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GENIOUS, a non-interventional under standard practice study examined and evaluated the efficacy and safety of ziprasidone in 963 schizophrenia patients from 43 Greek centers.

Ziprasidone was administered orally (p.o.) and/or intramuscularly (i.m.). The oral doses ranged from 40 to 320 mg per day and in the majority of patients were between 80 and 160 mg. The efficacy of ziprasidone was measured using selected parts of the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale (CDSS) and the Clinical Global Impression-Improvement Scale (CGI-I). The evaluation of safety was carried out by measuring the mean change in weight from baseline until end of treatment and by recording all other adverse events.

A mean improvement of 5.8 points was observed in the positive subscale of PANSS (95% CI = -6.10 to -5.43). In the negative subscale, 53.3% of the patients showed improvement in blunted affect, 58.8% in poor rapport, and 59.4% in difficulty in abstract thinking. A significant improvement was also observed in CDSS (-1.4 points, 95% CI = -1.5 to -1.2) with 40.3% of the patients showing remission of depression. Overall, a responder rate of 85.3% was observed for the CGI scale. Discontinuation of treatment due to adverse events was recorded in only 5.7% of the patients. However, only 4.2% were attributed to ziprasidone. No weight gain was observed.

The administration of ziprasidone constitutes a safe and effective therapeutic choice for the treatment of the positive and negative symptoms in Greek patients with schizophrenia.

P0164

Negative symptoms precede the onset of first episode psychosis in a prospective general population sample of adolescents

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Background and Aims: There are lacking prospective studies in general population of adolescents about symptoms predicting the onset of first episode psychosis.

Methods: Members (N= 9,215) of the Northern Finland 1986 Birth Cohort, an unselected general population cohort, were invited to participate in a field survey during 2001, at ages of 15-16 years. The study included a 21-item PROD-screen questionnaire screening

prodromal symptoms for psychosis for last six months (Heinimaa et al. 2003). PROD-screen included nine questions for positive and five questions for negative features. The Finnish Hospital Discharge Register was used to find out new cases of hospital treated mental disorders during 2002-2005.

Results: Of the subjects 17 (0.3%) were treated due to first episode psychosis and 95 (1.5%) due to non-psychotic disorder during the follow-up period. Positive symptoms did not associate with the onset of psychosis, but negative symptoms did. 94% of subjects who got psychosis reported negative symptoms. Respective figure for those who were treated for non-psychotic disorder was 48%, and for those 'healthy' without psychiatric hospital treatment 46% (Fisher's exact test: psychosis vs. healthy $p < 0.001$, psychosis vs. non-psychosis $p < 0.001$, and non-psychosis vs. healthy $p = 0.61$).

Conclusions: This study may be the only one exploring prospectively in general population features predicting onset of first episode psychosis. The findings emphasize the importance of negative symptoms in the development of neuropsychiatric disorder of first episode psychosis (Weinberger 1995).

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P0165

EEG abnormalities and three year outcome in first episode psychosis

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Objectives: This study assesses the relationship of EEG to several aspects of 3 year symptomatic and functional outcome in first episode psychosis.

Method: One hundred and seventeen patients with first episode psychosis had their baseline EEG classified by modified Mayo Clinic criteria as normal, essentially normal or dysrhythmia. Socio-demographic variables, duration of illness and of untreated psychosis and premorbid adjustment were also recorded. Positive and negative symptoms of psychoses, depression, anxiety and global functioning were rated on entry and after three years of treatment.

Results: Patients with a dysrhythmic EEG at entry into treatment showed significantly greater persistence in both positive and negative symptoms of psychoses as well as anxiety and depression over three years. These findings were independent of duration of untreated illness or premorbid adjustment.

Conclusion: An abnormal baseline EEG in patients with first episode psychosis is associated with a poorer symptomatic outcome at three year follow-up.

Keywords: first episode psychosis, EEG, outcome, schizophrenia, DUP

P0166

Psychotic disorder in a 60-year-old woman diagnosed with uterine cervical cancer: A case report

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We report a case of psychotic disorder in a 60-year-old woman diagnosed with uterine cervical cancer who suddenly refused to continue local cobaltotherapy and was twice admitted to a psychiatric hospital

for bizarre behavior and delusional-hallucinatory symptomatology, for a total period of almost three months – discontinued by a one week discharge, during which she became noncompliant to treatment and was readmitted.

The laboratory data and the brain computer-tomography were unremarkable. She had no history of psychiatric illness or alcohol abuse.

Her family reports that the onset of delusional speech about her recently diagnosed cancer – preceded the first psychiatric admission by one month.

On psychiatric examination she showed delusional thought with religious, somatic and bizarre content; auditory, including imperative hallucinations, no insight of the psychiatric disorder and denied the oncological diagnostic. During hospitalization she developed persecutory delusions, depressive symptoms, and manifested delusional-hallucinatory modified behavior.

She received treatment with antipsychotic, antidepressant, mood stabilizing and anticholinergic medication. There was an improvement of her mood symptoms and some reduction of the psychotic symptomatology. However, she was still having bizarre somatic and religious delusional ideas and less prominent auditory hallucinations.

At the time of this report the psychotic disorder has a four months evolution, with antipsychotic treatment started three months ago. No oncological treatment was applied after the discontinuation of the local cobaltotherapy.

The psychotic disorder developed by this patient at approximately the same time of histopathological confirmation of the uterine cervical cancer, impaired her oncological therapy and prognosis.

P0167

The hypofrontality and working memory

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Regional cerebral blood flow or rCBF is a measurement of blood circulation levels to specific areas of the brain using transcranial sonography by BIOUS (Russia).

In the study conducted by our Research Center blood flow to the DLPFC was investigated in 70 schizophrenic patients and 65 non schizophrenics.

All participants were subjected to three separate conditions or tasks in which rCBF in brain blood vessels were determined. We investigated indexes of line blood speed Front (FBA), Middle(MBA), Posterior brain arteries (PBA)

The first of the three psychometric tasks was labeled the resting condition. This condition allowed participants to become acclimated with the experimental conditions. The next two conditions were counterbalanced among the participants in random order to discount the possible effect of task order on results.

We conduct a study to control for all the possible confounds of past research on working memory and the DLPFC. This task required the participants to identify the digit initially presented zero, one, two, or three frames before the one currently viewable.

As the working memory load became larger, activation levels of the DLPFC between increasingly differed between groups. Our study suggest that there is a significant role of the DLPFC in working memory, correlating its activation negatively with cognitive disorganization, a symptom of schizophrenia possibly responsible for many of the negative symptoms. These results clearly suggest working

memory and the right DLPFC dysfunction as playing significant roles in schizophrenic symptoms.

P0168

Self mutilation (five cases reports)

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Self-mutilation is described as the: “deliberate destruction or alteration of body tissue, without conscious suicidal intent”, it has been performed by individuals throughout history. Genital self-mutilation has been a religious practice since ancient roman times.

Self-mutilation can interest all organs especially: genital, hands and eyes, this form was described as a mystic delirium in schizophrenia.

We report five cases of self-mutilation diagnosed at patients to the psychiatric Academic Service in Marrakech on a period of 2 years.

The first is 51 years old without a psychiatric history, admitted with agitation and self-mutilation : he has bitten it's thumb; he was diagnostigued as schizophrenic.

The second one is 21 years old , schizophrenic following treatment since two years, he has injured its penis by a razor blade.

The third one is 60 years old , he has a complete section of its penis, admitted in a delirious depression.

The fourth one is 27 years old , known schizophrenic since 2 years he has pulling out 2 teeth (incisors) and biting its lips.

The fifth one is 27 years old , known schizophrenic since 10 years, he tried to remove his testes tearing his scrotal envelop during his hospitalization.

In the literature we have found several case reports: Self-inflicted stab wound of abdomen with spoon, Self-mutilation ear, Self-inflicted orodental injury, bilateral self-nucleation of eyes.

P0169

Axis I anxiety disorders comorbidity in psychotic patients

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Background and Aims: Axis I anxiety disorders are often comorbid in psychoses and mostly assessed during the hospitalization. In the present study anxiety comorbidity was investigated in 98 patients (with schizophrenia, schizoaffective disorder, bipolar disorder with psychotic features) previously hospitalized for psychotic symptoms.

Methods: Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorder Fourth Edition (SCID-P), Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impressions Scale (CGI), were performed during hospitalization (t0) and subsequently in a phase of clinical remission, lasting for at least 6 months besides a stable pharmacological treatment for at least 3 months (t1). Comorbid anxiety disorders were assessed only at t1 in order to avoid the influence of an acute clinical state.

Results: Our sample confirmed that anxiety comorbidity is a relevant phenomenon in psychoses, being present in nearly half of the patients (46.9%). Our specific prevalences were: obsessive-compulsive disorder (OCD) 20.4%, panic disorder (PD) 24.5%, social anxiety disorder (SAD) 19.4%, generalized anxiety disorder (GAD) 2%,