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Background and aims: Deficits in executive functioning in schizophrenia spectrum psychosis have been repeatedly reported. However, their relationship to the duration of disease and its psychopathology remains unclear. The purpose of this study was to compare executive functioning between first episode and chronic psychotic patients. The aim was also to investigate whether positive or negative psychotic symptoms are differentially related to executive functioning. The Stroop Color Word Test (SCWT) was chosen for this purpose, as a representative task of executive function, evaluating shifting ability, concentration and selective attention.

Methods: 24 patients with one (n=8) or more (n=16) psychotic episodes and 30 sex and age-matched controls were assessed using the SCWT. Patients were also evaluated with the Positive and Negative Syndrome Scale (PANSS).

Results: Patients with one psychotic episode showed significantly higher speed in all subtasks of SCWT compared to patients with more psychotic episodes, but no significant difference in the accuracy between these two groups was proved. Psychotic patients performed worse -in term of accuracy and speed- in SCWT compared to controls. Accuracy but not speed showed correlation with both Positive and Negative symptom dimensions, as well as with the severity of psychopathology (total PANSS).

Conclusion: Deficits in executive functioning in schizophrenia spectrum psychosis, as they are assessed by SCWT, seem to be associated with the duration of the disease and the severity of both negative and positive psychopathology.

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The efficacy and safety of clozapine therapy for the community-based management of psychotic disorders

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Background and aims: Clozapine is the established antipsychotic for patients refractive to, or intolerant to, other antipsychotics. Despite its unfavorable safety profile requiring continued clinical and haematological monitoring, clozapine is tolerated relatively well due to the low risk of associated extrapyramidal effects. Our objective was to assess the safety and efficacy associated with the initiation and continued monitoring of clozapine therapy for the treatment of psychotic disorders in the community.

Methods: A retrospective single-centre study of patients on clozapine therapy (n=45) for the treatment of psychotic disorders managed within the community between 01/07/05 and 30/06/06. Parameters evaluated included pre-therapy clinical/laboratory evaluation, pre-clozapine antipsychotic medication history, clozapine treatment dosage and duration, initial/late adverse effects, reasons for treatment cessation and psychiatric readmission rate.

Results: The mean age of our patient cohort was 42.2 years. There was a male predominance with a male:female ratio of 2.5:1. Patients were treated with an average of 3.5 different antipsychotic regimens prior to clozapine commencement. 97.8% of patients commenced clozapine due to treatment resistance. The most common early side-effect was sinus tachycardia (24.4%) followed by

hypersalivation (15.6%), whilst weight gain (8.9%) was the most common late onset side-effect. There was 2.2% psychiatric admission rate on clozapine therapy and was due to treatment non-compliance.

Conclusion: Clozapine is a very effective atypical antipsychotic for managing patients refractive to, or intolerant to, other antipsychotics. Despite its impressive clinical efficacy, clozapine has a significant side-effect profile warranting continued patient vigilance and greater research on its short- and long-term safety.

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Transition rates from schizotypal disorder to psychotic disorder for first-contact patients included in the opus trial. A randomized clinical trial of integrated treatment and standard treatment

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Background: Only a few randomized clinical trials have tested the effect on transition rates of intervention programs for patients with sub-threshold psychosis-like symptoms.

Aim: To examine whether integrated treatment reduced transition to psychosis for first-contact patients diagnosed with schizotypal disorder.

Methods: Seventy-nine patients were randomized to integrated treatment or standard treatment. Survival analysis with multivariate Cox-regression was used to identify factors determinant for transition to psychotic disorder.

Results: In the multivariate model, male gender increased risk for transition to psychotic disorder (relative risk = 4.47, (confidence interval 1.30-15.33)), while integrated treatment reduced the risk (relative risk = 0.36 (confidence interval 0.16-0.85)). At two-year follow-up, the proportion diagnosed with a psychotic disorder was 25.0 percent for patients randomized to integrated treatment compared to 48.3 percent for patients randomized to standard treatment.

Conclusion: Integrated treatment postponed or inhibited onset of psychosis in significantly more cases than standard treatment.

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Executive dysfunction and insight in schizophrenic patients

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Objectives: There are many studies reporting poor insight in schizophrenic patients. Other studies demonstrated deficits in executive functions in these same patients.

The results of empirical studies that try to establish the relationship between levels of insight and various clinical and neuropsychological variables are not consistent.

The aim of this study was to establish the relationship between the executive functions, as defined by the Behavioral Assessment of Dysexecutive Syndrome (BADS- N. Alderman, 1996) and the level of insight, evaluated by Assessment of Insight in Psychosis scale (I. Marková, 2002). We also tried to correlate some clinical variables (age, gender, age of onset, schoolarity, type of pharmacotherapy, severity of psychopathology) with the level of insight and executive dysfunction.

Population and Methods: we studied 50 schizophrenic outpatients of the Psychiatry Department of our Hospital, whose age ranged between 16 and 60 years, and who had stabilized disease. Informed Consent was obtained from all participants.