Investigation of the occurrence of psychotic symptoms in non-psychiatric population may help to identify population at risk of psychosis. The aim of our study was to find out lifetime and current prevalence of psychotic symptoms in the general population of the Czech Republic. Study sample consisted of a stratified population. All participants were administered the Psychosis Screening Questionnaire and the data on psychiatric treatment and diagnosis according to the M.I.N.I. were recorded. In total, 3244 subjects responded (48.1% males and 51.9% females). The most frequently reported symptom was paranoia (7.7%), followed by hypomania (6.2%), strange experiences (5.2%), thought insertion (3.8%), and hallucinations (1.7%). Lifetime prevalence of minimum 1 psychotic symptom was 17.9%. The highest proportion of responders reported only one symptom (13.5%). Significantly more males than females experienced paranoia (p=0.002). In the subset of individuals with a history of at least one psychotic symptom, 70.6% never visited a psychiatrist, 78.9% did not meet diagnostic criteria of psychotic disorder according to the M.I.N.I., and 67.0% failed to have any psychiatric diagnosis at all. The results suggest a high frequency of psychotic experience among the ethnically homogeneous Czech population. Only the longitudinal follow-up could confirm whether the symptomatic subjects are at risk of development of psychotic disorder. More likely, our findings support a hypothesis of the presence of psychiatric symptoms in the general population as a continuum of psychotic spectrum, from normality and sanity through unique psychotic experiences to fully expressed illness.

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P0177

Differences between schizophrenic patients with good and poor insight: Clinical correlates and outcome

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Background and Aims: Lack of insight is present in 50-80% of schizophrenic patients and is associated with poorer prognosis and negative outcome. The aim of our study was to evaluate possible differences in symptomatology and functioning between schizophrenic patients with poor or good insight.

Methods: One undred twenty one patients with a DSM-IV-TR diagnosis of schizophrenia in a stable phase were evaluated with PANSS, CDSS, GAF, and QLS. The Scale for the Assessment of Unawareness of Mental Disorder, SUMD, was used to assess three domains: awareness of mental illness, the need for treatment, the social consequences of illness. SUMD cut-off of 3 was used to differentiate patients with good insight from those with impaired insight. Independent sample t-test was performed to compare these two groups on clinical profile, quality of life and global functioning.

Results: No significant differences were found between poor and good insight groups on socio-demographic variables. Significant differences (p< .01) were observed between patients with poor and good insight, for all the three dimensions of SUMD, in GAF, PANSS positive and PANSS general symptomatology. Patients with worse awareness of illness presented more severe negative symptoms (p= .001) and less depressive symptomatology (p= .008). Patients with impaired awareness of need for treatment and the social consequences of disorder presented lower scores in QLS occupational role (p< .02).

Conclusions: These findings suggest a link between insight, symptomatology and outcome that can be explained by a clinical model which considers insight related to how a particular symptom is created.

P0178

Comorbidity in schizophrenia

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Introduction: Comorbidity has been defined as the coexistence of somatic and psychiatric diseases with diferent physiopatology in the same person, and it can appear simultaneously to the schizophrenia or during the patient's lifetime. There are two types of comorbidity: episodical or taking place during the lifetime of the patient. We can diffferenciate between comorbidity itself (in cluster, dependent or associated) to the so-called pseudo-comorbidity. Besides, comorbidity has been classified as a co-syndrome and it is considered a prognosis indicator of this disease, which can determine an increase in the rates related to relapses, worse response to treatment, less capacity to cope with social situations, and suicide in patients suffering from schizophrenia.

Results: 177 schizophrenic patients were assessed for affective symptoms and suicide behaviour. 24.3% were suffered for depression. 35% had a previous record of autolytic attempts. The rate of suicide history were higher among depressed schizophrenics (50%) than non-depressed schizophrenics (20%) (p<0,05).

Conclusions: We point out the clinic importance of suicide in schizophrenic patients suffering from depression. Moreover, the study shows the necessity to carry out longitudinal studies to recognize indicators of depression in advance and establish the diagnosis of depression, and, also, to acknowledge the importance of the gender factor in the depression of schizophrenic patients.

P0179

Prospective, multicenter, open-label, observational study of sexual function in patients beginning aripiprazole treatment

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Objectives: Antipsychotic treatment is known to be associated with secondary sexual dysfunction (SD). Recognition and treatment of this adverse effect has received growing attention. Until now, all antipsychotic agents were thought to potentially cause SD mediated by increased prolactin. Our aim was to observe whether aripiprazole modifies SD in patients with schizophrenia after 3 months of treatment.

Material and Methods: Multicenter, observational, open-label, prospective, three-month study with single group of aripiprazole

treated patients. Sexual activity was assessed using CGI-S and CGI-I for SD; SALSEX scale, validated for Spanish, 3 times after initiating study drug. Patient's clinical status was evaluated by CGI-S and CGI-I for psychotic disorders, and by BPRS Scale.

Result: 42 patients (70% men), 38 completed the study. Incidence of SD at 3 months was null for all patients studied. As period of treatment advanced, the Salsex score decreased, showing a mean overall reduction of −5 points (SD 3.6). Largest reduction was observed in subgroup of patients with SD in baseline visit, who exhibited a mean reduction of −6 points (SD 3.1).

Men with SD in baseline evaluation showed more marked improvement than women at 40 days of treatment (p=0.0447). However, recovery was similar for both groups at 90 days of treatment.

Conclusions: In schizophrenia, SD secondary studies to antipsychotics are important in establishing effectiveness of these agents in chronic treatment. After 3 months of aripiprazole treatment, no SD was observed in patients. Patients who presented SD at study initiation improved over course of 3 months treatment with aripiprazole.

P0180

Day treatment program for schizophrenia based on psychoeducation: The 6-week follow-up focused on psychopathology and quality of life

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Background and Aims: Successful long-term schizophrenia management should aim at delivery of information about the disease, treatment adherence support, cognitive decline prevention and family atmosphere improvement. We introduce clinically-based 6-week structured integrated program for out-patients with schizophrenia-spectrum disorders in the stabilization phase of the treatment. It consists of the new psychoeducational program PREDUKA (Patient and Relatives Education), life style improvement intervention, social skills training, cognitive remediation and information technology aided relapse prevention program (ITAREPS).

Methods: To assess the feasibility and effectiveness we designed one-year prospective follow-up field study.

Results: Preliminary analyses (N=71; first episode N=29) on baseline and 6-week outcomes data on psychopathology (PANSS) and quality of life (Schwartz Outcomes Scale-10, WHO-QOL-BREF and Social Integration Survey) showed significant improvement in PANSS total score and all PANSS domains scores. Compared to healthy controls quality of life was lower in patients including those with first episode. Immediately after the program quality of life improved significantly; in Group activities, Appropriateness and Hygiene domains reached normal controls.

Conclusions: Our short-term data suggest that participation at the program early after discharge is beneficial as it improves quality of life, prevents social isolation and early non-compliance and ensures continuity of care.

P0181

Efficacy of integrated neurocognitive and social cognitive group therapy for schizophrenia patients: Results of a randomised controlled multi-centre study

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Background: The NIMH MATRICS initiative established a consensus about separate neurocognitive and social cognitive domains relevant in the treatment of schizophrenia. We designed a cognitive-behavioural group therapy program (INT) covering these treatment targets. INT represents a further development of the cognitive components of Integrated Psychological Therapy (IPT) and is partly computer based. INT intends to restitute and compensate neurocognitive and social cognitive (dys-)functions with a strong focus on the patients' daily life context, in facilitating intrinsic motivation and resources.

Methods: INT has currently been evaluated in an international multi-centre study in Switzerland, Germany and Austria, which is supported by the Swiss National Science Foundation. INT is compared with treatment as usual (TAU). INT patients receive 30 therapy sessions twice a week, lasting 90 minutes each. A comprehensive assessment battery is applied before and after therapy and at a 1-year follow-up. 102 outpatients participated in the study.

Results: INT is highly accepted by the patients. Only 8% of the patients dropped out of the study. Compared to TAU, INT patients obtain superior outcomes in neurocognitive and social cognitive variables, negative symptoms, insight and social functioning after therapy and at follow-up. Additionally, only the INT group show higher correlations between self-rated deficits in neurocognition and objective psychometric test performances after the treatment phase.

Conclusions: Results support INT as a new and effective cognitive remediation approach within a multimodal treatment concept.

P0182

The niacin skin flush test in schizophrenia- a combined approach using laser doppler flowmetry and a visual rating scale

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The purpose of our study was to investigate the differences in niacin skin flush responses between schizophrenic patients and normal controls, using visual rating methods and laser Doppler flowmetry, and identifying the possible confounding effect of age, smoking and medication.

107 patients who met the DSM-IV criteria for schizophrenia and 81 healthy controls with no history of major psychiatric disorder participated. All subjects met certain inclusion criteria and written informed consent was obtained. Niacin skin test was performed administering four different solutions of aqueous ethyl nicotinate (0.1M, 0.01M, 0.001M, 0.0001M) for one minute on the forearm skin. Reaction was rated visually after 5, 10 and 15 minutes using a 4-point rating scale, considering the local appearance of erythema and oedema. When using laser Doppler flowmetry, mean blood flow change in capillary vessels was measured in perfusion units (PU), in 15 minutes time.

We performed Kruskal-Wallis test to analyze differences in skin flush response. In the schizophrenic group, flush response- rated by the visual method and compared to controls- was significantly lower at every concentration used (p<0,0001) and decreasing with age. In 58 % of the schizophrenic subjects- while only in 28 % of the controls- less then 30 PU in blood flow change could be measured by laser Doppler flowmetry.

Both methods revealed the most remarkable distinction at 0,001M concentration. There were no significant differences considering age