illness's positive and general scale, b) there are differences between the perceived satisfaction in relation to the gravity of their positive – negative and general symptoms of schizophrenia.

P063

Wellness program: One-year experiences from the Czech and Slovak Republics

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Purpose of the study: The educational programs with behavioral components (diet and exercise) for patients with schizophrenia consistently improve patients' overall health. Here we present the one-year outcomes of 515 out-patients with respect to differences between the two health care services.

Methods: This program was delivered by trained psychiatric nurses in 10 sessions (in the Czech Republic) and 8 sessions (in the Slovak Republic) lasting one-hour in consecutive groups consisting of 5-8 participants. We compared groups of participants in both countries, as well as the influence of participation in this program on weight control with regard to antipsychotic medication.

Results: Between January 2005 and 2006 210 out-patients with schizophrenia-spectrum diagnoses entered the courses of the Wellness Program consecutively in the centers throughout the Czech Republic and 305 out-patients throughout the Slovak Republic. For the analysis we included only those patients who participated at least 7x in the Czech Republic (N=127) and 6x in the Slovak Republic (N=269). There was no difference in gender distribution and average age. The baseline parameters were different in both countries (body mass index, knowledge about nutrition and exercise), but their improvement was comparable in a weight loss and in improvement of knowledge about nutrition and exercise.

Conclusions: The Wellness Program was successfully accepted in both countries despite the different treatment structure in both countries. Participants were not only able to remember the facts about nutrition and excercise but were also able to use them in real life which is in connection to their weight loss.

P064

The differences between autistic and schizophrenic stereotype: Case report

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Objectives: It is important to differentiate between adult autism and schizophrenia. In this presentation, the distinction between autism and schizophrenia will be discussed in the light of two cases.

Cases: At the time that they applied to our clinic, we investigated autistic and psychotic symptoms and firstly diagnosed them as schizophrenia.With the more detailed history of illness and investigation the diagnose change as adult autism. In the conclusion the cases will be discussed generally.

Conclusions: The most important clinical differences between adult autism and schizophrenia are stereotypic behaviour and speech. Schizophrenic stereotype has anxiolytic character and autistic one has hedonistic structure. Autistic patients are always aware of their environment and they seem to be mute because of their inner speech, but schizophrenic patients are not. On the other hand, schizophrenic stereotype is aimless and spontaneous, while the autistic stereotype has an aim such as an assurance of being same, and is relatively voluntary. All stereotypic behaviours and speech of the autistic patients are target-locked and cannot be blocked or broken. It seems that, as if autistic patients are addicted to stereotypical behaviours. In such cases, the patient's sentences can be lack of certain grammatical elements or can be incomprehensible. The prosody of this speech can follow certain rules. When he is joined in a conversation, it is rather like a monologue. Patients of schizophrenia generally respond positively to a neuroleptic drug, while autistic patients need a combined therapy of neuroleptic and anti-depressive drugs.

P065

Continuous attention in dual diagnosis patients

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Most patients suffering from schizophrenia achieve worse results than healthy controls in tests measuring attention. The studies show that among the patients suffering from schizophrenia, about 50% abused psychoactive substances during their lives. The data concerning the impact of substance abuse on attention in schizophrenia are inconsistent.

The objective of this study was to examine continuous attention differences between subjects with and without a dual diagnosis. A group of 80 patients with schizophrenia were examined. 40 of them never used illicit drugs, the other 40 also received a diagnose of addiction to psychoactive substances. The group with a comorbid addiction was examined after 6 weeks of detoxification and treatment in a therapeutic community. Continuous Performance Test was applied to for the neuropsychological assessment. The CPT-IP version of this test was used. The patients were presented 450 stimuli in three groups.

No statistically significant differences were found between two groups when they had to omit the identical pair stimuli (finger-up). The same happened in case of false alarms stimuli. However statistical significance appeared when the patients had to react to random stimuli. This part of the test was performed better by the group of schizophrenic patients without addiction.

The above inconsistence of the results may be due to the complexity of attention deficits. It is possible that the impacts of psychoactive substances may be different on the mechanism responsible for reaction to the sequence of experimentally important stimuli than to for ignoring those stimuli, which originally were defined as unimportant.

P066

Facial expression recognition deficits in schizophrenia

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Background: Although there is evidence of deficits in facial expression recognition in schizophrenic patients, studies have often included a very limited number of emotions and specific symptom profiles are rarely included in statistical analyses.

Method: A group of 20 patients with schizophrenia or schizoaffective disorder, and a group of 20 normal controls (matched according to sex, age, educational level) were included. All patients were evaluated

https://doi.org/10.1016/j.eurpsy.2007.01.382 Published online by Cambridge University Press

with the Positive and Negative Syndrome Scale. For the facial expression recognition task, 56 faces were taken from the Karolinska Directed Emotional Faces (KDEF; Lundqvist et al., 1998), which included 4 pictures of faces (2 male and 2 female) for each of the six basic emotions (sadness, anger, happiness, fear, disgust, surprise), in addition to 4 photos of faces with neutral expressions. Participants were asked to choose the emotion that corresponded with the face.

Results: Analysis of variance (ANOVAs) revealed significant differences between schizophrenic patients and normal controls in terms of KDEF performance. Correlations were observed between KDEF performance and the Positive and Cognitive dimensions of the PANSS. Finally, independent t-tests were performed for scores for the specific emotional expressions of the KDEF, which revealed significant differences between the two groups for joy and surprise.

Conclusions: Results reveal that schizophrenic patients present facial expression recognition deficits compared to normal controls, in particular with the emotions joy and surprise. Furthermore, these deficits are specifically associated with the presence of positive and cognitive symptoms.

P067

Observational study of patients with schizophrenia in Spain: ACE 2005 study

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Aims: Epidemiological study of schizophrenia in Spain with a focus on clinical, diagnostic and treatment trends along the year 2005 compared with those observed in ACE 2004 study;

Methods: 617 psychiatrists from public and private Spanish clinics registered the first four patients with schizophrenia seen at their offices.

Results: A total of 2,430 patients were entered in the study (70% males, 79% unmarried; median age, 37 years) of which, 1,113 had participated in the ACE 2004 study. Twelve percent of patients had a history of illegal drug abuse, 59% had paranoid schizophrenia, 11% had residual schizophrenia, and 6% showed undifferentiated schizophrenia, with a significant skewing to a greater proportion (71% vs. 47%) of the paranoid subtype among "de novo" patients. On inclusion, 9% were suffering an acute exacerbation, 72% showed a stable disorder, and 18% had active symptoms. Up to 96% of patients included "de novo" had been previously treated with antipsychotic drugs, mainly risperidone (27%), and olanzapine (17%). After inclusion in the study, the antipsychotic drugs most frequentely prescribed were aripiprazole (25%), risperidone (18%), olanzapine (10%), and amisulpiride (8%). Training for psychosocial functioning, and occupational therapy (about 15% each) were the most frequent non-pharmacologic interventions (44% of all patients) used before entering in the study.

Conclusions: Patients observed were predominantly unmarried young males with paranoid schizophrenia. The proportion of patients with this subtype was greater than that recorded for patients who previously participated in ACE 2004 study. A trend towards treatment with aripiprazole or risperidone was observed.

P068

Specificity of autobiographical memory in schizophrenia: Retrospective and prospective deficits

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Cognitive deficits are viewed as core symptoms and among the major disabilities of schizophrenia. Among these deficits, memory impairments are likely to play a crucial role, and more specifically, memory for personal episodes, is disproportionately impaired. Schizophrenia is associated with a reduction of specific autobiographical memories which are marked after the onset of the disease (e.g., Riutort et al., 2003). This impairment is consistent with the existence of an abnormal development of personal identity in patients with schizophrenia. Williams and colleagues (1996) suggest that the specificity with which people retrieve episodes from their past determines the specificity with which they imagine the future. The aim of the present study was to investigate this hypothesis in patients with schizophrenia. A French adaptation of the Autobiographical Memory Test (AMT, Williams & Broadbent, 1986) was administrated to 12 patients with schizophrenia (4 men) and 12 control participants. In this version (TeMA, Neumann & Philippot, 2006), participants had to recollect specific past events or to imagine specific future scenarios in response to cue words. Results showed that patients retrieved fewer specific autobiographical memories and generated fewer specific future events than controls. In addition, their difficulty to imagine the future was correlated to their lack of specificity in the retrieval of past memories. The possibility that memory impairments could affect imageability of the future might have central clinical implications. Indeed, it suggests that cognitive deficits may play an important role in the feelings of hopelessness about the future often encountered in schizophrenia.

P069

Catatonia after abrupt discontinuation of chronic clozapine treatment

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Clozapine has been reported to induce various withdrawal signs and a rapid onset psychotic reaction (supersensitivity psychosis), after cessation of chronic treatment. Catatonic features associated with discontinuing or decreasing clozapine have also been described in a few cases.

We report the case of a 37-year-old woman, who had already suffered from disorganized schizophrenia for 20 years, and in whom we diagnosed agitated catatonia with purposeless motor activity for four days followed by a catatonic stuporous state with marked hypokinesia, negativism, mutism, posturing, waxy flexibility, echo phenomena, refusal to eat or drink and stereotyped movements with mannerisms that lasted another four days. She also demonstrated fever and some changes in blood and serum parameters. After resolution of the catatonic symptoms the patient's behaviour and speech remained enormously disorganized. The symptoms occurred less than one week after discontinuation of clozapine treatment (350 mg). The patient was on clozapine for almost 10 years, had been stable and had a re-emergence of some psychotic symptoms twice when clozapine was decreased. She was treated with lorazepam and was then put on amisulpiride and risperidone (liquids), with no response of her psychotic symptoms. For that reason, reinstatement of clozapine was decided 40 days after admission and the patient recovered dramatically.

Catatonia occurred in our patient a few days after discontinuation of long-term clozapine treatment and it therefore could be caused by

https://doi.org/10.1016/j.eurpsy.2007.01.382 Published online by Cambridge University Press