

**P086**

Health professionals and misconceptions associate with patients with schizophrenia

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The literature shows that fighting against stigma with actions on a less grandiose scale seems to be more effective. (Sartorius, 2002) An example is interventions directed at medical personnel including psychiatrists, who are often important sources of stigmatization. The general public and even health professionals tend to hold a stereotyped image of those with schizophrenia. Before starting an educational program anti-stigma we consider important to know which are the most frequent misconceptions of medical personnel.

**Aims:** This study want to assess the most frequent misconceptions associated with patients with schizophrenia between medical personnel.

**Material and methods:** we applied a questionnaire to three groups: medical students before studying psychiatry, medical personnel working in psychiatric setting and health professionals in general hospital.

**Results:** health professionals contribute to stigmatisation of mental illness, using inadequate terms in defining psychiatric affection and a inadequate attitude; the majority of third group don't understand mental illness and avoids contact with psychiatric patients.

**Conclusions:** The study underlines the presence of misconceptions associated with patients with schizophrenia between health professionals and the results could be used for a concrete plan for fighting against stigma of this psychiatric disease.

**Keywords:** stigma, schizophrenia, health professionals.

**P087**

Factors associated with caregiver psychological distress in chronic schizophrenia

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**Background and aims:** The aim of the study was to assess the impact of caring for patients with chronic schizophrenia on the mental health status of the caregivers and to investigate how demographic factors and illness severity influence this relationship.

**Methods:** A total of 63 key caregivers of patients with chronic schizophrenia were administered the Symptom Checklist-90-Revised (SCL-90-R). SCL-90-R was also administered to 65 healthy controls. The Positive and Negative Syndrome Scale (PANSS) was used to assess the psychopathology severity of the patients they cared for.

**Results:** Caregivers scored significantly higher on the anxiety ( $p < 0.01$ ), depression ( $p < 0.05$ ), somatization ( $p < 0.05$ ), hostility ( $p < 0.001$ ) and interpersonal sensitivity ( $p < 0.01$ ) sub-scales of the SCL-90-R compared to the health controls group. Caregivers' anxiety and depression were significantly (at  $p < 0.05$ ) related with PANSS total score ( $r = 0.56$  and  $r_d = 0.65$ ), illness duration ( $r = 0.55$  and  $r_d = 0.50$ ) and lifetime psychiatric hospitalizations ( $r = 0.62$  and  $r_d = 0.49$ ). Score on the somatization subscale of the SCL-90-R was significantly related with illness duration ( $r = 0.61$ ,  $p < 0.05$ ), and low educational level of the caregiver ( $r = 0.57$ ,  $p < 0.01$ ). Finally, score on the hostility subscale was significantly related with PANSS score

( $r = 0.53$ ,  $p < 0.05$ ) and lifetime psychiatric hospitalizations ( $r = 0.61$ ,  $p < 0.001$ ).

**Conclusions:** The psychopathological severity of patients with chronic schizophrenia has a negative impact on their caregivers' mental health. Mental health services should aim to assist key caregivers of people with schizophrenic disorders to manage psychological burden.

**P088**

Survey of reasons to switch to sertindole in the treatment of schizophrenia

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**Background:** Sertindole is indicated for patients intolerant to at least one other antipsychotic agent.

**Methods:** The following items were scored as reasons for switching to sertindole: lack of efficacy, side effects, poor quality of life, cognitive impairment, poor compliance and lack of insight from previous treatments. Kendall Tau b correlations were used to compare score rankings.

**Results:** The majority of investigators ranked either lack of efficacy or side effects the most important reason for switching to sertindole. There was a negative correlation between rankings of these two reasons at European sites  $-0.39$  ( $p < 0.001$ ),  $-0.32$  ( $p < 0.01$ ), respectively.

More investigators in Asia (38%) considered poor quality of life as an important reason for switching treatment than in Europe (21-27%). 14-20% of investigators considered cognitive impairment as a most important reason.

<16% of investigators in all regions considered poor compliance and lack of insight as a most important reason.

In Asia, there was a significant negative correlation ( $-0.25$ ,  $p < 0.05$ ) between rankings of poor compliance and side effects, where side effects were generally ranked as being more important than poor compliance. Similarly, a significant negative correlation ( $-0.28$ ,  $p < 0.01$ ) between rankings of cognitive impairment and lack of insight was seen in E Europe.

**Discussion & Conclusions:** Lack of efficiency and side effects from previous treatments were the primary reasons for switching to sertindole. Asian investigators probably considered side effects to be the cause of poor compliance whereas E. Europeans probably considered cognitive impairment to be the true cause of lack of insight.

**P089**

Continued efficacy and tolerability in clinically stable patients switched from quetiapine immediate release (IR) to quetiapine sustained release (SR)

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**Aim:** To examine the efficacy and tolerability of quetiapine SR in patients with schizophrenia switched from quetiapine IR.

**Methods:** Randomised, double-blind study (D1444C00146) using dual-matched placebo. Patients clinically stable on fixed doses of

quetiapine IR received twice-daily quetiapine IR 400, 600 or 800 mg/day for 4 weeks. Stable patients were then randomised (1:2) to continue taking quetiapine IR or switch to the same total dose of quetiapine SR (active dose once-daily in the evening) for 6 weeks. Primary analysis: % of patients (modified ITT population) discontinuing due to lack of efficacy or with PANSS total increase  $\geq 20\%$  at any visit, using a 6% non-inferiority margin for the upper 95% CI of the treatment difference. Per-protocol (PP) analysis was also performed.

**Results:** 497 patients were randomised (quetiapine SR 331, IR 166); completion rates were 91.5% and 94.0%, respectively. Few patients discontinued due to lack of efficacy or had a PANSS increase  $\geq 20\%$  in both the MITT (n=496) and PP populations (n=393): 9.1% and 5.3% for quetiapine SR and 7.2% and 6.2% for quetiapine IR, respectively. Quetiapine SR was non-inferior to quetiapine IR in the PP population (treatment difference: -0.83% [95% CI -6.75, 3.71]; p=0.017) but not in the MITT population (treatment difference: 1.86% [95% CI -3.78, 6.57]; p=0.0431). The incidence (quetiapine SR 38.7%; IR 35.5%) and profile of AEs were similar in both groups.

**Conclusion:** Clinically-stable patients receiving quetiapine IR can be switched, without titration, to an equivalent once-daily dose of quetiapine SR without any clinical deterioration or compromise in tolerability.

## P090

Repetitive transcranial magnetic stimulation and rehabilitation of cognitive functions in schizophrenia

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Computer programs are used in rehabilitation of cognitive deficit in schizophrenia. Repetitive transcranial magnetic stimulation (rTMS) can directly affect cortical excitability and metabolism of prefrontal lobe and subsequently affect cognition. The objective of our study was to investigate augmentation of cognitive rehabilitation in schizophrenia with rTMS. Study subjects were stabilized patients with DSM-IV diagnosis of schizophrenia, treated with second-generation antipsychotics, except for clozapine (total N=34). Study with rTMS was double-blind, randomized, placebo-controlled, with 2 parallel arms. All subjects participated in eight-week computer-assisted cognitive training, during first 2 weeks Group 1 (N=8) received rTMS and Group 2 (N=8) inactive sham stimulation. Patients who refused stimulation participated in rehabilitation program only. Data were assessed for the total study sample and for each group separately. The results showed that computer-assisted cognitive training significantly improved severity of cognitive deficit in schizophrenia in many domains, especially executive functions: attention shift – flexibility, attention control, and working memory. The output was faster, more precise, and more reliable. We did not detect to effect of rTMS on the change of cognition, there was no significant difference between active and sham stimulation. This finding can be explained by a significantly lower initial score in Raven test found in actively stimulated group or by a smaller sample size in a double-blind study. The study confirmed efficacy of computer-assisted rehabilitation in remediation of cognitive deficit in schizophrenia.

Supported by the projects IGA MZ CR NF7571-3 and MSMT CR CNS 1M0517

## P091

Interventions in a fringe patient

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**Intention:** To study the effect of multiple interventions in a patient.

With schizophrenic disorder, who presents marked impairment in different areas of functioning.

**Material and method:** A 36-year-old woman, unemployed and without social supporting services (systems), was admitted in the Clinic of Psychiatry 1 year after PANSS, in order to re-evaluate the patient's condition. We also designed a treatment plan of medical intervention and psychosocial rehabilitation, in collaboration with social welfare and the service "Assistance at home". Moreover, we managed to broaden our interactions inside her (combination)own family (her parents had abandoned her the last few years she had been abandoned by her family the last years) as well as in her wider local social enrolment.

**Results:** We achieved marked improvement of patient's psychopathology with total remission of positive symptoms and almost total elimination of residual symptoms.

GAF scale increased about 52 units. The patient is now capable to work and participate in several social activities and manifestations.

**Conclusion:** The global psychical intervention and the close collaboration of hospital and community psychiatry service offer a distinctly better effect in the treatment of a chronic patient.

## P092

Volumetric reduction of the corpus callosum and interhemispheric transfer in subjects with first-episode psychoses: A voxel-based morphometry

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**Background:** Recent structural magnetic resonance imaging (MRI) studies have employed voxel-based morphometry (VBM) to investigate whether there are brain volumetric abnormalities of gray and/or white matter regions in schizophrenia. This VBM study investigated volumetric reductions in corpus callosum (CC) subregions in association with first-episode psychosis (FEP). Also, we investigated whether such changes were related to deficits in interhemispheric transfer of somatosensory information, using the Crossed Finger Localisation Test (CFLT).

**Methods:** 122 FEP subjects and 94 controls were examined. MRI processing was performed using Statistical Parametric Mapping. In a subsample of 31 FEP subjects, we investigated correlations between CC volumes and performance on the CFLT. In this task, a fingertip on one hand is touched by the experimenter and the subject's task is to respond by touching with their thumb the corresponding finger on the other hand.