2004. At the same time important changes took place in the service delivery. This might affectlong term outcome. Denmark is a fairly small and uniform country so dissemination of knowledge, formally as well as informally, spread quickly.

Aim: To describe changes in mental health service delivery, during the 10 years from 1995-2004. To compare delivery of services between the different centers in the study such as beds available, and outpatient services available. To compare basic features as DUP between the centers, and to look at use of services in terms of use of beds, and use of outpatient services between the centers.

Results: During the years of the investigation a growing political and public interest was directed towards First Episode Psychosis. Three large investigations, TIPS, OPUS and DNS were initiated and two of those were initially financed by the ministry of health, whereas they were initially rejected for funding from the Danish medical research council.

A lot of local publicity was attached raising awareness of detection and intervention in these years. This affects of course Treatment as Usual (TAU). Comparison of outcome between the centers participating in DNS show no great differences pointing to a consensus of best practise.

W02.05

Treatment as usual (tau) in the first episode psychosis (fep) with focus on continuity and compliance. The danish national schizophreniaproject

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Very few research projects describe the clinical routines and every day treatment procedures, and correlate these to the outcome.

Objectives: To determine the possible correlation between continuity of treatment and compliance and to register its impact on psychopathology and social functioning.

Method: Patients with first episode of F2 diagnosis in The Danish National Schizophrenia Project (N= 269) were consecutively included during a two years period to be followed up for five years. Data were collected concerning social functioning, psychopathology, continuity of relationship in treatment, treatment conditions, medication, psychotherapy, compliance and social support and training.

Results: 50% has no shift of primary treatment person in the first two years. Continuity was lower in the metropolitan areas, and especially if the patients had substance abuse. Protecting factors seems to bee continuity, female gender, rural area and psychotherapy.

Symposium: Are there schizophrenia subtypes?

S36.01

What psychopathology tells us about the nature of schizophrenia?

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Psychopathological symptoms are the hallmark characteristics in all schizophrenia constructs all along the history since non-clinical domains have never been included in any of the major diagnostic criteria systems applied to schizophrenia.

Despite the critical importance of the DSM system in psychiatric nosology, a problem that is still not completely solved is clinical heterogeneity of patients, which it is not the exception but the rule. The magnitude of the problem is well illustrated by an example: There are 25 different combinations of characteristic symptoms (Criterion A), 5 schizophrenia subtypes and 9 longitudinal courses for 'DMS-IV-TR' schizophrenia disorder. Taken together, 1125 different clinical forms are possible for the same diagnosis.

Categorical approach to the assessment of symptoms and syndromes/disorders should be supplemented by dimensional analyses both at clinical and research levels. In fact, treatments for schizophrenia patients are mainly selected by their predominant symptoms and not exclusively by their diagnoses.

S36.02

Deteriorating/no deteriorating cognitive subtypes within schizophrenia

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Cognitive impairment has been at the forefront of schizophrenia research and clinical interest for the last 2 decades. The prevailing clinical impression is that individuals who meet criteria for schizophrenia also suffer from easy observable and at times severe cognitive impairment. However, when large populations of schizophrenics undergo classic psychological testing, the normal distribution of their composite scores is "shifted to the left" only moderately. There exist a very large overlaps between patients and controls in terms of cognitive scores regardless of the tests employed. An hypothesis that would reconcile the clinical observations with the research data on large population would suggests that the quality and degree of cognitive impairment that cognitive impairment in schizophrenia is heterogeneous both in quality and severity and that some subgroups of individuals perform within or above normal range on all aspects of cognition. Adding to this heterogeneity is the fact that for some individuals the cognitive impairment is static while for others it is progressively declining.

Since different aspects of cognitive impairment might have different biological substrate, investigating and sub-typing cognitive impairment could be essential to finding a therapeutic remedy.

S36.03

Longitudinal stability and long-term outcome of schizophrenia deficit and nondeficit subtypes

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Background and Aims: The concept of Deficit Schizophrenia (DS) is considered one of the most promising attempts to reduce heterogeneity within schizophrenia. Few prospective studies tested its longitudinal stability and ability to predict clinical features and outcome at five years follow-up.

Methods: In the present study 51 patients with DS and 43 with Nondeficit Schizophrenia (NDS), previously included in an Italian Multicenter Study on Deficit Schizophrenia, were reassessed after 5

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