

symptoms were described. Detailed information of the phenomenology in childhood as well as in adulthood and course of the symptoms is presented.

Conclusions: Schizophrenia with childhood onset is rare. This presentation describes phenomenology in childhood of a considerable number of cases and their course in adulthood.

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QUALITY OF LIFE OF PATIENTS WITH CHRONIC COURSE SCHIZOPHRENIA

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The objective of operation to check up which of the factors has the greatest influence on quality of life of patients with chronic course schizophrenia. 22 patients were inspected which passed treatment in round-the-clock separation of psychiatric hospital, and which at was diagnosed schizophrenia, chronic course.

The patients filled in Polish variant questionnaire SF-36 in the beginning of therapy, through a month and through three months of treatment. Simultaneously the doctor in same the terms inspected a mental state of the patients.

In consequence of the comparative analysis is obtained the following outputs:

- Valuation of a state of health patients difference from valuation of the doctors;
- The reduction psychotic symptomatology is tied with decrease of intensity of emotional problems, and also improvement of social operation under the end of therapy.

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QUALITY OF LIFE IN SCHIZOPHRENIA RELATED TO SUBJECTIVE DISTRESS FROM SYMPTOMS AND MEDICATION

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Earlier studies of the quality of life (QOL) of schizophrenic patients have shown a great discrepancy with regard to the parameters which influence QOL. In order to investigate this, 50 chronic schizophrenic patients in stable antipsychotic medication were interviewed about QOL in relation to the subjective distress from symptoms and side-effects of medication.

The following rating-scales were used: Psychological General Well-Being Scale (PGWS) as a quality of life scale, Positive and Negative Symptom Scale (PANSS) for measuring the degree of psychosis, UKU side-effect rating scale for measuring psychic and autonomous side-effects and Sct. Hans Rating Scale (SHRS) for measuring extrapyramidal side-effects. In addition the patients were asked to score the distress of each individual sign/item on a scale from 0 to 6.

Preliminary analysis showed that subjective distress from guilt, depression and suspiciousness were negatively correlated with QOL. Scores for subjective distress for hallucinations or delusions were not correlated with QOL.

Subjective distress to the item in the UKU scale, tension and inner restlessness were negatively correlated to QOL.

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SELF-ESTEEM, SELF-EFFICACY, AND SUBJECTIVE QUALITY OF LIFE IN SCHIZOPHRENIC PATIENTS

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In order to learn more about the construct of subjective quality of life (S-QL) in schizophrenic patients the present study investigated the relationship between self-esteem, self-efficacy and S-QL.

60 schizophrenic long-stay patients, 60 schizophrenic acute ward inpatients and 72 healthy controls were assessed by means of standardized interviews with regard to S-QL, self-esteem (EST) and self-efficacy (EFF).

Correlation between S-QL, EST and EFF within all three groups ranged from .49 and .74. Significantly lower scores on S-QL ($p < .001$), EST ($p < .01$), and EFF ($p < .05$) were found in the acute-ward inpatients group compared to the other two groups. Long-stay patients did not differ from healthy controls in any of the three assessed dimensions. Moreover, a significant correlation between age, duration of stay in hospitals and S-QL, EST and EFF was found. The latter stresses the significance of adaption processes within this group of patients.

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EFFICACITE DES SOINS DE BASE DANS LA PREVENTION DES RECHUTES SCHIZOPHRENIQUES: COLLABORATION AVEC LE SERVICE D'AIDE FAMILIALE (SAF)

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Introduction: L'hygiène et l'attention qu'on porte à son corps et à son entourage sont un baromètre de l'état de santé psychique. Le SAF fournit un ensemble de prestations visant à favoriser et augmenter l'autonomie du patient dans son milieu habituel (principalement le domicile). Ce service voit s'accroître les demandes d'intervention pour de jeunes patients psychiatriques.

Objectifs et Méthode: Vérifier l'efficacité (diminution du nombre d'hospitalisations et leur durée) d'un suivi pluridisciplinaire qui tient compte de la spécificité du SAF dans les soins de base. Nous avons sélectionné un groupe de dix patients avec un diagnostic F 20-29.X (CIM-10) et comparé deux périodes égales, d'une année, avec et sans présence du SAF dans nos réunions pluridisciplinaires.

Résultats: Le nombre d'hospitalisations en valeur absolue et leur durée, en jours, ont diminué (1.36 hosp. et 68.5 j contre 0.81 hosp. et 55.09 j).

Conclusion: Le SAF a une place dans les réseaux de psychiatrie adulte. L'étude montre une diminution du nombre d'hospitalisations et de leur durée. Des recherches avec une population plus large sont nécessaires. Le groupe thérapeutique a un rôle contenant, est un différenciateur d'images et empêche la projection d'un fantasme tout-puissant sur nous. Pour ses membres c'est un espace de mentalisation qui permet de mieux garder sa spécificité et se positionner dans la relation thérapeutique. La qualité de cette dernière étant un des facteurs clefs du modèle, une amélioration des résultats devrait être obtenue dans les années à venir