

**Results:** Patients included in this study were mostly female (68,42%), with high school education (84,2%), single(84,2%), with average age of 30 and 2,53 hospitalizations.

47,37% of family members, as well as 31,58% of patients were afraid of stigmatization by psychiatric treatment-which prolonged DUP. 42,10% of patients felt that they are presently stigmatized. 100% of patients have never heard for antistigma programs.

Average period from first behavioral changes to first contact with psychiatrist was 16,34 weeks and 32,6 weeks until starting a continuous treatment (via hospitalization in 57,9%; abrupt illness onset in 42,10%)

**Conclusions:** Correlation found between DUP and fear of stigma in patients and their family members requires focused antistigma interventions in order to improve psychotic disorders treatment strategies.

## P060

Efficacy and tolerability of once-daily quetiapine sustained release in patients with acute schizophrenia: A randomised, double-blind, 6-week, placebo-controlled study

R. Kahn<sup>1</sup>, C. Schulz<sup>2</sup>, V. Palazov<sup>3</sup>, E. Reyes<sup>4</sup>, D. Meulien<sup>5</sup>, M. Brecher<sup>6</sup>, O. Svensson<sup>5</sup>, H.M. Andersson<sup>5</sup>. <sup>1</sup>*Rudolf Magnus Institute of Neuroscience, Utrecht, The Netherlands* <sup>2</sup>*University of Minnesota Medical School, Minneapolis, USA* <sup>3</sup>*District Psychiatric Dispensary, Bourgas, Bulgaria* <sup>4</sup>*National Center of Mental Health, Metro Manila, Philippines* <sup>5</sup>*AstraZeneca R&D, Sodertalje, Sweden* <sup>6</sup>*AstraZeneca Pharmaceuticals, Wilmington, DE, USA*

**Aim:** To evaluate efficacy and tolerability of quetiapine sustained release (SR) in a 6-week study (D1444C00132).

**Methods:** 588 patients with acute schizophrenia (PANSS total  $\geq 70$ ; CGI-S  $\geq 4$ ) were randomised to fixed-dose quetiapine SR 400, 600 or 800 mg/day (once-daily), quetiapine immediate release (IR) 400 mg/day (200 mg twice-daily; 5-day dose-escalation schedule), or placebo. Quetiapine SR doses: 400, 600 mg reached by Day 2; 800 mg by Day 3. Primary endpoint: change from baseline to Day 42 in PANSS total score (LOCF; ANCOVA). Other assessments: PANSS response rate (% patients with  $\geq 30\%$  reduction in total score from baseline); CGI-I response rate (% patients with rating  $\leq 3$ ); CGI-S; AEs.

**Results:** 446 patients (76%) completed the study (similar across groups). LS mean change from baseline in PANSS total score at Day 42 showed significant improvement versus placebo (-18.8): -24.8 (p=0.03), -30.9 (p<0.001), and -31.3 (p<0.001), quetiapine SR 400, 600, and 800 mg, respectively; -26.6 (p=0.004), quetiapine IR. Statistical separation from placebo at Day 42 for: change from baseline in CGI-S (quetiapine SR 600 and 800 mg; IR); PANSS and CGI-I response rates (all active treatments). Most common AEs with quetiapine: somnolence and dizziness. There were no unexpected AEs with quetiapine SR. Incidence of EPS-related AEs was similar to placebo. Two quetiapine SR and two IR patients discontinued due to AEs in Week 1.

**Conclusions:** Once-daily quetiapine SR (400-800 mg) was effective versus placebo in patients with acute schizophrenia. Rapid dose escalation was well tolerated, with a therapeutically effective dose reached by Day 2.

## P061

Reconciling previous DTI studies in schizophrenia

R.A.A. Kanaan<sup>1</sup>, G.J. Barker<sup>2</sup>, X. Chitnis<sup>2</sup>, S.S. Shergill<sup>1</sup>, M. Picchioni<sup>1</sup>, J. Woolley<sup>1</sup>, P.K. McGuire<sup>1</sup>. <sup>1</sup>*Section of Neuroimaging, Institute of Psychiatry, London, United Kingdom*

<sup>2</sup>*Centre for Neuroimaging Sciences, Institute of Psychiatry, London, United Kingdom*

Previous DTI studies in schizophrenia have all found decreased white matter integrity in the patients, though the location of these differences has varied. This may be due to the use of region-of-interest methods and underpowered studies. We used voxel-based DTI to examine a much larger sample of patients with schizophrenia and controls.

**Methods:** Seventy-six patients with DSM-IV schizophrenia and 76 controls matched for age, gender, handedness, IQ, and education were scanned with an optimized DTI sequence at 1.5T. FA maps were co-registered using SPM2 and group differences calculated using non-parametric XBAM\_v3.4. Mean FA was extracted from each significant cluster and correlated with illness duration in the patients. Cluster FA was compared between the 15 patients with a few days exposure to antipsychotics and 30 matched patients who had been treated for over a year.

**Results:** At thresholds of <1 false positive (voxel p<0.01, cluster p<0.0005), there were widespread reductions in FA in the patient group. These areas included bilateral cingulum, superior & inferior longitudinal fasciculus, left uncinate and the genu of the corpus callosum. There were no areas of increased FA in patients relative to controls. In our secondary analyses, there were no significant correlations between the mean FA extracted from any of these clusters and duration of illness, and no significant differences between the briefly medicated and chronically medicated groups.

**Conclusions:** Schizophrenia is associated with FA reductions distributed widely in white matter, but these differences do not correlate with duration of illness, and do not segregate with medication.

## P062

Correlation indexes between quality of life (QoL) and the current psychopathology in Greek chronic schizophrenics

D. Kandylis<sup>1</sup>, St. Kaprinis<sup>1</sup>, V. Iliadou<sup>1</sup>, M. Magiria-Routsoni<sup>1</sup>, D. Skrimba<sup>2</sup>. <sup>1</sup>*Third Department of Psychiatry, Faculty of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece* <sup>2</sup>*Thessalian Association for Mental Health, Larissa, Greece*

**Background and aims:** There is considerable concern in quality of life research in determining the influence of clinical variables upon the quality of life of schizophrenic patients. With reference to the psychopathology, a number of researchers agree that there is an influence upon QoL in schizophrenic patients. In our study, we try to find a possible correlation between the perceived satisfaction in daily life domains in Greek chronic schizophrenic patients residing in intermediate structures, and their positive – negative and general psychopathological symptoms, just five years after their deinstitutionalization.

**Methods:** To that end, the following questionnaires – scales: a) the Baker and Intagliata questionnaire “Satisfaction with Life Domains Scale” (S.L.D.S.) b) the Positive and Negative Syndrome Scale (PANSS) c) the Global Assessment of Functioning (GAF) Scale were administered to a random sample of three hundred fifty five (325) chronic schizophrenics, residing in boardinghouses, transitional hostels, protected apartments in the whole Greece.

**Results:** The total level of perceived satisfaction in daily life domains, as well as partial indexes, were investigated in relation to the intensity of positive - negative and general symptoms of the existing schizophrenic psychopathology at the time of the patients assessments.

**Conclusions:** We found that the satisfaction of these patients draw from their whole daily life a) is correlated negatively with the

illness's positive and general scale, b) there are differences between the perceived satisfaction in relation to the gravity of their positive – negative and general symptoms of schizophrenia.

### P063

Wellness program: One-year experiences from the Czech and Slovak Republics

E. Kitzlerová<sup>1</sup>, L. Motlová<sup>2</sup>, E. Dragomirecká<sup>1</sup>, P. Korczog<sup>3</sup>, J. Vránová<sup>4</sup>. <sup>1</sup>*1st Medical Faculty, Charles University, Prague, Czech Republic* <sup>2</sup>*3rd Medical Faculty and Prague Psychiatric Center, Charles University, Prague, Czech Republic* <sup>3</sup>*Psychiatric Department NsP, Rimavská Sobota, Slovak Republic* <sup>4</sup>*Spirare, S.R.O., Bratislava, Slovak Republic*

**Purpose of the study:** The educational programs with behavioral components (diet and exercise) for patients with schizophrenia consistently improve patients' overall health. Here we present the one-year outcomes of 515 out-patients with respect to differences between the two health care services.

**Methods:** This program was delivered by trained psychiatric nurses in 10 sessions (in the Czech Republic) and 8 sessions (in the Slovak Republic) lasting one-hour in consecutive groups consisting of 5-8 participants. We compared groups of participants in both countries, as well as the influence of participation in this program on weight control with regard to antipsychotic medication.

**Results:** Between January 2005 and 2006 210 out-patients with schizophrenia-spectrum diagnoses entered the courses of the Wellness Program consecutively in the centers throughout the Czech Republic and 305 out-patients throughout the Slovak Republic. For the analysis we included only those patients who participated at least 7x in the Czech Republic (N=127) and 6x in the Slovak Republic (N=269). There was no difference in gender distribution and average age. The baseline parameters were different in both countries (body mass index, knowledge about nutrition and exercise), but their improvement was comparable in a weight loss and in improvement of knowledge about nutrition and exercise.

**Conclusions:** The Wellness Program was successfully accepted in both countries despite the different treatment structure in both countries. Participants were not only able to remember the facts about nutrition and exercise but were also able to use them in real life which is in connection to their weight loss.

### P064

The differences between autistic and schizophrenic stereotype: Case report

M.E. Ceylan, F. Ozgun-Roubey, A. Turkcan, A. Kol-Akinci. *Bakirkoy Mental Hospital, Istanbul, Turkey*

**Objectives:** It is important to differentiate between adult autism and schizophrenia. In this presentation, the distinction between autism and schizophrenia will be discussed in the light of two cases.

**Cases:** At the time that they applied to our clinic, we investigated autistic and psychotic symptoms and firstly diagnosed them as schizophrenia. With the more detailed history of illness and investigation the diagnose change as adult autism. In the conclusion the cases will be discussed generally.

**Conclusions:** The most important clinical differences between adult autism and schizophrenia are stereotypic behaviour and speech. Schizophrenic stereotype has anxiolytic character and autistic one has hedonistic structure. Autistic patients are always aware of their

environment and they seem to be mute because of their inner speech, but schizophrenic patients are not. On the other hand, schizophrenic stereotype is aimless and spontaneous, while the autistic stereotype has an aim such as an assurance of being same, and is relatively voluntary. All stereotypic behaviours and speech of the autistic patients are target-locked and cannot be blocked or broken. It seems that, as if autistic patients are addicted to stereotypical behaviours. In such cases, the patient's sentences can be lack of certain grammatical elements or can be incomprehensible. The prosody of this speech can follow certain rules. When he is joined in a conversation, it is rather like a monologue. Patients of schizophrenia generally respond positively to a neuroleptic drug, while autistic patients need a combined therapy of neuroleptic and anti-depressive drugs.

### P065

Continuous attention in dual diagnosis patients

K. Krysta, I. Krupka-Matuszczyk, A. Klasik, M. Matuszczyk, M. Sygut. *Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland*

Most patients suffering from schizophrenia achieve worse results than healthy controls in tests measuring attention. The studies show that among the patients suffering from schizophrenia, about 50% abused psychoactive substances during their lives. The data concerning the impact of substance abuse on attention in schizophrenia are inconsistent.

The objective of this study was to examine continuous attention differences between subjects with and without a dual diagnosis. A group of 80 patients with schizophrenia were examined. 40 of them never used illicit drugs, the other 40 also received a diagnose of addiction to psychoactive substances. The group with a comorbid addiction was examined after 6 weeks of detoxification and treatment in a therapeutic community. Continuous Performance Test was applied to for the neuropsychological assessment. The CPT-IP version of this test was used. The patients were presented 450 stimuli in three groups.

No statistically significant differences were found between two groups when they had to omit the identical pair stimuli (finger-up). The same happened in case of false alarms stimuli. However statistical significance appeared when the patients had to react to random stimuli. This part of the test was performed better by the group of schizophrenic patients without addiction.

The above inconsistency of the results may be due to the complexity of attention deficits. It is possible that the impacts of psychoactive substances may be different on the mechanism responsible for reaction to the sequence of experimentally important stimuli than to for ignoring those stimuli, which originally were defined as unimportant.

### P066

Facial expression recognition deficits in schizophrenia

F. Laroi<sup>1</sup>, H. Mourad<sup>2</sup>, B. Fonteneau<sup>1</sup>. <sup>1</sup>*Cognitive Psychopathology Unit, University of Liege, Liege, Belgium* <sup>2</sup>*Centre Hospitalier Psychiatrique, Liege, Belgium*

**Background:** Although there is evidence of deficits in facial expression recognition in schizophrenic patients, studies have often included a very limited number of emotions and specific symptom profiles are rarely included in statistical analyses.

**Method:** A group of 20 patients with schizophrenia or schizoaffective disorder, and a group of 20 normal controls (matched according to sex, age, educational level) were included. All patients were evaluated