

style described by McGorry (1). A statistical analysis of data was performed.

Objectives

- Evaluate the gender differences in the prodromal state and analyse the prognosis according to them.

Results: 231 patients were included (32.5% women). The following symptoms were more frequent in men ($p < 0.05$): isolation, odd behaviour, deterioration of cleanness, language vague, and lack of spontaneity. The outcome after 2 year was worse when patients had the following symptoms in the group of the men: lack of spontaneity, language vague and deterioration of cleanness. However, women have the same outcome independently of prodromal symptoms in the illness onset.

Conclusions: The presence of prodromal symptoms could influence on outcome of men after two years. They have a worse outcome when they have some prodromal symptoms. The intervention on this phase could be an opportunity to improve the outcome of men with first psychosis episode.

P0091

Sex differences in the outcome of first episode psychosis

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Objective: Evaluate the sex differences in first episode psychosis.

Methods and material: We present an open prospective and multi-center study with a follow-up of 2 years in patients with a first psychoses episode. The patients were treated with risperidone and assessments were made in the first month and then every three months for 2 year. Therefore, we used a protocol including the following scales: PANSS, Global Assessment of Functioning scale (GAF-EEAG), CGI, Young mania rating scale, Hamilton scale for the depression, UKU, OCS, Premorbid Adjustment scale (Cannon-Spoor), the Information Subtest (WAIS) and Psychosocial Stress Global Assessment (DSM III R).

Results: 231 patients were included (32.5% women). Males have consistently an earlier onset even after controlling the cofounding factors and poorer premorbid functioning. Women have a shorter DUP, and they are more likely to be married than men and to live with their couples or children. Women have also better adherence to treatment than men. Males don't show differences in negative, positive symptoms or cognitive deficits. There was no difference between the sexes in the dose of the prescribed antipsychotic. There are no clear sex differences in family history and obstetric complications. Sex doesn't have influence on the course of illness in middle-term (2 years).

Conclusion: This paper supports the presence of significant differences between schizophrenic males and women, but there aren't differences in the outcome of the disease.

P0092

Does contextual information cue comprehension of speaker intent in schizophrenia?

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Many studies have reported that patients with schizophrenia (SZ) can be impaired in social cognition (Champagne-Lavau et al, 2006) implying communication disorders and theory of mind (ToM) deficits. Studies (Hardy-Bayle et al., 2003; Sarfati et al., 1999) suggested that patients' apparent inability to attribute intention to others results from their inability to use contextual information to decode other people's intentions.

The aim of this study is to determine 1) whether contextual information such as level of incongruity cue speaker intent in SZ patients, 2) and whether symptomatology and/or cognitive deficits are associated to a deficit in attributing intentions to others.

Thirty patients with schizophrenia and thirty matched healthy participants - all right handed and native French speakers - were tested individually on a standard ToM task (Sarfati et al., 1997), on their executive functions (inhibition, flexibility, fluency) and on their irony understanding involving attribution and comprehension of speaker intent. Psychological researches (Ivanko & Pexman, 2003) have demonstrated that several factors such as the degree of incongruity between context and speaker utterance influence the extent to which ironic intent is perceived. Therefore, context is manipulated according to length of this incongruity.

Main results showed that SZ patients seem sensitive to contextual change since they made more errors in weakly negative context than in strongly negative one. However, contrary to healthy participants, they tend to interpret ironic utterances as errors or lies, attributing a wrong intention to the speaker. These difficulties seemed to be associated with a specific lack of flexibility.

P0093

A double-blind randomized placebo-controlled relapse prevention study in remitted first-episode psychosis patients following one year of maintenance therapy

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Background: Currently there is no consensus regarding how long anti-psychotics medication should be continued following a first/single psychotic episode. Clinically patients often request discontinuation after a period of remission. This is one of the first double-blind randomized-controlled studies designed to address the issue.

Methods: Patients with DSM-IV schizophrenia and related psychoses (excluding substance induced psychosis) who remitted well following a first/single-episode, and had remained well on maintenance medication for one year, were randomized to receive either maintenance therapy with quetiapine (400 mg/day), or placebo for 12 months. Relapse was defined by the presence of (i) an increase in at least one of the following PANSS psychotic symptom items to a threshold score (delusion, hallucinatory behaviour, conceptual disorganization, unusual thought content, suspiciousness); (ii) CGI Severity of Illness 3 or above; and (iii) CGI Improvement 5 or above.