

Goal of contemporary psychiatric treatment is improvement of the quality of life of the mentally ill. Being that quality of life is of special importance for the process and final result of the mental condition, it is very important to identify factors that are responsible for the improvement or deterioration of the quality of life of the patients. Purpose of this research is a discovery of the difference in the quality of life in patients with various type of schizophrenia treated in the hospital environment. QOL was assessed with 30 female schizophrenics classified in accordance with ICD X criteria. LQOLP and BPRS were used. Paranoid schizophrenics treated in the hospital environment have higher objective and lower subjective QOL in regard to other schizophrenics.

P0245

Bactrim as an adjunctive treatment to toxoplasma-seropositive patients with schizophrenia

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Background and Aims: Several studies have shown that the level of antibodies to *Toxoplasma gondii* (*T. gondii*) in schizophrenia is higher than in controls. And it is hypothesized that the neurotropic intracellular protozoan may contribute to the development of schizophrenia. The present study is to explore whether Bactrim, which is effective to *T. gondii*, can help to treat *Toxoplasma*-seropositive patients with schizophrenia.

Methods: 99 patients who were positive in IgG or IgM antibody to *T. gondii* were separated into two groups randomly. One group received SMZco tablets (contained 400mg SMZ and 80mg TMP, 6 tablets/d) plus risperidone, and the other group received placebo and risperidone. Both the physicians and the patients did not know whether the patients took SMZco or placebo. The dosage of risperidone was titrated according to the patient's clinical symptoms and the maximum dose is 6mg/d. PANSS scales were used to assess the symptoms before and after treated for 6 weeks.

Results: There was no significant difference in the scores of PANSS at baseline and after treatment. The rate of adverse effects, and the ratio of patients who have combined with benzodiazepine and anticholinergic medicine between the two groups did not differ significantly, while two patients in the SMZ group dropped out because of serious nausea and vomiting. The maximum dosage of risperidone in the SMZ group was lower than the placebo group ($P < 0.05$).

Conclusions: For toxoplasma-seropositive patients with schizophrenia, Bactrim may be helpful by decrease the dose of the antipsychotic medicine.

P0246

First rank symptoms in schizophrenia: A cognitive examination of three explanatory models

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Background and Aims: The neuropsychological basis of first-rank symptoms in schizophrenia (FRS) is still a matter of debate. Three broad explanatory models for FRS have been proposed, each arising from a different perspective: (i) medial temporal lobes pathology (Trimble, 1990); (ii) reduced cerebral lateralisation and

interhemispheric transfer (Crow, 1997); and (iii) deficits in self-monitoring of intentions due to prefrontal inhibitory dysfunction (Frith et al, 2000). The aim of the study was to test whether patients with FRS would show deficits consistent with the above models.

Methods: A broad range of neuropsychological tests were administered to patients with and without FRS and to healthy controls, comprising tests of verbal and nonverbal memory, measures of cerebral lateralisation and interhemispheric communication, tasks of executive functioning, as well as tests of general cognitive abilities.

Results: On some cognitive tests, results were supportive of theories advocating reduced cerebral lateralisation and self-monitoring impairment. An unexpected finding was that, on many cognitive tasks, the performance of patients with FRS was better than that of patients without FRS, and not significantly different from that of controls. These results could not be accounted for by demographic features or medication effects.

Conclusion: The current study may be the most comprehensive examination of neuropsychological performance in patients with FRS to date. Our results suggest that broad cognitive impairment is not a necessary correlate of FRS.

P0247

Catechol-o-methyltransferase (COMT) is associated with negative symptoms of schizophrenia

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Background and Aims: Genetic variation of the catechol-O-methyltransferase (COMT) gene has long been thought to confer susceptibility to schizophrenia because of its catalytic activity for dopamine degradation. The negative symptom is a severe form of the illness related to prefrontal hypodopaminergia. In the present study, we attempted to perform a quantitative trait test for genetic association between the COMT gene and the negative symptoms in a Chinese population.

Methods: A total of 160 unrelated schizophrenic individuals were recruited for genetic analysis and their symptoms were assessed and scored by Positive and Negative Syndrome Scale (PANSS). The quantitative trait test was performed by the UNPHASED program to see the correlation between scored negative symptoms and some single nucleotide polymorphisms (SNPs) present in the COMT gene.

Results: rs362204 (Del/Ins SNP) showed allelic association with four negative symptoms, including blunted affect ($p = 0.00008$), poor rapport ($p = 0.00006$), passive/apathetic social withdrawal ($p = 0.0003$) and lack of spontaneity and flow of conversation ($p = 0.001$). The rs165656(C)-rs6267(G)-rs4680 (G)-rs362204 (Del) haplotype was strongly associated with both blunted affect ($p = 0.0245$) and poor rapport ($p = 0.0186$).

Conclusion: The present study suggests that COMT may etiologically contribute to the severity of negative symptoms of schizophrenia but its precise mechanism needs further investigating.

P0248

A family case study on schizophrenia and bipolar disorder: Genotype and Cognition

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Schizophrenia and bipolar disorder represent serious mental disorders with polygenic inheritance. Neurocognitive deficits have been linked to psychotic phenomena and are candidate endophenotype for the illness. We have analyzed the case of a family consisting of mother diagnosed with bipolar disorder, a daughter with schizophrenia and one free of psychiatric disorders. The genetic associations between a functional polymorphism in the MTHFR, COMT, APOE and MnSOD genes and cognition have been investigated. Genotyping was carried out using a PCR-RFLP method. Neuropsychological tests regarding executive functions (WCST, TMT-B), memory (RAVLT), attention (TMT-A) and phonetic and semantic verbal fluency have been applied. No significant association was found.

P0249

Geographical trends of mental disorders of the elderly people in Lithuania

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Objective: to look peculiarities of mental disorders in the elderly in different regions of Lithuania.

Method: We analyzed three regions of Lithuania: Panevėžys region, Palanga region and Varėna region. They are in the different parts of Lithuania. We have chosen data about mental disorders according International Statistical Illness and Health Problems Classification. We collected data with code F20- F25. We have analyzed case-records, which were filled in January 2006.

Results and Conclusions: In Panevėžys region the elderly was 28, 89% (n= 39) of all collected data about mental disorders. Respectively in Varėna region- 42, 86 proc. (n= 6); in Palanga region- 21,05 proc. (n= 4). Average age of elderly was 66, 65 years. Respectively in Panevėžys region- 66,31 years; in Varėna region- 67,17 years; in Palanga region- 69,25 years. 65, 31% of all elderly with mental disorders were women. 75, 51% of all elderly diagnosis was schizophrenia (F20) in all regions. Mental disorders identified before 2006 were 95, 92% and mental disorders identified in January 2006 were 4, 08%. The difference in the disease rate in studied regions correlate with P, Li, Zn, Mn concentrations in the soil and possibly had an effect via the food chain. Also, the drinking water can be of some importance. Comparing these three regions, there was seen clear natural environment differences. Magnetic field has different activity in these regions. All through Panevėžys region pass the largest tectonic zone in Lithuania.

Key words: psychiatric disorders, schizophrenia, elderly people, regions of the Lithuania.

Poster Session I: Neuroleptics and Antipsychotics

P0250

Prescribing practice of risperidone long-acting injection

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Background: Risperidone the first atypical antipsychotic available in a long-acting injection formulation. In the United Kingdom is licensed to use in psychosis in patients tolerant of oral Risperidone and the Summary of Product Characteristics clearly defines the methods of initiation and titration.

Methods: We performed a naturalistic observation of 25 patients belonging to 3 different community mental health teams and one in-patient facility that have been prescribed Risperidone long-acting injection (RLAI) and collected data about immediate prior use of antipsychotic medication, patient preference, compliance with treatment, documentation of effectiveness and tolerance of Risperidone oral, supplementation with Risperidone oral during the first three weeks, initial dose, intervals between dose changes, monitoring of benefits and side-effects, and reasons for discontinuation.

Results: Only 7/25 patients have been prescribed oral Risperidone prior to the injectable formulation and none had received clozapine. 13/25 received oral supplementation during initiation, 3/25 dose was changed in less than 4 weeks intervals. 14/25 non-compliance was suspected and only 2/25 patients stated a preference for an injectable formulation. 17/25 continued to receive RLAI and those discontinued in 3/25 due to patient refusal, 1/25 not tolerated, 1/25 patient did not attend treatment, 1/25 not effective, 1/25 patient deceased, 1/25 no reason was specified.

Conclusions: prescribing of RLAI did not follow the recommendation from the manufacturers mainly during initiation. Non-compliance with previous medication was the main reason for use of an injectable formulation but use of RLAI seems to be associated with low discontinuation rates.

P0251

Does prescribing practice of clozapine affect length of stay in psychiatric in-patient units?

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Background and Aims: Clozapine remains the gold standard for the management of treatment-resistant schizophrenia. Due to the need for close medical supervision at initiation it is usually started in hospital although this is no longer mandatory. It is estimated that speed of up-titration will affect length of stay.