

The most frequent primary negative symptoms were also social withdrawal (18.2%), emotional withdrawal (14.8%), poor rapport (14.8%) and blunted affect (12.8%).

Conclusions: Persistence of negative symptoms plays an important role in most patients treated with antipsychotics, being near half of them primary negative symptoms.

On behalf of the CLAMORS Collaborative Group.

P015

Consensus guideline for the evaluation of physical health in patients with schizophrenia

J. Bobes¹, J. Saiz-Ruiz², M. Bernardo³, M. Gutiérrez⁴, M. Bousoño¹, J. Sanjuan⁵, E. Baca-García⁶, J. Mostaza⁷

On Behalf of the Consensus Group of Experts in Physical Health in Patients with Schizophrenia. ¹ *Department of Medicine, University of Oviedo, Oviedo, Spain* ² *Department of Psychiatry, Hospital Ramón Y Cajal, Madrid, Spain* ³ *Department of Psychiatry, Hospital Clínico de Barcelona, Barcelona, Spain* ⁴ *Department of Psychiatry, Hospital de Cruces, Vizcaya, Spain* ⁵ *Department of Medicine, University of Valencia, Valencia, Spain* ⁶ *Department of Psychiatry, Fundación Jiménez Díaz, Madrid, Spain* ⁷ *Department of Internal Medicine, Hospital Carlos III, Madrid, Spain*

Background and aim: Patients with schizophrenia have a reduced life expectancy of 20% in comparison to the general population. They have a relative risk of 1.6 for all cause mortality. Recent innovations in antipsychotic treatment have improved the social integration of patients thanks to a better control of symptoms, however undesirable effects of medication may affect physical health.

Objective: To develop a consensus document about the Evaluation of Physical Health of Patients with Schizophrenia along their life, and to propose recommendations for diagnostic and clinical interventions to manage modifiable risk factors which impact on quality of life and life expectancy.

Methods: A literature review was performed to identify diseases and/or risk factors potentially related to patient with schizophrenia.

A systematic review of the literature was performed to evaluate the morbid-morbidity of patients with schizophrenia in relation to the identified conditions. 25 psychiatrists and 8 experts from the different specialities participated in the consensus meeting to adapt the general population guidelines to the management of patients with schizophrenia.

Results: The literature review revealed that increased mortality in patients with schizophrenia is associated to respiratory diseases, cardiovascular diseases and cancer. Increased morbidity is associated to diabetes and metabolic syndrome, respiratory diseases, hepatitis, HIV and dyskinesia.

The resulting recommendations were submitted to the Spanish psychiatry medical societies for their validation.

Conclusion: The physical health of patients with schizophrenia requires specific monitoring and follow-up to guarantee that their life expectancy, quality of life and social functioning is similar to the general population.

P016

The appearance of negative symptoms in schizophrenic patients with onset in old age

P.O. Bomov, V.G. Budza. *Orenburg State Medical Academy, Orenburg, Russia*

Negative symptoms in schizophrenia are basis for forming defect and the degree of its expressiveness defines possibilities for rehabilitation. Necessity of a more detailed study of schizophrenic defect in patients with old schizophrenia arose in connection with worldwide tendency to aging of population. The aim of present work was to establish some peculiarities of basic disorders in patients with late onset of paranoid schizophrenia. 36 patients of both sexes aged from 45 to 65 with the duration of process from 2 to 10 years were examined by the clinico-psychopathological method and SANS. 20 patients had the first episode of the illness, the rest underwent from 2 to 7 attacks. 4 patients demonstrated a slight expressiveness of negative symptoms, 26 patients had moderate degree and 3 had a considerably marked one. In all the patients disturbances in the emotional and volitional spheres dominated over the disorders thinking and social functioning. It is found that in repeated hospitalizations affective and associative disorders become deeper whereas disturbances of will, social competence and active attention reveal a less tendency to progressing. The emotional and volitional sphere and thinking suffer in a greater degree in patients with duration of process exceeding 5 years and patients being ill less than 5 years lose their interest to entertainment, contacts with relatives and friends. Thus, medical and rehabilitation measures at the early stage of the disease must be aimed at preserving family status, forming the motives in the work and also stimulating different forms of activities.

P017

Theoretical model of insight

R.G. Bota¹, D.A. Bota². ¹ *University of Missouri, Kansas City, MO, USA* ² *Duke University, Durham, NC, USA*

We reviewed the literature pertinent to circuitry abnormalities in schizophrenia. Also, we looked for insights correlates with severity of illness. Further we focused on described impairments in various domains of insight in schizophrenia. Form the data gathered we observed that insight into the symptoms is less often impaired than insight into the illness and the consequences of illness.

The selected information from sensory receptors it is transformed in primitive awareness (stepping on a branch in dark and reacting to that as it would be an immediate threat). Same of these sensations are processed through working memory and referred to stored reference information through the association areas becoming perceptions. The perceptions are closely correlated with awareness of the symptoms. They are further processed mostly through working memory and lead to knowledge (a-posteriori). This can be understood as fostering the understanding of relation between symptoms as contributors to illness. Through repetition, ideas are incorporated into meanings and beliefs. This is the basis of cognitively higher levels of insight, such as awareness into complex relations between the social consequences, need for treatment and illness. Same beliefs are not based on reality (close systems- a-priori thinking) such as bizarre delusions.

Despite the fact that is a vast literature reporting diminished insight in schizophrenia, very limited integrative work was done. A topographical view of insight might be useful.

P018

Empathy as method toward identification the debut of the prodrome of schizophrenia

R.G. Bota¹, W.F. Ricci¹, D.A. Bota². ¹ *University of Missouri, Kansas City, MO, USA* ² *Duke University, Durham, NC, USA*

The phenomenological and morpho-analytic methods are nonspecific but undoubtedly extremely important in approaching the symptoms of the pre-schizophrenia period. Because of the one side approach of these methods, the assistance of empathy, as used by Kohut, can provide more clinical information, but it is difficult to quantify in research.

Expanding on Kohut's views, psychotic states are primarily disorders of the self. The psychosis underpinnings are organically and attributionally experientially determined. Therefore, the self does not develop with a cohesive organized core of personality in these conditions.

Using empathy as an observational tool requires attunement to the patient emotional state. Empathy components are affective, as well cognitive, with brain metabolic correlates between interviewer and patient in an empathic interview. When two minds are connected, a state of alignment is created. In the pre-schizophrenia state that resonance, the alignment is missing. The reverberation of that empathic connection is replaced by the "œblack hole" that swallows resonance, and creates in the empathic examiner the frightful experience of being in the presence of someone whose humanity has now been hijacked, and only the opacity remains as sad reminder of a mind that was like ours. These observations need to correlate with clinical picture, as may also occur in other organic illnesses.

With the use of the methods available, the identification of the experiential changes can be delayed because of many factors. Using empathy as a tool, along with the existent methods, may bypass some of the difficulties of early identification of the prodromal symptoms.

P019

Induced 49 Hz gamma and event-related coherence in deficit and non-deficit schizophrenia

P. Bucci, A. Mucci, E. Merlotti, U. Volpe, M. Piccirillo, S. Galderisi, M. Maj. *Department of Psychiatry, University of Naples SUN, Naples, Italy*

A large body of literature supports the hypothesis that high frequency oscillations within the gamma band are involved in the integration of sensory information across different modalities and cortical areas. A reduction of gamma oscillations around 40 Hz has been reported in schizophrenic patients by several authors. This abnormality indicates a poor integration of the neuronal activity within distributed neural networks in schizophrenia, in line with modern conceptualizations of the disorder and its liability.

In the present study we investigated evoked and induced 40-Hz gamma power as well as fronto-parietal and fronto-temporal event-related coherence in patients with deficit and nondeficit schizophrenia and in matched healthy controls. In patients, correlations between gamma oscillations and psychopathological dimensions were also investigated.

We found that abnormalities of both induced gamma power and event-related coherence were present in patients with nondeficit schizophrenia, but not in those with deficit schizophrenia. These findings suggest that schizophrenia heterogeneity should be taken into account when dealing with indices of cortical functional connectivity.

In line with previous findings, in our study an excess of gamma oscillations has been found to correlate with reality distortion and other psychopathological dimensions, indicating that abnormal thoughts, behaviours and perceptions might be related to abnormal connectivity within distributed neural networks.

P020

Schizophrenia, structural violence and human rights

J.K. Burns. *Department of Psychiatry, Nelson R Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa*

The core phenomenon of schizophrenia is best conceived in terms of the Bleulerian concept of autistic alienation. The contributions of Heidegger, Merleau-Ponty and Wittgenstein allow us to arrive at a new 'philosophy of interpersonal relatedness', which better reflects the 'embodied mind' and signifies the end of Cartesian dualistic thinking. Patients with schizophrenia exhibit neurobiological and clinical evidence of social brain dysfunction. They find themselves seriously disadvantaged in the social arena and particularly vulnerable to the stresses of their complex social environments. Farmer (2005) has used the term 'structural violence' to describe the social, economic and political forces such as poverty, inequality, racism and discrimination that influence people's health. These forces shape both the landscape of risk for developing illness and the context in which health-care is provided. The concept of structural violence is relevant to schizophrenia since low socio-economic status, income inequality, urbanicity, homelessness and migration are factors that increase risk for the disorder. Furthermore, poverty and inequality are associated with earlier age of onset, longer duration of untreated psychosis, increased comorbidity and poorer access to services – all variables impacting negatively upon onset, course and outcome of schizophrenia. Taken together, these observations call for a human rights perspective on schizophrenia in society. At-risk individuals suffer increased alienation, more severe psychosis and greater disability in response to toxic social forces such as deprivation and exclusion. This constitutes a violation of the human rights of those predisposed to and suffering from serious mental disorders such as schizophrenia.

P021

Physical health monitoring in a scottish cohort of schizophrenia patients - the role of ECG and blood pressure monitoring

C. Bushe¹, O'Neil J.², C. Wood², A. Bradley¹, M. Farren¹, M. Turner¹. ¹*Eli Lilly, Basingstoke, United Kingdom* ²*Larkfield CMHT, Glasgow, United Kingdom*

Introduction: Schizophrenia patients have increased risk of cardiovascular disease (CVD) and mortality. Guidelines emphasise need for monitoring risk factors including ECG and blood pressure (BP). There is little naturalistic data on number and severity of categorical abnormalities detected.

Method: A global health clinic was set up in 2004 to undertake systematic physical health monitoring in all schizophrenia outpatients within Larkfield CMHT. Patients received 2 hour assessments from trained nurses. BMI, laboratory (non-fasting) parameters, ECG and BP performed.

Results: Since 2004 from 140 Schizophrenia outpatients 95 have been invited to attend screening of which 53 accepted (56%). An abnormal parameter was measured in 92% (n=49), 72% 2 abnormal findings (n=38) and 47% 3 or more. ECG abnormalities in 50% (n=26) of which 18 were significant findings (prior myocardial infarction and/or ischaemia, conduction blocks, right ventricular hypertrophy). Normal blood pressure using guidelines from British Hypertension Society (BHS) 2004 (<130/85) was determined in 36% (n=20), high-normal 11% (n=6) and varying grades of hypertension 53% (n=27). Grade 3 (severe) hypertension 8% (n=4). No patient had abnormal QTc >500 mscs. One male patient had QTc