

increase of positive psychotic symptoms over time, until full psychosis developed.

The five cases where psycho-trauma occurred in adulthood [including the two wartime cases and the three other cases] showed sudden development of symptoms at the time of the trauma including PTSD and borderline symptoms. The psychotic symptoms developed, also suddenly, some time later, after a subsequent episode of psycho-trauma.

Conclusion: These different patterns of development of psychotic symptoms suggest different mechanisms of causation. Nonetheless, in all these cases, a full blown psychotic illness may result. In cases of psycho-trauma, the illness may continue to be accompanied by ongoing symptoms of PTSD and Borderline features, making these patients difficult to treat.

P0066

Different pathways leading to suicide in schizophrenia

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Background and Aims: Suicide and suicidal behaviour are major problems in schizophrenia. Our aim was to review the recent literature on risk factors for suicide in schizophrenia from genes to clinical characteristics to identify different pathways leading to suicide and present a life-span developmental model for suicide in schizophrenia.

Methods: We performed a database search in four databases (Medline, PubMed, PsycInfo and Web of Science) with the keywords suicide AND schizophrenia. A comprehensive hand search was also performed.

Results: There seem to be five main pathways for schizophrenia patients leading to suicide: First is comorbid depression that leads to suicide. Second, there is a group of patients with a difficult, chronic course of illness and many relapses and exacerbations. They lose their hope progressively over time. Third group comprises patients (mostly young males) with impulsiveness, dysphoric affect and substance abuse. Fourth is a relatively small but theoretically interesting and clinically important group of mainly young patients with high pre-morbid functioning and above average intellectual capacity. Fifth pathway, failure in treatment, comprises patients lacking social support whose treatment has failed. We also propose a life span model showing these five different pathways to suicide in schizophrenia.

Conclusions: There are different pathways leading to suicide in schizophrenia. These suicidal trajectories could be useful in clinical work when evaluating patients' possible suicide risk and treating them. They might also provoke some further research ideas and hypotheses.

P0067

Social phobic symptoms associated with "atypical" antipsychotic treatment: A case report

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Aim: The amenable neurochemical base of social phobia still completely has not been clarified, even if has been proposed a potential dysfunction of both serotonergic and dopaminergic brain systems.

Clozapine is the prototype "atypical" antipsychotic drug, defining the role of its individual complex actions. It has been reported that clozapine occasionally involves symptoms from the spectrum of

anxiety disorders. These symptoms are attributed in the action of this particular drug mainly on the serotonergic system.

In this study is presented the case of a schizophrenic subject, who developed social phobia at the duration of his treatment with clozapine and while he was found in remission of his psychotic symptoms.

Case: The patient is man of 24 years and has a 3-year history of schizophrenia, paranoid type. In his history also is reported casual abuse of Indian cannabis as well as alcohol.

Presented symptomatology of social phobia the first interval of his treatment with clozapine (14th week) and while the psychotic symptoms had receded. When in his treatment it was added sertraline, the social anxiety disorder was decreased in remarkable degree. The daily dose of clozapine was maintained immutable.

Conclusions: The elements are discussed under the light of new neurochemical opinion but also psychodynamic approach of make, that could explain the appearance of symptoms from the spectrum of anxiety disorders (as the social phobia) in a clozapine-treated psychotic patient, at the duration of remission of his psychotic symptomatology.

P0068

Catatonic schizophrenia at age 16: When neurology gives up!

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Introduction: Catatonic schizophrenia has been described as being decreasing in prevalence. We present a case of a 16 year-old-girl, previously healthy, who develops catatonic schizophrenia in a 5 months period.

Method: we present the case of a 16-year-old girl, previously healthy, with family history of schizophrenia, develops 5 months prior to hospital admittance isolation from friends and odd behaviour, like suddenly standing still and speechless (thought blocking). She maintains these attitudes and 3 months after, develops delirious thoughts of death with agitation (screaming and undressing). One month prior to admittance she becomes diskinesic and mute, with loss of sphincter control. She is medicated by a neurologist with olanzapine 5mg od and valproate 200mg bid. As her clinical state worsens, she is brought to a central hospital, where she has MRI and lumbar puncture normal. She is observed by neurologists and psychiatrists in the emergency room. Against the psychiatrist opinion, she is admitted to the neurology ward. After repeating MRI and lumbar puncture and searching for neurotrophic viruses and prion's disease, which all turn out negative, she is proposed for electroconvulsivetherapy (ECT) and transferred to a psychiatric ward.

Results: She is submitted to 14 ECT and medicated with seroquel 300 bid with dramatic improvement.

Conclusion: this case illustrates the secondary role psychiatry is sometimes appointed to in contemporary medicine. Catatonic schizophrenia is a rare disorder and an even rarer form of presentation of schizophrenia. Nevertheless, it exists, and should be taken into account in the differential diagnosis of diskinesia.

P0069

The effectiveness of a long term group therapy for patients with psychosis for diminishing the negative symptoms of psychosis

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Negative symptoms in psychosis are disabling and distressing. This is an area of substantial unmet medical need. Long term group work for patients with psychosis has important short and long term effects on positive and especially negative symptoms of psychosis. It improves the quality of life, compliance with treatment, social functioning and reduces the stigma of psychosis.

Objective: Four years of group work for outpatients with psychosis and its influence on various aspects, especially on negative symptoms in psychosis were evaluated.

Methods: A small group of 6 to 8 medicated patients is run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications is used. Patients should be intrinsically motivated and well prepared for group work.

Results: Better control and differentiation of the psychotic symptoms, emotions and improved social functioning were observed. Group situation affects and improves the negative symptoms of psychosis through several important group therapeutic factors €“ instillation of hope, universality, altruism, group cohesiveness, which has developed very slowly. Group members were able to manage transient worsening of their psychosis in an outpatient care.

Conclusions: With its progression of group work, we observed more honest and open conversation about symptoms and real life problems. The most frequent topics discussed were: psychotic symptoms, at the beginning mostly positive symptoms of psychosis, later on, with the progression of therapy members started to talk about the negative symptoms, interpersonal relations and stigma of psychosis.

P0070

The importance of long term group therapy for diminishing the stigma of patients with psychosis

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Objectives: The stigma attached to mental illnesses is the main obstacle to better mental health care and to better quality. It affects the priority which is given to the development of mental health services and makes the discipline less attractive than others to the medical graduate in search for career. It prevents timely contact of the person suffering from a mental illness with mental health services and makes rehabilitation exceedingly difficult.

Psychosis is a highly stigmatised condition. Our clinical experience with long term groups of patients with psychosis have shown that long term group therapy has an important destigmatising role.

Methods: A small group of 6 to 8 medicated patients is run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications is used.

Results: In the early phases of group work stigma was manifested as drop-out of at least two members. With the development of group cohesiveness the group started talking about stigma. A feeling of universality in group work is often a fundamental destigmatising step.

Conclusion: Patients fear that their symptoms could be unique. Talking about the psychotic symptoms and feelings helps to differentiate them. Improved control over the problems and their life has an important destigmatising power. Group therapy has a destigmatising role through several group therapeutic factors, especially feelings of

universality, altruism and group cohesiveness. Subsequently, patients with psychosis start using their healthier parts and experience less stigma.

P0071

Suicide attempts of schizophrenia patients: A case-controlled study in tertiary care

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Background: schizophrenia is one of the mental illnesses with the highest risk of suicide, with very high rates of suicide attempts and suicidal ideation. However data regarding suicide attempts by schizophrenia patients is scarce. In this study a large sample of schizophrenia patients who had attempted suicide was characterized.

Method: a fifteen year retrospective analysis of all records of adult patients suffering from schizophrenia admitted to our center was conducted. The index group (N=1094) was comprised of patients who had attempted suicide; the comparison group (N=1094) was comprised of the next admission of a patient suffering from schizophrenia who did not attempt suicide prior to hospitalization.

Results: the index group consisted of 380 women and 714 men, with a mean age of 39.6 + 12.9 years. The comparison group consisted of 302 women and 792 men, with a mean age of 42.9 + 13.7 years. Four variables were identified as significantly differentiating between groups: Patients who had attempted suicide were younger (39.6 vs 42.9 years; p = 0.00), had a higher percentage of females (34.7% vs 27.6%; p = 0.00), with increased rates of co-morbid physical illness (27.5% vs 20.4%; p = 0.00) and with a higher rate of substance abuse (32.1% vs 12.4%; p = 0.00).

Conclusions: this study brings attention to some significant factors associated with attempted suicide amongst schizophrenia patients, especially physical co-morbidity and substance abuse. In order to decrease adverse outcomes in this group of patients these variables should be addressed in risk assessment schemes.

P0072

SMS in the outpatient treatment of schizophrenia: Feasibility and acceptance

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Background: In schizophrenia treatment-compliance is a strong predictor of outcome, it depends on a longer lasting therapeutic alliance. SMS (Short Message Service) sent via mobile phones is an adequate tool to establish therapeutic contingency as was shown in a study on bulimia. This programme compliments outpatient treatment and is based on an exchange of SMS-messages between patient and therapist. On a weekly basis, patients supply information on subjective well-being, sleep, social contacts, and attitude towards medication. The patient's status is then rated as improved, deteriorated, or unchanged compared to the previous week and an adequate feedback message is sent. The study aimed at assessing feasibility and acceptance of this intervention in schizophrenia patients.