sick-leave (47%). The main diagnoses were Major Depressive Disorder (37%) and Bipolar Disorder (32%), 18% Distimia or Adjustment Disorder.

**Conclusions:** In spite of the increased rate of elderly population in the last 10 years this is not translated in a change of the profile socio-demographic, labor and clinical dates in elderly patient with affective disorder admitted in an acute psychiatric unit in our influence area, in comparison with a previous study of the years 1996-1999.

## P133

Information technology aided relapse prevention in schizophrenia: ITAREPS

F. Spaniel [1,2,3], L. Motlova [1,2,3]. [1] *Psychaitric Center, Prague, Czech Republic* [2] *Third Medical Faculty, Charles University, Prague, Czech Republic* [3] *Center of Neuropsychiatric Studies, Prague, Czech Republic*

Program ITAREPS was developed for rapid and targeted recognition of early warning signs of psychotic disorder relapse. It employs modern communication and information technology for timely intervention during initial phase of relapse. The patient and the family member participating in the project complete weekly a 10-item Early Warning Signs Questionnaire - EWSQ (Patient Version and Family Member Version). The result, 10 numbers, are sent by both of them through Short Message Service (SMS) from their mobile phones to the ITAREPS phone number. If the score in the questionnaire of the individual patient exceeds arbitrary chosen value, an ALERT message is automatically sent to psychiatrist's e-mail address. If ITAREPS signals presence of early warning signs in given patient, an Early Intervention Algorithm is recommended. Psychiatrist participating in the project have an access to his/her personal webpage that is a part of the ITAREPS website (www.itareps.com). On the personal pages psychiatrist can find a current score of the EWSQ for each of his/her patients and family members in a visual form as a line chart and a written description of a patient's clinical status during last month.

This article describes our one-year clinical experience with the development and use of an automated instrument to incorporate technology for long term detection of early warning sings of schizophrenia relapse.

## P134

Cognitive deficits in relatives of patients with schizophrenia

M. Stanculete [1], I. Miclutia [1], A. Zaharie [2]. [1] *Department of Psychiatry, University of Medicine and Pharmacy, Cluj Napoca, Romania* [2] *Psychiatry Clinic, Emergency Clinic County Hospital, Cluj Napoca, Romania*

**Background:** Cognitive dysfunction are considered core deficit in schizophrenia. The cognitive domains more impaired are attention, verbal memory and executive function. The study of this dysfunction can be used to understand the etiology and pathogenesis of schizophrenia. Cognitive deficits have frequently been reported in the unaffected first degree relatives of schizophrenia patients.

**Aim:** To investigate whether cognitive deficits found in patients with schizophrenia are also found in non-affected relatives.

**Method:** We compared schizophrenic patients (n=31), first-degree relatives (26) and normal controls (n=22). The neurocognitive domains assessed included executive functioning, verbal memory, attention and language function.

**Results:** Schizophrenic patients demonstrated cognitive impairments across most domains compared with control subjects. First degree relatives were significantly impaired compared with control subjects only in attention and verbal memory; no significantly differences were observed in language function. The relatives of schizophrenia patients have impairments in memory function and attention compared to controls but they are less impaired compared to schizophrenic patients. The schizophrenic patients performed on executives tasks significantly worse than either their relatives or normal subjects, but unaffected relatives did not differ from controls.

**Conclusions:** Cognitive deficits found in patients with schizophrenia are also found in non-affected relatives. Adult relatives of schizophrenic patients have wide but not severe cognitive impairments. The largest deficits were observed for verbal memory and attention.

## P135

Denial of stigma

M. Strbad [1], S. Demsar [2], V. Svab [2]. [1] *Department of Hypertension, Ljubljana Medical Centre, Ljubljana, Slovenia* [2] *University Psychiatric Hospital, Ljubljana, Slovenia*

**Background:** It is known that the consequences of stigmatization towards people with severe mental illness reflect themselves in a lack of self-esteem and consequently in low level of initiatives to improve one's status in the community. The burden of stigma may cause denial of participation in the stigmatized group. So far, there were few studies to compare the mentally ill patients' perception of the »other« mentally ill with the perception of future professionals in mental health services.

**Method:** We have compared stigmatizing attitudes of students with attitudes of patients with severe mental illness.

**Results:** The patients expressed higher stigmatization scores towards people with severe mental illness than the students.

**Conclusion:** Negative attitudes of patients with severe mental illness towards their own group present a serious problem. Actions are needed to improve their identification and reduce the perceived need for exclusion from their group.

## P136

How to reduce discrimination of patients with severe mental illness among future doctors?

V. Svab. *Psychiatric Hospital, Ljubljana, Slovenia*

**Background:** There is growing evidence of need to improve and strengthen educational programs with antidiscrimination and proper information about possibilities for recovery of mental illness. The overview of research of effective antistigma interventions prove that direct contact and personal testimonies of patients improve the discrimination attitudes among professional groups not trained in mental health and among secondary schools' students. Taking a psychiatric history is a key educational objective in psychiatric clerkship in Slovenia and students are faced with testimonies of psychiatric patients. They are however provided only with the contact with severely ill (hospitalized) patients and therefore with little chance to witness their recovery and improved functioning.

**Results:** The results of the presented research proved that students' fear from patients with severe mental illness is reduced, but not their stereotypes in a six months clerkship at the psychiatric hospital.

https://doi.org/10.1016/j.eurpsy.2007.01.452 Published online by Cambridge University Press

**Conclusions:** More effective educational interventions are needed to improve students' attitudes. There are several suggestions coming from different parts of the world to change prejudice and they share importance of direct contact with recovered patients. This is not achievable in psychiatric hospitals where growing numbers of severely ill patients are gathered, but only in community settings, where these patients work and live in their natural environments. Closer involvement of psychiatrists with other physicians in the clinical and educational programs with a shift of part of psychiatric teaching from psychiatric institutions to family medicine is another strategy recommended, which could also reduce the stigma attached to psychiatric profession.

## P137

Identification of potential predictors of sertindole response in patients with schizophrenia

C. Tamminga [1], P. Tanghoj [2], J. Eberhard [2]. [1] *Department of Psychiatry, University of Texas, Southwestern Medical Center, Dallas, TX, USA* [2] *H Lundbeck A/S, Valby, Copenhagen, Denmark*

**Objective:** To identify potential predictors of response to sertindole in patients with schizophrenia.

**Methods:** This twelve-month open-label study assessed the safety and efficacy of sertindole doses (4-24mg) in US patients with schizophrenia. Cox's regression analysis was applied to determine the effects of variables on time to sustained response (both CGI-S <=3 and CGI-I <=2, sustained for at least 8 weeks) in 358 patients.

**Results:** 125 patients achieved sustained response. Several factors appear to influence rate of response; amongst these are: treatment with antipsychotic medication before first diagnosis, severity of illness, ECT treatment, drug abuse history and patient weight. Treatment with antipsychotic medication before first diagnosis of schizophrenia increased the response rate, compared with treatment-naive patients. Mildly or moderately ill patients were more likely than more severely ill patients to respond to treatment with sertindole. Patients who never received ECT showed a higher rate of response to sertindole than those who received 1-5 courses of treatment. Patients with at least 6 courses showed a similar response to those who received none. Patients with no history of drug abuse were more likely to respond to sertindole, than patients who had a history of drug abuse. The response to sertindole is influenced by patient weight: for example, a patient weighing 150kg was more likely to respond than a patient weighing 75kg.

**Conclusions:** A prognostic index could be calculated based on these factors to predict the response of individual patients to treatment with sertindole.

## P138

Cross-sectional remission of schizophrenia symptoms with quetiapine compared with haloperidol: An analysis of four randomised, controlled trials

K. Timdahl, G. Stening. *AstraZeneca, Sodertalje, Sweden*

**Aim:** To assess cross-sectional remission of schizophrenia symptoms in patients treated with quetiapine or haloperidol.

**Methods:** Retrospective analyses were conducted on ITT data from all relevant randomised, double-blind studies in the AstraZeneca clinical trial database: a 6-week fixed-dose study (5077IL/0013; Arvanitis et al, Biol Psychiatry 1997;42:233-246); an 8-week fixed-dose study (5077IL/0052; Emsley et al, Int Clin Psychopharmacol 2000;15:121-131); a 6-week flexible-dose study (5077IL/0014; Copolov et al, Psychol Med 2000;30:95-105); a 52-week flexible-dose study (5077IL/0050; Jones and Brecher, Eur Psychiatry 2006;21:S91), of which 12-week data were included in the analysis. Patients in these studies had acute schizophrenia (CGI-S≥4, BPRS≥27 or PANSS≥60) or were partial responders to previous antipsychotics. Cross-sectional remission criteria were as defined by Andreasen et al (Am J Psychiatry 2005;162:441-449), apart from duration (6-12 week data were used). An alternative definition of remission was the proportion of patients with CGI-S≤3.

**Results:** Data from 791 quetiapine- and 586 haloperidol-treated patients were analysed. Mean quetiapine/haloperidol doses in studies 0013, 0014, 0050 and 0052 were: 379/12, 455/8, 431/13 and 600/20 mg/day. In three studies (0013, 0014 and 0050), cross-sectional remission (modified Andreasen criteria) was similar for quetiapine (13-32%) and haloperidol (14-32%). CGI-S remission rates were also comparable (quetiapine 23-40%; haloperidol 24-43%) in these studies. In study 0052, more quetiapine patients achieved cross-sectional remission (Andreasen 32%, CGI-S 41%), compared with haloperidol patients (Andreasen 25%, CGI-S 30%).

**Conclusions:** Cross-sectional remission rates with quetiapine or haloperidol were largely comparable, based on either the modified Andreasen (without time element) or the CGI-S criteria.

## P139

Contribution to the autoimmunity and immune system dysregulation theory of schizophrenia: Case report of the patient with four autoimmune diseases and psychosis schizoaffectiva

S.M. Todorovic [1], Z. Vinkovic [2]. [1] *Clinic for Pediatric and Adolescent Neurology and Psychiatry, Belgrade, Serbia* [2] *Private Psychiatric Office, Belgrade, Serbia*

During the last 10 years a large volume of circumstantial evidence for an autoimmune aethiology of at least some cases of schizophrenia (SCH) has been collected.

We present the female patient (S.M.), now 41 years old, with four autoimmune diseases and psychosis schizoaffectiva.

Until the age of 2 S.M. had lactae crustae in extremely severe form. From the age of 3-6 she suffered of asthma bronchiale. At the age of 34 she developed the clinical picture of Myasthenia gravis (MG). One year later she got a new relapse of MG. During the diagnostic procedures for MG, just by mistake, an MRI of the brain has been made instead of the MRI of anterior mediastinum, which revealed a huge amount of the demyelinated plaques without any clinical symptoms of Multiple sclerosis (MS). Immunologic examination of the cerebrospinal fluid and evoked potentials examination confirmed the diagnosis of MS. At the age of 40 she got her only up till now clinical relapse of MS.

At the age of 22 S.M. got the first relapse of psychosis compatible with the diagnosis of Psychosis schizoaffectiva. Her psychosis has relapsing course and over the years disabled her in emotional, professional and social capacity.

This case is one more among many cases presented in the literature to contribute to the hypothesis that at least some forms of SCH have the autoimmune origin, which could suggest that immunotherapy might be benefitial to such patients.

## P140

Remission in schizophrenia application of a "new concept" on an "old study"

https://doi.org/10.1016/j.eurpsy.2007.01.452 Published online by Cambridge University Press