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**Introduction:** Left temporal hypoperfusion has been reported in some cases of schizophrenia. However, left temporal cortex is involved in lexical access. Moreover, difficulties with accessing the lexical-semantic memory store have been proposed in schizophrenia. Therefore, a relation between impaired lexical access and left temporal activity in schizophrenia might be argued.

**Method:** Here, we report the case of a 33 years old man with disorganized schizophrenia (using DSM-IV-TR criteria) who underwent complete neuropsychological assessment and measurement of cerebral perfusion with 99mTc-ECD (ethyl cysteinate dimer) single photon emission computed tomography (SPECT).

**Results:** We found evidence for naming disabilities with Deloche and Hannequin's picture naming test of 80 objects. Moreover, a semantic knowledge test (Desgranges and al) suggested the preservation of the lexical-semantic memory store. This was not due neither to mental deficiency (evaluated by WAIS-III and Raven's matrices PM 38), nor to executive dysfunction (evaluated by Frontal Assessment at Bedside, Wisconsin Card Sorting Test, Verbal fluencies, Stroop test and Rey-Osterrieth complex figure), nor to any abnormality of the central nervous system (on the RMI investigation). However, SPECT revealed a left temporal hypoperfusion.

**Conclusion:** This case report suggests that left temporal hypoperfusion described in some cases of schizophrenia might be related to an impairment of lexical access.

## P0088

Weight management by modular group interventions. Outcome at 24 months in an Irish cohort with severe mental illness (SMI)

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**Background and Aims:** Patients with SMI receive long term intervention with psychotropic agents often associated with weight gain. Weight and lifestyle management programmes may prevent, reduce or reverse weight gain, however most data is short-term. Categorical data is not often reported

**Methods:** A group programme (Solutions for Wellness) designed to address weight and other cardiovascular risk factors commenced 2002 in Ireland. Each group provided open-ended access to referred SMI patients. Weekly group sessions consisted weighing, discussion and an 8-week rotational cycle of educational topics on aspects of weight, dietary choices and lifestyle changes. Groups were led by trained healthcare professionals.

**Results:** Data is reported up to 24 months from 55 patients (27 male; 28 female) from 6 centres. Mean age 49.4 years (range 21-74). Schizophrenia 63%, Affective disorders 26%, other 11%. Patients completing 1 year - 55% and 2 years 22%. Baseline mean weight 98.6 kg (SD 19.2) decreased to final visit weight 96.9kg (SD 18.4). Paired t -test, p = 0.0030; CI Mean 2.53 (0.9-4.159). Weight increased in 11/55, maintained 7/55 and decreased 37/55.

**Conclusions:** Weight gain in SMI patients is not inevitable and was found in only 20% of patients attending weight clinics in Ireland. Patients may benefit if similar interventions were widely available.

## P0089

Effectiveness and patterns of switching to aripiprazole in schizophrenic patients. Rea I and rea II studies

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**Introduction and Objectives:** After the commercialization of Aripiprazole in Spain, two observational studies were proposed, one was conducted when the drug was first launched, and the other when the starting dose of Aripiprazole was modified, in order to understand the switching strategies, the effectiveness, tolerability and adherence to treatment in standard use conditions.

**Patients and Methods:** Two multicenter, retrospective, observational studies were carried out involving 200 psychiatrists throughout Spain with approximate 1000 patients treated with Aripiprazole during the previous four months in each one of the studies during 2005 and 2006 respectively.

**Results:** Both groups of patients had a very similar demographic profile that matches with the general schizophrenic population. In the first study, the main reasons for switching medication were low efficacy (56% of cases) and intolerance (35%), and 44% and 43% respectively in the second study. Despite the poor response to previous treatment, clinical evaluation of effectiveness and tolerability with Aripiprazole was very positive: In the first study, 76% of patients had very good or good effectiveness and tolerability was very good or good in 90%. In the second study, these values were 75% and 93%, respectively. Patterns of change from the previous treatment were switching in 75% of cases in the first study and in 60% in the second study.

**Conclusions:** Effectiveness of treatment with Aripiprazole is good in patients who had a poor response to their previous antipsychotic treatments. The most frequent and effective pattern for change patients to Aripiprazole treatments is switching.

## P0090

Sex differences in prodrome of first psychosis episodes

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A prodrome in schizophrenia is the period when some signs and symptoms are present but the full-blown criteria are not yet met.

**Methods:** We present an open prospective and multi-center study with a follow-up of 2 years in patients with a first psychotic episode. Assessments were made every three months for 2 year. We used a protocol including: PANSS, GAF-EEAG, CGI, Young mania, Hamilton scale for the depression, UKU, OCS, Premorbid Adjustment scale, the Information Subtest and Psychosocial Stress Global Assessment (DSM III R). The assessment of prodromal symptoms was retrospectively. The symptoms were based on the late prodromal