

**Methods:** A subgroup of 140 persons (93 men and 47 women) included in the DNS and received treatment as usual (TAU) plus individual or group psychotherapy intervention. This group was analyzed according to gender and possible variations in the expression of psychopathology, drug consumption and abuse. Results of treatment and social function expressed by PANSS, Strauss-Carpenter and GAF were compared.

**Results:** Data from baseline and 2 years follow-up of this group will be presented with focus on gender issues.

**Conclusions:** Various gender differences were confirmed in the study. As a consequence a number of gender specific interventions are suggested.

## P0151

Effect of schizotypy on hemispheric differences in language comprehension

C. de Loye, M. Kostova. *Equipe de Recherche En Psychologie Clinique, EA 2027, Universite Paris 8, Vincennes, Saint-Denis, France*

Formal thought disorder is one of the major symptoms of schizophrenia and may be related to abnormal pattern of hemispheric lateralization of language functions. In accordance with recent neurolinguistic models that focus on the unique contribution of each hemisphere during language comprehension, the aim of this study is to explore the effect of schizotypy on hemispheric differences in semantic context processing.

The task was a modified version of Federmeier and Kutas' paradigm (1999). Subjects heard pairs of sentences ending with an expected exemplar, an unexpected exemplar from the same category, or an unexpected exemplar from a different category. Pairs of sentences were presented binaurally while the last word (target) was presented either at the left or at the right ear (the reversed target was presented to the contralateral ear). The subjects performed a semantic judgment task. Reaction times (RTs) and percentage of correct responses were recorded. The schizotypy was assessed using the Schizotypal Personality Questionnaire (SPQ, Raine et al., 1991).

Results showed that although the two hemispheres were sensitive to semantic context, the left hemisphere strongly activated small semantic fields, whereas the right hemisphere weakly activated large semantic fields. The percentage of correct responses did not differ between the two hemispheres. In addition, subjects with higher SPQ scores demonstrated a lack of semantic context effect on the left hemisphere and a diffuse activation of concepts on the right hemisphere. The implication of these results in the understanding of the cognitive mechanisms of schizophrenic formal thought disorder is discussed.

## P0152

"Breakwater"- The preventive and therapeutic programme for the first degree relatives of schizophrenic patients

M. Kotlicka-Antczak, J. Rabe-Jablonska. *Medical University of Lodz, Department of Psychiatry, Lodz, Poland*

Schizophrenia is today considered a neurodevelopmental disorder. It manifests itself early in life in the form of subtle neurological and psychopathological symptoms (e. g. cognitive deficits). The next stage of a pathological process can be "at risk mental state" with sub-threshold psychotic symptoms and deterioration in social and cognitive functioning. Referring to the neurodevelopmental model of

schizophrenia, our team has developed a preventive programme addressed to the persons who are already at higher risk for schizophrenia, i.e. the first degree relatives of schizophrenic patients. We would like to present the contents and methods of realisation of the programme. The programme is addressed to 12-18 years old children and siblings of schizophrenic patients. It will operate in 4 major areas:

1. Data collection and monitoring of selected parameters (socio-demographic and family data, obstetric history, childhood psychomotor development, level of psychosocial stress, schizoid-schizotypal personality traits, psychosocial and cognitive functioning)

2. Regular assessment of mental state (every 6 months) including screening towards "at risk mental state" for psychotic disorders

3. Prevention strategies (psychoeducation, stress management strategies, family therapy, drug misuse therapy, crisis intervention if needed)

4. Therapeutic interventions (CBT, cognitive remediation, pharmacological interventions)

The programme can be a source of information regarding risk factors for developing a psychotic disorder. It will also deliver data for estimating efficacy of different intervention strategies. For individuals "at risk" for psychosis participation in the programme may possibly prevent transition into psychotic disorder or give an opportunity for early intervention and reduction of DUP.

## P0153

Correlation of functioning and self feeling in schizophrenia

J. Kafel, M. Derejczyk, L. Cichon, A. Arczynska, K. Krysta, I. Krupka-Matuszczyk. *Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland*

**Background:** In the treatment of patients with schizophrenia one of the most important goals is achieving a proper quality of life. It is interesting what is the relation between the self-feeling of the patients in terms of their psychopathological symptoms, and the quality of their lives.

**Aims:** The purpose of our research was establishing the degree of satisfaction with their lives among patients suffering from schizophrenia. We have also analyzed correlation between the intensity of clinical symptoms and satisfaction with life.

**Methods used:** Fifteen patients participated in our research, among them 8 were male and 7 were females, the age scope was from 22 to 63 years old and the average age was 40.

The patients were asked to fill in the Quality of Life Scale (Q Scale). They filled in also the questionnaire of the Frankfurt Self-feeling Scale (FBS).

**Results:** Correlation between intensity of clinical symptoms and life quality: The patients assessed the intensity of each of 36 clinical symptoms on the scale from 0 to 3. The results varied from 1 to 108 with the middle score of 80. The correlation degrees between intensity of clinical symptoms and general satisfaction with life were calculated for every symptom. Strong negative correlation was observed between satisfaction with life and: emotional withdrawal, lack of emotion, losing one's self control, lack of concentration, oversensitivity and apathy.

**Conclusions:** It seems interesting that there is a strong correlation between satisfaction of life and those of the psychopathological symptoms, which are referred to as negative symptoms.