Methods: Retrospective and follow-up analysis of psychotic patients hospitalized in the Psychiatric Ward of the Hospital de Conxo (1998-2005).Three groups of patients:with Oral neuroleptics(170), with Depot typical neuroleptics (238),with Long-Acting Risperidone(60);and comparison based on treatment maintenance.

Results: Males,day-to-day living with the family of origin and single status are predominant in all three groups,although in a higher proportion in the Long-Acting Risperidone one(75,71 and 85%respectively).Only 7% of the patients with Long-Acting Risperidone completed their university studies,62% were pensioners.The average duration of hospitalization periods is 21 days for the patients with Long-Acting Risperidone,23.3 days in the Oral group,29.5 days in the Depot group.The main cause behind re-hospitalization is the lack of compliance(68% in Depot group),whilst after the introduction of Long-Acting Risperidone,no compliance rate is 59%.If we compare the number of hospitalizations/year of the patients with Long-Acting Risperidone,before and after its introduction,the rate is reduced significantly from 0.89 to 0.73.

Conclusions: Despite the fact that patients treated with Long-Acting Risperidone show a more seriously ill condition and less social capacity,they have less need for hospitalization than patients treated with Depot neuroleptics.Median lengths of stay were shorter than patients in the other two groups,and are less re-hospitalized after the introduction of this treatment.

P107

Belgian schizophrenia outcome survey (SOS)

J. Peuskens [1], B. Gillain [2], D. De Graeve [3], B. Van Vleymen [4], A. Albert [5]. [1] *Department of Psychiatry, UPC KUL, Campus St Jozef, Kortenberg, Belgium* [2] *Department of Psychiatry, UCL, Bruxelles, Belgium* [3] *Departement Algemene Economie, Faculteit TEW, Universiteit Antwerpen, Antwerpen, Belgium* [4] *Medical Department, Eli Lilly, Brussel, Belgium* [5] *Department of Biostatistics, CHU, Liege, Belgium*

Objective: SOS compared during 2 years medical costs in Belgian out-patients with schizophrenia.

Methods: Patients older than 18 and stabilized with haloperidol(H), olanzapine(O) or risperidone(R) monotherapy entered this observational study at discharge from the hospital.

Results: Of 323 patients included, 68% (219/323) completed the study (H59% (19/32), O66% (99/149), R71% (101/142)). In the R group were more first episode patients (H6%, O17%, R27%). H patients were more chronic with more previous hospitalizations.

Treatment continuation (no drop out, without medication change or addition) was 31%(H), 50%(O) and 43%(R). The mean dosages were H 8.9 (±9.6), O 14 (±6) and R 4.2 (±1.9) mg/day. Two years medical costs were H 30484 € (± 36332), O 20897 € (± 27863), R 20916 € (± 31776) (NS)

The CGI improved during the first 3 months and then remained stable. The percentage of patients with at least 1 EPS at the last visit was: H66%, O35% and R39% (p=0.005) and at least 1 sexual/reproductive problem was H69%, O40%, R44% (p=0.013). Weight gain was H 0.53 ± 5.0, O 3.3 ± 8.3 and R 3.2 ± 8.4 kg.

Conclusion: Even in this group of stabilized patients, treatment continuation was poor: in only 1 out of 3 haloperidol patients, treatment was not changed during the 2 years follow up. The fewest treatment change was in the olanzapine group (1 out of 2). Treatment cost was not significantly higher in the haloperidol group and similar in olanzapine and risperidone group as hospitalization was the main cost driver.

P108

Randomised, placebo-controlled, relapse-prevention study with once-daily quetiapine sustained release in patients with schizophrenia

J. Peuskens [1], J.K. Trivedi [2], S. Malyarov [3], M. Brecher [4], O. Svensson [5], F. Miller [5], I. Persson [5], D. Meulien [5]. [1] *Universitair Psychiatrisch Centrum KU Leuven, Kortenberg, Belgium* [2] *King George Medical University, Lucknow, India* [3] *Kyiv Psychoneurological Hospital, Kyiv, Ukraine* [4] *AstraZeneca Pharmaceuticals, Wilmington, DE, USA* [5] *AstraZeneca R&D, Sodertalje, Sweden*

Aim: A randomised study (D1444C00004) to show superior relapse prevention with quetiapine sustained release (SR) versus placebo.

Methods: 327 patients with schizophrenia were switched to open-label, once-daily quetiapine SR dosed at 300 mg on Day 1, 600 mg on Day 2, then 400-800 mg for a 16-week stabilisation period. Stable patients (clinically and by dose) were randomised (n=197; double-blind phase) to either quetiapine SR (400-800 mg/day) or placebo. Primary endpoint: time from randomisation to psychiatric relapse (hospitalisation for worsening schizophrenia, PANSS increase ≥30%, CGI-I score ≥6, or need for additional antipsychotics). An independent Data Safety Monitoring Board (DSMB) monitored the study. Planned analyses: interim, after 45 and 60 relapses (to permit termination if a significant treatment difference in primary endpoint was observed); final, after 90 relapses.

Results: Early termination occurred after the first interim analysis (following DSMB recommendation) as quetiapine SR (mean dose 669 mg/day; mean randomised-treatment period 4 months) was significantly superior to placebo for time to relapse: HR 0.16 (95% CI 0.08, 0.34; p<0.001). Numbers (%) of relapses were: 9 (10.7%), quetiapine SR; 36 (41.4%), placebo (interim ITT population). Estimated relapse rate at 6 months was: 14.3%, quetiapine SR; 68.2%, placebo (difference 54% [95% CI 42.5, 65.4; p<0.001]). Incidence of: treatment-related AEs 18% (quetiapine SR), 21% (placebo); total EPS-related AEs 1.1% and 1%, respectively. One patient in each group withdrew due to AEs.

Conclusion: Once-daily quetiapine SR (400-800 mg/day) was effective versus placebo in preventing relapse in patients with clinically-stable schizophrenia and was well tolerated during longer-term use.

P109

Contributions of psychopatology and cognitive impairment to social functioning in patients with schizophrenia

G. Piegari, A. Mucci, S. Garramone, F. Maddalena, M. Capuano, S. Galderisi, M. Maj. *Department of Psychiatry, University of Naples SUN, Naples, Italy*

Social and cognitive functioning are often impaired in patients with chronic schizophrenia, and contribute to the illness poor outcome. Relationships between social functioning, psychopathology and cognitive deficits have not been clarified yet.

In the present study the amount of social functioning variance explained by psychopathology and cognitive deficits was investigated in 88 subjects with chronic schizophrenia or schizoaffective disorder. A comprehensive neuropsychological battery was used to assess general cognitive abilities, attention, secondary verbal and visuospatial memory, verbal fluency and executive functions. Psychopathological dimensions were derived from scores on Andreasen's scales for negative and positive symptoms. Social functioning was investigated by the ''Assessment of Disability'' interview.

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Multiple regressions analyses were carried out, in which indices of social functioning were the dependent variables and psychopathological dimensions, neuropsychological indices, antipsychotic treatment type, duration of illness, age and education were the independent variables.

Verbal memory, executive function and sustained attention indices explained together 19.9% of the global disability variance, while negative symptoms explained only 4.4% of the variance. Sustained attention explained 7.2% of the variance of subjects' ''availability to start work'', while verbal memory explained 11.1% of the variance of subjects' ability to start and maintain affective relationships.

Our findings suggest that cognitive impairment is an important feature of schizophrenia whose relationships with social functioning is stronger than that of psychopathology.

P110

Semantic fluency in schizophrenia

C.A. Popescu [1], I.V. Miclutia [2], R. Macrea [2], I. Craciun [1], A. Zaharia [1]. [1] *Psychiatric Hospitals Nr. 2, Cluj-Napoca, Romania* [2] *Department of Psychiatry, University of Medicine and Pharmacy ''Iuliu Hatieganu'', Cluj-Napoca, Romannia*

Background: Patients with schizophrenia exhibit various cognitive dysfunctions, most of them rendered evident by language.

Objectives: The aims of the current study are: to compare the global semantic performance of schizophrenics with those of normal controls and to explore the schizophrenics' semantic network.

Method: 62 schizophrenic patients, admitted to the Second Psychiatric Clinic Cluj, diagnosed according to ICD-10 criteria and 158 healthy controls were evaluated with tasks for semantic fluency (animals, fruits and body parts).

Statistical analysis: The correlation between clinical symptoms, demographic data and the verbal fluency variables has been determined using Pearson's correlations. The data were analysed using ANOVA and for semantic fluency this was followed by multidimensional scaling (MDS).

Results: Patients with schizophrenia generated fewer words than healthy controls on semantic fluency tasks. The MDS analysis showed that the semantic structure for schizophrenics with hallucinations was more disorganized than that for the schizophrenics without hallucinations. The schizophrenics with hallucinations appeared to lack any organisation or logical associations within their semantic network of animals, fruits or body parts.

Conclusions: The comparison between schizophrenia patients as a whole and normal controls indicated impaired semantic structure in the patient group, in addition to decreased word production.

P111

Anomalous subjective experiences as a tentative new direction for a youth-targeted psychometric high-risk approach

A. Raballo [1], C. Cattaneo [2], G. Castignoli [3]. [1] *Psychiatric Intensive Care Unit, Department of Mental Health, AUSL Reggio Emilia, Italy* [2] *Department of Mental Health, USL Valle D'Aosta, Valle D'Aosta, Italy* [3] *Department of Mental Health Nord, ASL 13 Novara, Italy*

Background: To assess subtle pre-psychotic anomalies of subjective experiences in adolescents might become a key point for early screening of psychotic risk. Yet the ideal instrument would need to be a brief, responsive, reliable, and valid measures that can be implemented in strategic extra-clinical community settings with minimal cost and burden. The Frankfurt-Pamplona Subjective Experience Scale is a 18-item, likert-format, self-report measure developed on the basis of empirically-derived condensation of the Frankfurt Complaint Questionnaire (Cuesta et al., 1996).

Objective: The objective of this study was to field test the Italian adaptation of the FPSES, assess its reliability and validity and explore eventual overlap with schizotypal personality traits.

Methods: A pilot field test was implemented in a randomized sample of both high school and university classes in the urban area of Novara (Italy). A total of about 208 students agreed to participate. Internal consistency and factor analytic methods were used to assess the psychometric properties of the instrument.

Results: The FPSES revealed a high internal consistency and a monofactorial item segregation independent of schizotypal dimensions.

Conclusions: Analyses of the FPSES supported its reliability and validity for assessing experiential vulnerability in a non-intrusive way. Self-perceived experiential vulnerability showed only minimal overlap with concomitant schizotypal traits and defines a putatively autonomous domain of individual pre-psychotic liability. Normative data for the sample are presented.

P112

Anomalous incipiency in self-narratives: A naturalistic, qualitative exploration of self-experienced liability in prodromal patients

A. Raballo [1], E. Semrov [1,2]. [1] *Psychiatric Intensive Care Unit, Department of Mental Health, AUSL Reggio, Emilia, Italy* [2] *Clinical Effectiveness Unit, AUSL Reggio, Emilia, Italy*

Background: albeit ultra-high risk (UHR) mental state for developing a psychosis is currently defined mainly by attenuated (APS) and transient psychotic symptoms (BLIPS), subtle not-yet psychotic anomalies of self-experience occur in a substantial proportion of prodromal patient even prior to any detectable diagnostic symptom.

Methods: in-depth, multiple, phenomenologically-driven psychiatric interviews were conducted in a sample of about 14 first admitted prodromal patients and their families, together with standardized psychometric evaluation.

Subjects' detailed first-person self-descriptions were collected and transcribed in the clinical files and re-evaluated, specifically targeting the biographical emergence of disorders of self-experience, interpersonal attunement and axiological idiosyncrasy.

Results: recurrent patterns of morbid self-experience were identified, especially inhering a fading of the basic sense of self-intimacy (i.e. diminished ipseity or self-affection) and a related strive to maintain the coherent self-narrative. Such patterns were meaningfully connected with the current clinical symptomatology and interpersonal functioning of the patients. Phenomenological-oriented interviewing revealed dramatic effects in modulating contingent subjective self-stigmatization and environmental expressed emotion.

Conclusions: not-yet psychotic anomalies of subjective experience are relevant in the characterization of UHR mental states and are subtended by profound transformation of the basic structures of consciousness (i.e. intentionality, temporality, spatiality, embodiment). Such prereflective and near-ineffable experiences can be grasped by means of a phenomenological approach.

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