

People with severe and chronic mental disorders, as schizophrenia, may have a poor dental health, with a high incidence of advanced dental disease compared with the general population. There are several possible causes, including the impaired ability to plan and perform oral hygiene procedures, adverse effects of psychiatric drugs (dry mouth), bad dietary habits or limited access to treatment because of lack of financial resources or other causes. Mental health professionals frequently neglect the importance of a good oral health, and dental care, treatment and prevention strategies are not usually included in care and rehabilitation plans.

The aim of the present study is to examine the dental health status of a sample of community, not hospitalized people with severe and chronic mental disorder, and at least two year of pharmacologic treatment.

**Method:** A sample of 60 patients receiving care in community mental health services (day hospital) has been evaluated using the DMF-T index (number of carious, missing and restored teeth) and the CPITN (Community Periodontal Index of Treatment Needs). The sample has been compared with a control group selected to match the study group by age and gender.

**Results and Conclusions:** Oral and dental health status of people with chronic and severe mental disorders seems to be significant worse than that of the general population. This can have clinical and social implications in their general health, stigma and social acceptance. Mental health services must be aware and make efforts to detect this problem and to facilitate treatment and preventive strategies.

## P004

Neuropsychology of schizoaffective disorders

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**Background and aims:** Schizoaffective disorders have a long history and are clinically relevant, but their concept is still uncertain. Cognitive and neuropsychological functioning is impaired in acute illness, but deficits are obvious even during remission. The aim of this study was to evaluate the cognitive status of remitted schizoaffective patients.

**Methods:** 32 remitted patients diagnosed to have schizoaffective disorder underwent neuropsychological testing: MWT-B, TMT, VLMT, WMS-R, D2 and proactive interference. The results were compared with a sample of 38 bipolar patients.

**Results:** The scores of schizoaffective patients were under the average in all of the applied instruments. The patients had lower results compared to the group of bipolar patients.

**Conclusions:** Even in remission patients with schizoaffective disorder have neurocognitive deficits. Compared to healthy probands or bipolar patients cognitive flexibility, concentration and memory is worse.

## P005

Aripiprazole in child and adolescent psychiatric disorders: Effectiveness preliminary report

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**Introduction:** The primary objective of this FDA-requested study was to examine the tolerability/safety and pharmacokinetics (PK) of 20 mg,

25 mg, and 30 mg per day of aripiprazole in children and adolescents, ages 10-17. Effectiveness of aripiprazole was also assessed in this patient population, and is described as the focus of this poster.

**Methods:** This was an open-label, 26-day, multi-center, sequential cohort, dose-escalation trial. Twenty-one (21) children and adolescents, aged 10 to 17 years old, were enrolled. Preferential enrollment was given to patients with schizophrenia or bipolar illness; however, other psychiatric diagnoses were also permitted. Fifty-seven percent (57%) of patients were diagnosed with bipolar disorder; 24%, Tourette's disorder; and 5%, schizophrenia, PDD, OCD, or conduct disorder. Patients started on a dose of aripiprazole 2 mg/day. Three cohorts reached final doses of 20, 25, or 30 mg/day over a maximum of 12 days and maintained that dose for an additional 14 days. Effectiveness was assessed using the CGI-Severity and CGI-Improvement scales.

**Results:** Eighty-five percent (17/20) of the patients were "much improved" or "very much improved" at study endpoint (CGI-I).

### Conclusions:

- Effectiveness of aripiprazole at doses of 20-30 mg/day is demonstrated in this child and adolescent patient population
- Observation of clinically meaningful improvement of global symptoms supports systematic evaluation in pediatric/adolescent disorders

## P006

A long term group for patients with psychosis in partial remission

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**Objective:** Three years of group work for outpatients with psychosis was 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.

**Results:** Better control and differentiation of the psychotic symptoms, emotions and improved social functioning were observed. Group cohesiveness has developed very slowly. With its progression, we observed more honest and open conversation about symptoms and real life problems. Several therapeutic group factors are important for diminishing stigma. The members, who entered the group by their parent's request dropped-out more frequently. Group members were able to manage transient worsening of their psychosis in an outpatient care. The most frequent topics discussed were: psychotic symptoms and medication, interpersonal relations, stigma.

**Conclusion:** Long term group work has important short and long term effects on quality of life, compliance with treatment, social functioning and stigma reduction. Patients should be intrinsically motivated and well prepared for group work.

## P007

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

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**Objectives:** 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.

## P008

A long term group for patients with psychosis - the personal view of a resident of psychiatry

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**Objective:** Group psychotherapy for patients with psychosis is a task which evokes considerable anxiety and poses significant difficulties for the psychotherapist. I have started to work in a co-therapeutic pair in outpatients long term group for medicated patients with psychosis as a psychiatric resident.

**Methods:** A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, non-structured conversation and clarifications is used.

**Results:** From the beginning I felt insecure, stigmatised, anxious and under the impression, that psychotherapy does not work for patients with psychosis. During last three years, I have developed more empathy, interest and understanding and less anxiety for patients with psychosis.

**Conclusion:** Working in group has been important, both, as a personal and professional experience. Listening to patients and trying to understand them has improved my understanding of psychosis in a broader sense. Now, I strongly believe that patients with psychosis can benefit from modified psychotherapeutic work in a long term. Personally, with the help of the group, I have become more honest and open and less manipulative person and less stigmatised of being the psychiatrist.

## P009

Neuropsychological remediation in schizophrenia

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85% of schizophrenic patients exhibit severe cognitive deficits (Palmer 1997; Kremen 2000) that are related to functional outcome (Green, 1996) and do not respond well to medication.

25 schizophrenic patients, treated with atypical antipsychotics for more than 6 months, underwent during one year, twice a week, a computerized neuropsychological remediation program using the software Rehacom (Hasomed).

Patients performances are measured before and after treatment (WAIS III, WCST, Stroop, fluencies) and compared to standardized mean scores (matched for age and socio cultural level).

Treatment significantly improved global cognitive and executive functioning. WAIS scores at the different subtests are more homogeneous; this latter result may help schizophrenic patients to adjust themselves to real life conditions.

## P010

Effect of clozapine and olanzapine on cortical excitability in schizophrenia

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Cortical excitability is modified in schizophrenia [1] but the effect of antipsychotic drugs has been disputed. In particular, patients receiving olanzapine and risperidone showed less cortical disinhibition compared to untreated schizophrenic subjects [2]. However, despite the observed increase, the Resting Motor Threshold (RMT) remained inferior to the RMT in normal controls, and the Transcallosal Conduction Time (TCT) did not change.

There is no comparative study of the effect of clozapine, an effective antipsychotic with proconvulsant properties.

We studied cortical excitability by transcranial magnetic stimulation in stabilized schizophrenic patients treated by clozapine (n=10), olanzapine (n=10) compared to healthy volunteers (n=10).

The aim of this study was to extend previous research into inhibitory deficits in schizophrenia and to compare the effect of clozapine and olanzapine on neurophysiological parameters such as RMT, Intracortical Inhibition (ICI), Intracortical Facilitation (ICF), Cortical Silence Period (CSP) and Transcallosal Inhibition (TI).

In clozapine treated patients, the RMT and ICI were significantly lower ( $p < 0.05$ ) compared to olanzapine treated and healthy subjects. TCT was longer in schizophrenic patients without difference in treatment subgroups.

**Conclusion:** The trend toward normalization of RMT and ICI with antipsychotic treatment seems to be independent of the magnitude of therapeutic effect.

## References

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## P011

The lactate provocation test to investigate the relationships between panic attacks and delusional disorder: A two case report

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**Background and aims:** It was suspected that the delusional disorders of bewitchment and devil persecution of two female patients (41 and 40 years old) could be the consequence of an erroneous interpretation of the sensations induced by panic attacks, as several authors have previously suggested. Both patients had schizophrenia spectrum antecedents (Patient A was suffering from a schizo-affective disorder, Patient B had a schizotypic disorder and an antecedent of brief hallucinatory episode). Thus these individuals had some tendency