

Objective: This study investigated whether a specific planning and evaluation approach called VADO (Skills Assessment and Definition of Goals) resulted in improved personal and social functioning among patients with chronic schizophrenia.

Methods: A total of 85 patients with chronic schizophrenia were randomly allocated to the VADO-based intervention or to routine care; 78 completed the program. Interventions were carried out in nine Italian day treatment or residential rehabilitation facilities. Assessment at the beginning of the study and at the one-year follow-up included the Personal and Social Performance scale (PSP) and Brief Psychiatric Rating Scale Version 4.0 (BPRS). Clinically significant improvement was defined as an increase of at least 10 points on the PSP or a decrease of at least 20 percent on the BPRS total score.

Results: At baseline, average PSP scores in the experimental group and in the control group were 33.9 ± 8.1 and 34.0 ± 11.2 , respectively. (Possible scores range from 1 to 100, with higher scores indicating better functioning.) At six months, the score improved markedly in the experimental group (40.8 ± 10.9) and minimal change was observed in the control group (35.3 ± 11.6); the difference between groups was significant (difference of 6.9 points compared with 1.3 points; $t=2.21$, $df=81$, $p<.05$). At 12 months, the same trend was observed (difference of 12.0 points compared with 3.5 points), and the difference between groups was both statistically and clinically significant ($t=2.99$, $df=75$, $p<.01$).

Conclusions: A statistically and clinically significant improvement in functioning was observed among patients treated with the VADO approach.

P0125

First health and nutritional survey of Israeli schizophrenic patients - 2006

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Background and Aim: The first National Health and Nutrition Survey (Israeli Ministry of Health, 2004) was carried in accordance with the recommendations of the World Health Organization and the Food and Agriculture Organization. Our survey is the first stage of an ongoing process of monitoring the health and nutrition status of Israeli schizophrenic patients. The information generated from the surveys serves as a basis for the evaluation of health indicators in schizophrenic patients, the monitoring of changes over the time and the identification of sub-population groups at increased risk of morbidity.

Methods: The study was approved by the Institutional Review Board. Study population was based on a sample from the schizophrenic patient registry in Abarbanel Mental Health Center (Israel). A face-to-face interview was carried out with the sample person (30 acute and 30 chronic patients completed the interview). The questionnaire included demographic details on the subject and family, questions on health status, alcohol intake, exercise, smoking habits, eating and dieting habits, food supplementation use, knowledge and attitudes regarding nutrition, source of nutrition knowledge and "24-hour food recall".

Results: BMI of chronic patients [BMI<20.0 in 4 (13.8%) of subjects] was significantly higher than of acute patients [BMI>35.0 in 4 (13.8%) of subjects] (Likelihood ratio=12.8; $df=4$; $p<.012$), but were no differences in nutritional status (NS) and eating habits (NS).

Conclusions: The findings provide scientific data which serve decision and policy makers in the formulation of policy and planning of interventions for improvement of general health, lifestyles and nutritional status of schizophrenic patients.

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Quality of life in schizophrenia: Association with global functioning, symptomatology and neurocognition

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Background/Aims: Quality of life (QOL) has been recognized as an important outcome of schizophrenia treatment. We examined whether global functional status, symptomatology and neurocognition would contribute to quality of life in patients with schizophrenia.

Methods: Eighty six stable schizophrenic outpatients (DSM-IV-TR criteria) were included. All patients were receiving antipsychotic treatment. Functioning and clinical assessment included the Global Assessment of Functioning scale (GAF), the Clinical Global Impression scale (CGI), the Positive and Negative Syndrome Scale (PANNS) and the Calgary Depression Scale for Schizophrenia (CDSS). Neurocognition assessment evaluated attentive functions, verbal memory-learning, executive functions and perceptual-motor speed. QOL has been evaluated using an objective measure (Schizophrenia Quality of Life Scale, QLS). Indices correlated with QOL ($p<0,005$) were then included in a multiple regression analysis using QOL as the dependent variable and the Bonferroni correction.

Results: QLS total score was predicted by global functioning and negative symptoms ($F=56,47$, $p<0,001$), which accounted for 57% of the variance. Social activity, intrapsychic functioning and use of objects and participation in activities domains were also predicted by global functioning and negative symptoms whereas instrumental functioning domain were predicted only by global functioning.

Conclusions: Our findings suggest that, in outpatients with schizophrenia, global functioning and negative symptoms seem to play a role on modifying QOL while neurocognition doesn't seem to have a direct impact on QOL.

P0127

Psychiatric manifestations during the course of late (tertiary) syphilis: Diagnostic dilemmas and therapeutic considerations a propos of a case report

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Introduction: Neurosyphilis results from infection of the brain, meninges or spinal cord by the spirochete *Treponema pallidum* and comprises a wide spectrum of clinical and pathological features including psychiatric symptoms. We report the case of a patient who presented with psychotic symptoms and was diagnosed with late syphilis.

Case report: A 45-year-old male with anxiety, insomnia, auditory hallucinations, delusions of persecution and mild cognitive impairment of relative recent onset was admitted to the Department of Skin and Venereal Diseases because of serological evidence of syphilis (TPHA 1:320). Upon admission treatment with olanzapine (15 mg/d) was started. Further evaluation yielded positive syphilis serology (TPHA, RPR and FTA-abs) in serum, slight cerebral atrophy in