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New concept: It is well known that schizophrenia has wide heterogenity of its long-term course and outcome. In 2004 "The Remission in Schizophrenia Working Group" (Andreasen, Carpenter, Kane et al) developed an operational criteria system for the measurement of remission. In their consensus remission was defined by using an absolute threshold of severity of the diagnostic symptoms of schizophrenia rather than improvement from the baseline. Remission is a low-mild symptom intensity level, where the symptoms do not influence behavior. To measure remission they used a complex psychopathological scale, PANSS.

Old study: At the beginning of the 1970s we started a study, in which we investigated 185 patients. They were diagnosed according to Leonhard's classification of functional psychoses schizophrenia and cycloid psychoses (schizoaffective psychoses). We reinvestigated them 30 years later, using numerous psychopathological tests, including PANSS. For measuring the level of functioning, we estimated GAF also. The level of functioning was considered "good" when the GAF was higher than 60%. According to that 49% of schizophrenic patients had good prognosis, while this rate of schizoaffective patients was 95%.

Results: We applied the remission conception to our patients and found that only 19% of the schizophrenic patients were in remission, in contrast with schizoaffective patients, where this rate was 90%.

Conclusion: This result confirmed that function and social adaptation did not move in parallel with the severity of psychopathological symptoms, and that this remission concept is a stringent standard.

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The autolytic risk at the pacients with schizophrenia

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This retrospective study evaluate the autolytic risk at the pacients with schizophrenia, presented in speciality literature at 10-40%.

Material and method: We studied all the pacients with diagnosis of schizophrenia (DSM IV) who have been admitted in The Psychiatry Clinic II Tg.Mureș, between 01.05.2005-31.12.2005. We analysed the demographic criteria − especially the age and sex repartition, and also the clinical criteria − onset off illness, the corelation with an acute episode, the presence and type of the ideas, of concerns and of autolytic tentatives and also other depressive or psychotic symptoms.

Results: 12 (14.1%) from 85 patients with schizophrenia had autolytic ideas, 8 (9.41%) had autolytic concerns and 6 (7.05%) had autolytic tentatives. To exemplify I propose three cases.

Conclusions: The patients with schizophrenia have an important autolytic risk, the tentatives are caused by an added depression or by imperative hallucinations and/or by delusions or by substances abuse.

Keywords: schizophrenia, autolytic ideas, suicide.

P142

Socio-demographic and clinical characteristics of 2040 schizophrenic outpatients in Greece (The Greek 'ACE' study)

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Purpose: To evaluate treatment patterns and actual clinical care of schizophrenic patients in Greece.

Methods: The Greek 'ACE' study is a descriptive, cross-sectional, multicenter national survey conducted in the outpatient setting by 101 psychiatrists (under 3 Coordinators Psychiatrists) proportionately distributed all over Greece who registered during one visit the first twenty consecutive patients presenting at their consultation. Observational period :29/09/2005 -22/12/2005.

Recruited 2040 patients over 18 years, with an ICD-10 primary diagnosis of schizophrenia.

Results: 1198 patients were males (58,73%) and 842 females (41.27%). Mean age :40.3 years.

Patient age at the time of disease diagnosis was statistically different between men (26.6) and women(28.8) (p-value<0.0001).

66% of the patients are unemployed, (52.38% due to the disease), 28.24% working and 5.41% students.

Overall, 8.21% had not received any education, 22.67%, had primary education, 8.86%,occupational training, 44.79%,secondary education and 15.47% tertiary education 30.3% of the female patients were married vs 16.6% of the male ones.

82.68% of the patients is not living alone.

In 47.94% of the patients participating, diagnosis schizophrenia had been made more than 10 years prior (escalation of percentages exposed).

Currently 5.88% of the patients were in Acute status(first attack/diagnosis),9.41% in relapse,22.16% presented active symptoms and 62.35% in chronic stable phase.

Family history of schizophrenia existed in 70.72% for males and 69.45% for females. Distribution of the family members affected by the disease exposed analytically.

Conclusions: These results are consistent with equivalent studies carried out in Spain, France and Belgium.

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Treatment patterns of schizophrenic outpatients in Greece (The Greek 'ACE' study)

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Purpose: To assess the current treatment patterns and clinical care of schizophrenic patients in Greece.

Methods: The Greek 'ACE' study is a descriptive, cross-sectional, multicenter national survey conducted in outpatient setting by 101 psychiatrists (under 3 Coordinators Psychiatrists) proportionately distributed all over Greece who registered during one only visit the first twenty consecutive patients presenting at their consultation. Observational period :29/09/2005 -22/12/2005.

Recruited 2040 patients over 18 years, with an ICD-10 primary diagnosis of schizophrenia.

Results: (87.23%) of male patients receive antipsychotic drugs and other therapeutic treatments for schizophrenia in a statistically

significantly higher percentage than the one of females (81.47%), (p-value=0.0004).

98.85% of males receive antipsychotic treatments versus 99.56% of females (p-value=0.1185).

35.22% of male patients receive non-drug treatment versus 33.24% of females (p-value=0.3966).

Most often prescribed antipsychotics in this sample are: Risperidone: 28.90%(Males 29.43%, females 28.11%), Haloperidole: 22.96%(23.62%,21.96% respectively,), Olanzapine: 21.39%(20.72%, 22.40%), Aripiprazole: 17.60% (15.68%,20.50%) Quetiapine: 9.50%: (9.00%, 10.25%), Amisulpride: 8.51%(9.78%, 6.59%), Ziprasidone: 8.33% (9.00%,7.32%), Clozapin:7.28% (8.52%, 5.42%), Zuclopenthixol: 1.98% (2.52%,1.17%).

The average daily dosage for each of the above-mentioned medications for the whole sample and by gender has also been assessed whether they are used as monotherapy or as part of polytherapy.

Conclusions: In Greece, more male Schizophrenic patients compared to females are receiving care for their illness. Second generation antipsychotic treatments represent the treatment of choice.

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Most frequently observed adverse events among schizophrenic outpatients in Greece (The Greek 'ACE' study)

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Purpose: To evaluate the current medical status, clinical care and treatment patterns of schizophrenic patients in Greece.

Methods: The Greek 'ACE' study is a descriptive, cross-sectional, multicentre national survey conducted in outpatient setting by 101 psychiatrists (under 3 Coordinators Psychiatrists) proportionately distributed all over Greece who registered during one visit the first twenty consecutive patients presenting at their consultation. Observational period :29/09/2005 -22/12/2005.

Recruited 2040 patients over 18 years old, with an ICD-10 primary diagnosis of schizophrenia.

Results: A total of 1716 patients (1033 males and 683 females) were treated with antipsychotics agents. Among them, 52.10% experienced adverse events at the time of data collection

The most frequently reported adverse events is weight gain(45.86%), extrapyramidal symptoms (32.88%), sedation and impaired concentration (24.50%), dry mouth (22.26%), sexual(18.23%) and menstrual (9.50%) problems. Distribution of various adverse events separately for males and females by each medication when received as monotherapy, is also presented.

The percentage of males presenting with high cholesterol values (13.44%) is statistically significantly higher than of females (9.46%) (p-value=0.0124), while this does not happen neither with high triglycerides values (9.21%-males vs 6.99%-females) (p-value=0.1011),nor

with high glucose values (6.72%-males vs 6.71%-females) (p-value=0.9920).

Distribution of high levels of cholesterol triglycerides and glucose, separately for males and females by each medication when received as monotherapy, is also presented.

Conclusions: Weight gain is the most frequently reported adverse event in this study. It is important to patients to receive the most appropriate treatment, taking in consideration both symptom control as well as potential side-effects.

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Contribution of extramural psychiatric care units in the treatment of psychosis in rural population

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Background and aims: Evidence shows that the hospital-based character of psychiatric services has a negative impact on the personal and social life of the psychotic patients. This situation is worse in rural areas where the Psychiatric Care facilities are fewer. In a 5-year study we investigate the therapeutic role of the Ambulatory Mobile Care Unit in the provinces of Fokida and Evros.

Methods: 45 patients, aged between 17-67, diagnosed with psychosis (schizophrenia, schizoaffective disorder, delusional states, bipolar disorder etc.) were studied. Most of them were unemployed (56%), living with their parents, and belonged to the lower or middle class. An experienced psychiatrist-supervisor, other psychiatrists, trainees, psychologists, social workers and nurses were part of the intervention team that helped the patients in different stages of the disease (acute state, stable condition).

Results: The intervention of the Mobile Care Ambulatory Unit resulted in:

a) Increase in the Employment Rate of the Patients (more than half of the patients has been employed in the end of the intervention)

b) Improvement in social abilities (more than 4/5 of the patients had improved relations with the local community c) Leisure time activities: acquisition of new hobbies in more than 2/3 of the patients d) Insight: most of the patients came in terms with their disease e) Nevertheless, very few of them managed to form their own family.

Conclusion: The mobile unit intervention has had a significant effect in most aspects of the life of the psychotic patients.

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Extramural psychiatric care units in the treatmenta of psychosis in rural population: Investigation of the number and duration of relapses in a 5-year study

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Background and aims: The limited number of extramural residential facilities in the rural areas of Greece leads in the diminished effectiveness of the follow-up of the psychotic patients and the relapses of their condition. The goal of our study was to investigate the factors involved in the number and duration of the relapses, as well as the role of the intervention of the Ambulatory Mobile Units in modifying these parameters.

Methods: By using different statistical techniques 45 patients, aged between 17-67, were studied. In a 5-year follow-up, parameters like the number of relapses and their duration were correlated with socio-demographic variables and parameters concerning the personal and family background of the patient. A standard team consisting of an experienced psychiatrist-supervisor, other psychiatrists, trainees, psychologists, social workers and nurses were collaborating with the patients.