

**Methods:** e-STAR is a secure, web-based, international, long-term observational study of schizophrenia patients who commence a new antipsychotic drug. PS was applied to adjust for baseline differences in patients who received RLAI or oral (atypical or conventional) antipsychotics to compare all-cause discontinuation rates, hospitalisation parameters, and Global Assessment of Functioning (GAF).

**Results:** Data from 1,332 (83%) patients who initiated RLAI and 268 (17%) who initiated a new oral antipsychotic are available. Significant raw baseline differences existed for hospitalisation parameters, unemployment and time since diagnosis, each being more prevalent in the RLAI group. Nevertheless, a significantly greater proportion of patients remained on RLAI at 12 months (84%) than on oral antipsychotics (60.4%) ( $p < 0.0001$ ); this benefit persisted after application of PS. The mean number of days hospitalised at 12 months was 14.3 days lower in the RLAI group (12.9 days,  $n=433$ ) than in the oral antipsychotic group (27.2 days,  $n=62$ ) increasing to 19.1 days, significantly in favour of RLAI, when PS was applied ( $p < 0.01$  vs oral). The probability of being in hospital was lower in RLAI patients (OR 0.69) and decreased further after PS (OR 0.57) ( $p=0.075$ ). GAF scores improved more in the RLAI group than the oral group at 12 months, with and without PS, but not significantly.

**Conclusions:** Although patients initiating RLAI were more severely ill, they had fewer hospitalisations and were less likely than oral antipsychotic patients to discontinue treatment.

## P036

Cardiac risk factors and schizophrenia: An analysis of 18,094 patients enrolled in an international comparative trial of olanzapine and ziprasidone

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Ziprasidone has modest QTc-prolonging effects, but it is not known whether this translates into an increased risk of cardiovascular events. To address this issue, a large, international, open-label, randomized, post-marketing study, the Ziprasidone Observational Study of Cardiac Outcomes (ZODIAC), has been conducted to compare the cardiovascular safety of ziprasidone and olanzapine. Between February 2002 and February 2006, over 18,000 patients with schizophrenia from 18 countries were enrolled from a variety of psychiatry practice settings. A physician-administered questionnaire collected baseline information on demographics, medical and psychiatric history, and concomitant medication use. Data were self-reported by patients or reported by enrolling physicians. Descriptive baseline data on 18,094 patients with schizophrenia are presented here. Patients (mean age, 41.6 years; 55.1% male; 60.0% white) came primarily from the United States or Brazil (73.0%). Approximately 18% of patients had hypertension, 14.8% had hyperlipidemia, 46.5% currently smoked, 28.9% had a body mass index of  $\geq 30$  kg/m<sup>2</sup>, and 7.7% had diabetes at baseline; all of these characteristics are major cardiovascular risk factors. Mean time since schizophrenia diagnosis was 10.4 years, and average Clinical Impression Score was 5.2 (range, 1–8). At baseline, 71% of patients were using antipsychotic drugs. Although almost 80% of patients were using concomitant medications, less than 3% were using antihypertensive drugs or statins. In

conclusion, the ZODIAC baseline data suggest that this study population has a substantial prevalence of cardiovascular risk factors and that hyperlipidemia and hypertension may be undertreated.

## P037

The impact of psychoeducational intervention on relatives' views on schizophrenia: Results from an Italian multicenter study

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The opinions of relatives of patients with schizophrenia about the causes, treatments, and psychosocial consequences of this disorder can influence its course and outcome.

In 2003, the Italian Psychiatric Association has promoted a study on family psychoeducational interventions to explore the effectiveness of this intervention on relatives' opinions and beliefs about mental illness.

In each of the 10 Italian mental health services selected for the study, 30 patients with schizophrenia and 30 relatives were randomly recruited to receive the experimental intervention or the standard care.

The experimental intervention consisted of 12 manual-based informative sessions on the main aspects of schizophrenia. Each relative was asked to fill in the self-reported Relatives' Questionnaire on the Opinions About Mental Illness.

The treated sample included 107 patients and 112 relatives, the control group consisted of 105 patients and 118 relatives. Stress, traumas, heredity and family difficulties were most frequently mentioned as determinants of the disorder in both groups. Relatives' opinions about patients' civil rights and social competence improved at the end of the intervention. In particular, the right to get married, to have children and to vote increased at the end of the intervention. Moreover, the opinions that patients with schizophrenia are unpredictable and that are kept aloof from others decreased at the end of the intervention.

The results of our study confirm that relatives of patients with schizophrenia should be provided with psychoeducational interventions, particularly in Italy where patients most rely on their relatives, who are in close contact with mental health professionals

## P038

Valuating objectives and effectiveness in psychiatric rehabilitation today: I.C.F. usefulness

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Psychotic major disorders are long lasting and usually life long diseases. Their long term consequences might be described using different dimensions, shift away from focus on medical model towards model of functional disability. Manifest changes in the course and outcome, if any, will be reflected not on symptomatic level only but probably on functional, interpersonal and occupational levels. Actually a new tool is provided by the revised International Classification of Functioning, Disability and Health (ICF): it includes a change from negative descriptions of impairments, disabilities and handicaps to neutral descriptions of body structure and functions, activities and participation. A further change has been the inclusion of a section on environmental factors as a part of the classification, in reason of their

role in either facilitating functioning or creating barriers for people with disabilities. The ICF is a useful instrument to comprehend cronic mentally ill in all their dimensions. Each one encompasses a theoretical foundation on which a rehabilitative intervention can be formulated and evaluated. Intervention can be classified as rehabilitative in the case that it is mainly directed towards a functional improvement of the affected individual. For this reason ICF represents a fundamental and complete tool for the valuation of rehabilitation objectives and effectiveness.

### P039

Emotion recognition and schizophrenia

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The objective of this study is to review work carried out over the last decade in the area of emotion recognition in persons diagnosed with schizophrenia. Emotion recognition is one of the areas included in the term social cognition. The MATRICS project looks at seven critical cognitive fields where patients with schizophrenia have difficulties. Social cognition is one of these fields. The reasons why social cognition has become so relevant include: empirical evidence associating social cognition with social functioning; its role as a mediator variable between basic social cognition or neuro cognition and social functioning; the appearance of studies showing a neuron substratum of social cognition; and the attention which has started to be given to the development of intervention programmes in schizophrenia focussed on social cognition and, more specifically, on the appropriate recognition of emotions. Emotion recognition or the processing of emotions refers to all those aspects related to perceiving and using emotions. Empirical knowledge in this aspect of social cognition has been basically amassed by studies on the perception of facial emotion. The tasks used in these studies basically consist of showing photographs of human faces in order to identify six basic emotions (happiness, sadness, anger, fear, surprise and disgust or shame).

### P040

Premorbid adjustment and neurocognitive functioning in first episode psychosis

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**Background and aims:** There is preliminary evidence that cognitive functioning is influenced by premorbid adjustment. The goal of this study was to examine to what extent premorbid adjustment patterns are related to cognitive functioning in a cohort of first-episode psychosis.

**Methods:** Seventy-seven neuroleptic-naïve patients with a first-episode of psychosis underwent clinical and neuropsychological assessments at baseline, 1 month and at 6 months of follow-up. Cognitive measurements included were: Verbal Fluency Test, Trail Making-B Test, Wechsler Memory Test, Reaction Time task, Wisconsin Card Sorting Test (WCST) perseverative errors. Patterns of premorbid functioning were categorised in two groups: 'stable-good' group and 'poor and declining' group, using the Cannon-Sporer Premorbid Adjustment Scale.

**Results:** No significant associations were found between premorbid adjustment change scores and cognitive variables in the stable-good adjustment group. Patients with premorbid deterioration change

score in premorbid adjustment between childhood and early adolescence was associated significantly with lower improvement at the follow-up in the Wechsler Memory Test ( $r=-0.511$ ;  $p=0.009$ ) and Reaction Time task ( $r=0.435$ ;  $p=0.030$ ). Moreover, change score in premorbid adjustment between early and late adolescence was significantly associated with lower improvement in perseverative errors ( $r=-0.455$ ;  $p=0.022$ ).

**Conclusions:** Deterioration of premorbid adjustment was significantly associated with lower improvement of cognitive improvement at the 6 months follow-up in a first episode psychosis. This lower cognitive improvement varied with the timing of the deterioration process in premorbid adjustment. Early adolescence premorbid deterioration was associated with less improvement in attentional and memory tasks. And premorbid deterioration in the late adolescence was related to lower improvement on executive tests.

### P041

Reflection of psychotic symptoms in paintings

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**Introduction:** schizophrenia can occur in any person even talented individuals. Several painters had schizophrenia. Van Gogh is a well known example. Method: A single schizophrenic patient with several paintings is presented. Results/Discussion: Patients with schizophrenia may try to portray their special feelings and experiences. As many of patients have trouble to communicate with others verbally, paintings can be a suitable way for them to make others able to understand them. Broyan Chanley and Phyllis Jones were two talented artists who try to do so. In this presentation we present a schizophrenic patient who tried to describe his psychotic symptoms in paintings. He had also rare Lilliputian hallucination which was reflected in his works.

### P042

Affective priming in paranoid schizophrenia treated with olanzapine or risperidone

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**Introduction:** The phenomenon of the deficit of the inhibitory reaction to the latter of two stimuli presented to the patient with schizophrenia may result in a stronger affective priming effect in the case of schizophrenia patients. This effect may be defined as the change in reaction time needed to respond to an experimental stimulus, due to the characteristics of another stimulus preceding it.

**Participants:** 33 patients diagnosed with schizophrenia took part in the experiment. At the time of testing, all patients were being treated with atypical neuroleptics. The results of the experimental group were compared to the results of a control group, which consisted of healthy participants, and matched the experimental group according to sex and age.

**Method:** All participants completed a handedness test. For mood assessment, The Profile of Mood State was administered. The experimental task consisted of pairs of words which appeared on