were analyzed using an ANCOVA model controlling for treatment, country, and baseline value.

Results: PEC scores were reduced 24 hours after IM injection with either aripiprazole or haloperidol (mean change of -8.3 and -8.1, respectively). Improvements in all other scales were also observed 24 hours following IM injection of aripiprazole or haloperidol. Treatment with oral aripiprazole or haloperidol for 4 days further reduced mean PEC scores (-1.4 aripiprazole, -1.4 haloperidol). Reductions in other scales were also maintained for 4 days following the transition to oral therapies. Incidence of AEs, and changes in laboratory values and vital signs were similar for both phases.

Conclusions: The effectiveness of aripiprazole and haloperidol appears to be maintained in patients with schizophrenia following transition from IM to oral formulations.

P083

Treatment of obsessive-compulsive symptoms in schizophrenic patients

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Introduction: Obsessions and compulsions are common in schizophrenic patients. Based on findings of the efficacy of selective-serotonin reuptake inhibitors in the treatment of obsessive-compulsive disorder, we designed an open-trial to examine the effect of adding fluoxetine to the ongoing antipsychotic regimen of schizophrenic patients with obsessions or compulsions.

Method: The study population consisted of 16 schizophrenic patients who had obsessive and/or compulsive symptoms. Fluoxetine (20-60 mg/day) was added to the ongoing antipsychotic treatment for 12-weeks. The patients were evaluated before the trial and at weeks 4, 8 and 12 by the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS).

Results: The results showed a significant improvement in obsessions ($P < 0.02$) and compulsions ($P < 0.01$). At the end point of the study, 9 (56%) of the patients showed significant (more than 50% reduction) in the Y-BOCS score. Although some of the patients experienced somnolence, insomnia or gastro-intestinal problems, but there were no significant clinical side-effects.

Conclusion: It seems that Fluoxetine is an effective medication for treating obsessive and/or compulsive symptoms in schizophrenic patients.

Keywords: Obsession, compulsion, schizophrenia, fluoxetine

P084

Psychogenic psychosis: Validity of diagnosis

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Introduction and objectives: In 1916 Wimmer described psychogenic psychosis as a psychosis secondary to mental trauma.

Currently, psychogenic psychosis is included among acute and transient psychotic disorders (F23) in the ICD-10 and among the brief psychotic disorders (298.8) in the DSM IV-TR.

We review the case histories of patients diagnosed with psychogenic psychosis for the purpose of analysing the stability of the diagnosis and its current validity.

Material and methods: The sample consisted of 15 patients admitted to the Psychiatric Department of the Conxo Hospital in Santiago de Compostela (Spain) with a diagnosis of psychogenic psychosis between 1998 and 2006. A descriptive analysis was made based on a series of socio-demographic and clinical variables. Afterward, in October 2006, patients were followed up in their respective mental health units to verify their current diagnosis and clinical status.

Results: The sample included 14 women and 1 man with mean age of 33,7 years. The most frequent prior personality trait was histrionic (42%). Persecutory delusions (58%) and auditory hallucinations (46%) were the predominant psychotic symptoms. In the months after follow-up, the majority of patients maintained the diagnosis of psychogenic psychosis (73%), while 9% of patients were diagnosed with dysthymia, and 2 patients developed schizophrenia with deterioration.

Conclusions: The majority of patients in our sample diagnosed with psychogenic psychosis maintain a stable diagnosis over time and do not present deterioration.

P085

Negative symptoms predict functional outcome of early-onset psychosis

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Background and aims: Psychosis with onset prior to 18 years of age, or early-onset psychosis (EOP), have a poorer prognosis than adult-onset psychosis. Further, a worse functional outcome of patients with EOP has been related to diagnosis of schizophrenia, severity of negative symptoms, behavioral problems, premorbid functioning, childhood onset, and insidious onset. We aim to examine the functional outcome of patients with EOP over a two-year follow-up.

Methods: A total of 24 patients with first episode psychosis were enrolled. Subjects underwent a cross-sectional evaluation at the baseline visit that consisted of collecting sociodemographic data, including parental socioeconomic status as measured by the Hollingshead-Redlich Scale. Psychotic symptoms were assessed using the Spanish version of the Positive and Negative Syndrome Scale (PANSS). Social disability was measured with the Global Assessment of Functioning disability scale (GAF). Patients were assessed at a two-year follow-up. A linear regression analysis was used to predict the level of functioning (based on GAF scores) over the two-year follow-up. Variables entered into this equation were: GAF at two-year follow-up (as dependent variable), and gender, age at first onset, parental socioeconomic status, diagnosis, positive symptoms at baseline, and negative symptoms at baseline (as independent variables).

Results: Negative symptoms at baseline were the only significant variable that predict the functional outcome at the two-year follow-up ($p = 0.010$).

Conclusions: Functional prognosis of early-onset psychosis depends on the severity of negative symptoms, independently of diagnosis.

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