predictors included patients on placebo (hazard ratio, 0.41; CI, 0.25 − 0.68; p=0.001); having more pre-morbid schizotypal traits (hazard ratio, 2.32; CI, 1.33 − 4.04; p=0.003); scoring lower in the logical memory test (hazard ratio, 0.94; CI, 0.9 − 0.99; p=0.028); and having more soft neurological signs (disinhibition) (hazard ratio, 1.33; CI, 1.02 − 1.74; p=0.039).

Conclusions: Relapse predictors may help to inform clinical decisions about discontinuation of maintenance therapy specifically for patients with a first/single episode psychosis following at least one year of maintenance therapy.

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P0138

Evaluating decision criteria for the choice of pharmacological long-term therapy in risperidone treated patients with schizophrenia

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Objectives: To evaluate decision criteria for initiation of pharmacological long-term treatment (LTT) in patients with schizophrenia

Methods: Non-interventional trial in in-patients pretreated with oral risperidone (RIS-SCH-0001). Further treatment strategy was detailed to: monotherapy with (1) long-acting injectable risperidone (LAIR), (2) oral risperidone (oral RIS), (3) no decision taken, (4) other antipsychotics. Study period was limited to 42 days.

Results: Decision groups comprised (1) 29.0%, (2) 43.0%, (4) 11.5% and (3)16.5% of the 321 patients who were included (mean age 40.5y). Reasons for taking the decision for LTT included good efficacy of oral RIS (LAIR 17.2%, oral RIS 41.3%, other decision 2.7.%) and previous lack of compliance (LAIR 40.7%, oral RIS 2.2%, other decision 16.2%). Mean observation period was shorter in groups 1/2 compared to groups 3/4. For patients known at the institution odds ratio for being treated with LAIR was 2.8 as opposed to oral RIS. 130 AEs were reported (47 patients), 1 SAE (somnolence) classified as of possible causality to RIS.

Conclusion: The trial revealed heterogenous reasons for decision taking into LLT in patients with schizophrenia. LAIR but also other depot formulations have been the favored choice in case of lack of compliance. Patients known at the institution were more likely to be treated with LAIR.

P0139

Modalities of violence in schizophrenia

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Aims: According to a recent large-scale Swedish epidemiological study, 5 % of violent crimes are attributable to patients suffering from psychosis. , We present the preliminary results of a feasibility study comparing violent and non-violent schizophrenics on underlying potential process such as impulsivity, emotionality using both, psychometrics and neuropsychological correlates.

Methods: Male Violents subjects where selected by clinicians on their life time histories of violence and control where paired according to age. Assessment include selected neuropsychological and psychometrics tests: BPRS (Brief Psychiatric Rating Scale), PCL-R (Psychopathy Checklist-Revised), BREF (Frontal Assessment Battery), WCST (Wisconsin Card Sorting Test), Iowa Gambling Task, BIS-11 (Impulsivity Scale).

Results: Violent's performed better in the executive functions (WCST and the BREF), showing a better use of the dorso-side prefrontal cerebral cortex.

Their less good performances in the orbitofrontal functions, (Iowa Gambling Task, BREF), show cortical abnormalities involved in the processes of decision. Lesser capacity to recognize the appropriate feelings seems more present in deliberate violence, determined by the emotional coolness and the absence of fault, than in impulsive violence.

The PCL-R identifies the defect of orbitofrontal activation as the origin of the perturbed emotional integration and the bigger impulsiveness, by the slightest capacity of inhibition of the impulsive decisions.

Conclusion: Our results, especially when compared to literature data, show the existence of dysfunctional cerebral process in schizophrenic violent patients similar to those observed in psychopathy. They outline the need for further clinical and neuropsychological studies to identify pathophysiological processes and estimate the potential recurrence of such behaviours.

P0140

Cognitive improvement in schizophrenia after 6-month treatment with olanzapine

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Background: Positive effect of olanzapine on cognitive functions in schizophrenia was confirmed in many papers accessible in the literature.

Objective: The objective of our study is to evaluate the effect of olanzapine treatment on cognitive functions in patients suffering from schizophrenia during a six-month observation.

Methods: Twenty patients with a diagnosis of schizophrenia according to ICD-10 diagnostic criteria for research were examined. 1 day before initiation of olanzapine a baseline assessment was performed. The neuropsychological examination was repeated 28 days, 60 days, 3 months, and 6 months after the beginning of treatment. The use of benzodiazepines was interrupted 48 hours before each assessment, and a continuous co-medication with benzodiazepines never lasted longer than 48 hours. No other additional medication was administered. Cognitrone (COG) and Vienna Reaction Test (RT), both tests being a part of Vienna TEST System, were used. The Positive and Negative Symptom Scale (PANSS) was also used to evaluate general nonpsychotic psychiatric symptoms, positive psychotic symptoms, and negative symptoms. The assessment with the use of PANSS took place on the same days as the neuropsychological examination.

Results: We have shown with the use of neurocognitive battery, that patients treated with olanzapine improved during the treatment. It is notable that this improvement was observed already on the 28th day of the treatment.

Conclusion: The above data here may be useful in encouraging clinicians to use olanzapine across the broad range of schizophrenic patients.

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P0141

Cognitive functions in patients with schizophrenia and their correlation with anxiety

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Background: Cognitive deficits and anxiety are common symptoms in patients suffering from schizophrenia.

Aims: The aim of the research was to find a relationship between selected cognitive functions and intensity of anxiety as state and trait in people suffering from schizophrenia.

Method: 18 patients (9 women and 9 men) with a diagnose of paranoidal schizophrenia (according to ICD-10) were recruited to the study. The battery of cognitive neuropsychological tests used to assess cognitive functions included: trail making tests, part A and B, and Stroop test, part RCNb and NCWd. The intensity of anxiety as state and trait was assessed by means of the Spielberger State-Trait Anxiety Inventory (STAI).

Results: In the examined group statistically significant relation was found between the results of trail making test, part A and B (measuring psychomotor speed and visual spatial working memory), as well as part RCNb of the Stroop test (measuring reading speed), and the intensity of anxiety as state measured with STAI. Another statistically significant correlation was found between results of trail making test, part A (measuring psychomotor speed) and anxiety as trait measured with STAI. No other significant correlations between results of the applied cognitive tests and anxiety as state and trait were found.

Conclusions: The above correlations between cognitive tests results and intensity of anxiety indicate that there must be a modulating impact of emotions on some of measured cognitive functions. The awareness of these correlations may be important in the process of constructing rehabilitation programmes for patients.

P0142

Efficacy of once-daily extended release quetiapine fumarate across symptom domains in schizophrenia

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Introduction: Quetiapine immediate release (quetiapine IR) improves PANSS total, positive, negative and general psychopathology scores in schizophrenia. This study (D1444C00132) evaluated the efficacy of once-daily extended release quetiapine fumarate (quetiapine XR) in patients with acute schizophrenia.

Methods: This was a 6-week, double-blind, randomised study (n=588) comparing quetiapine XR (400, 600 or 800 mg/day) and quetiapine IR (400 mg/day) with placebo. Efficacy was assessed using ANCOVA analyses of the change from baseline to study endpoint (Day 42) for: PANSS total score; positive, negative and general psychopathology subscale scores; and aggression and depression cluster scores (modified ITT population, LOCF). Changes in individual PANSS item scores were assessed post hoc.

Results: At Day 42, there were statistically significant reductions (ie two-sided p-value <0.05) versus placebo with all doses of quetiapine XR for the change in PANSS total, positive, general psychopathology and aggression cluster scores. Changes in negative and depression cluster scores were statistically significant versus placebo for quetiapine XR 600 mg/day and 800 mg/day. There was statistically significant separation from placebo with quetiapine XR 600 mg/day and 800 mg/day for the change in 6/7 PANSS positive items, 5/7 negative items, and 12/16 general psychopathology items. For those items with no statistically significant separation from placebo, baseline scores were generally low.

Conclusions: Once-daily quetiapine XR is effective across a broad range of symptoms in acute schizophrenia, including positive and negative symptoms, as well as symptoms of general psychopathology, aggression and depression.

P0143

Symptom profiles of obsessive compulsive disorder with comorbid schizophrenia and pure obsessive compusive disorder

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Introduction: 7.8%-31.7% of schizophrenic patients have obsessive compulsive disorder (OCD) as well (1,2). In this study, symptom profiles of OCD and OCD with schizophrenia is discussed in terms of similarities and differences and whether these could point towards discrete etiopathogenesis.

Method: 100 patients with schizophrenia and 50 patients with OCD, diagnosed using the DSM-IV criteria were included in the study group. The study group was treated at the outpatient clinic of Bakirkoy Hospital for Mental and Nervous Diseases, Istanbul, Turkey. Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was used.

Results: %16 of the schizophrenia patients had OCD. Y-BOCS obsession severity subscale total, compulsion severity subscale total and general total scores of the pure OCD group and the schizophrenia with OCD group were compared. There was no statistically significant difference. However comparison of obsession and compulsion content in the two groups revealed statistically significant difference in terms of religious obsessions (p=0.002), cleaning/washing compulsions (p=0.009) and controlling compulsions (p=0.008).

Conclusion: Our results were different in terms of the distribution of obsessive compulsive symptoms when compared with other studies about OCD and OCD with schizophrenia (1,4). Paying attention to differences in syptomatology by the clinicians might improve diagnosis and treatment. Neuropathology in pure OCD and OCD with schizophrenia may be diverse.

P0144

Efficacy and tolerability of switching from olanzapine, risperidone and haloperidol to ziprasidone in patients with schizophrenia: An international multi-center study

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