating Scale - BPRS and Global Assessment of Functioning - GAF Scale. Outcome was defined as a change in the total BPRS and GAF scores between first and third observation.

**Results:** There was no significant difference in the total BPRS (voluntary T1  $48.6\pm 13.3$ , T3  $35.5\pm 10.2$ , and involuntary T1  $50.5\pm 12.8$ , T3  $32.2\pm 8.6$ ) or GAF (voluntary T1  $38.1\pm 14.7$ , T3  $63.6\pm 10.3$  and involuntary T1  $29.8\pm 12.8$ , T3  $63.6\pm 17.1$ ) changes, ( $p<0,05$ ). In the length of stay both groups significantly differ, voluntary  $30.8\pm 15.9$  resp. involuntary  $51.5\pm 51.6$  days.

**Conclusions:** Inpatients with schizophrenia who were treated involuntary, improved at the same level as the voluntary ones, however the length of hospital stay was shorter by voluntary patients.

### P094

The frontal assessment battery (FAB) compared to the stroop test in schizophrenia

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**Background and aims:** Frontal lobe dysfunction has been considered as a core feature in schizophrenia. To the evaluation of this impairment, time-consuming neuropsychological batteries are needed. Recently, Dubois et al (2000) reported a short battery for assessing frontal lobe function in patients with neurological disorders. To evaluate the clinical efficacy of this frontal assessment battery (FAB) in patients with schizophrenia, we performed both FAB and Stroop Color Word Test (SCWT), which is suggested to be a representative task of executive function.

**Methods:** 24 schizophrenic patients and 30 sex and age-matched controls were included. FAB, SCWT and Mini Mental State Examination (MMSE) were performed in both groups. The FAB scores were compared with the performance in SCWT and correlated with education level, age and duration of disease. No difference in the MMSE scores between two groups was found.

**Results:** The FAB global score was significantly lower in the schizophrenia group compared to controls. In the patients group, the conceptualization and the inhibitory control subscores were negatively correlated with mistakes in color-naming task. The FAB total score, the mental flexibility and the programming subscores were negatively correlated with latencies in color-naming, color-reading and in color-word interference task of SCWT. Negative correlation between the FAB scores and the age and duration of disease was also evident.

**Conclusion:** The FAB is likely to be a useful and brief battery for assessing frontal lobe function in schizophrenia, as it results from the comparison with SCWT.

### P095

The frontal assessment battery at bedside (FAB) in patients with schizophrenia

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**Background and aims:** Frontal lobe deficits have often been reported in patients with schizophrenia. Recently, Dubois et al (2000) reported a short bedside cognitive and behavioral battery for assessing frontal lobe function in patients with neurological disorders. We hypothesized that cognitive functions of frontal lobe in schizophrenia could be evaluated with this battery.

**Methods:** 27 patients with schizophrenia and 30 sex and age-matched controls were included. We performed FAB and Mini Mental State Examination (MMSE) in both groups and we correlated the scores of six subtests and the total FAB score with handedness, education level, age and duration of disease.

**Results:** The FAB global score was significantly lower in the schizophrenia group compared to controls. There was negative correlation between the FAB scores and their age and duration of disease in the schizophrenia patients. Correlation between FAB scores and MMSE scores was evident in both groups.

**Conclusion:** The FAB is likely to be a useful and brief battery for assessing frontal lobe function in schizophrenia patients.

### P096

Stroop color word test performance in first episode and chronic psychotic patients