The phenomenological and morpho-analytic methods are nonspecific but undoubtfully extremely important in approaching the symptoms of the pre-schizophrenia period. Because of the one side approach of these methods, the assistance of empathy, as used by Kohut, can provide more clinical information, but it is difficult to quantify in research.

Expanding on Kohut's views, psychotic states are primarily disorders of the self. The psychosis underpinnings are organically and attributionally experientially determined. Therefore, the self does not develop with a cohesive organized core of personality in these conditions.

Using empathy as an observational tool requires attunement to the patient emotional state. Empathy components are affective, as well cognitive, with brain metabolic correlates between interviewer and patient in an empathic interview. When two minds are connected, a state of alignment is created. In the pre-schizophrenia state that resonance, the alignment is missing. The reverberation of that empathic connection is replaced by the "œblack hole" that swallows resonance, and creates in the empathic examiner the frightful experience of being in the presence of someone whose humanity has now been hijacked, and only the opaqueness remains as sad reminder of a mind that was like ours. These observations need to correlates with clinical picture, as may also occur in other organic illnesses.

With the use of the methods available, the identification of the experiential changes can be delayed because of many factors. Using empathy as a tool, along with the existent methods, may bypass same of the difficulties of early identification of the prodromal symptoms.

## P019

Induced 49 Hz gamma and event-related coherence in deficit and nondeficit schizophrenia

P. Bucci, A. Mucci, E. Merlotti, U. Volpe, M. Piccirillo, S. Galderisi, M. Maj. *Department of Psychiatry, University of Naples SUN, Naples, Italy*

A large body of literature supports the hypothesis that high frequency oscillations within the gamma band are involved in the integration of sensory information across different modalities and cortical areas. A reduction of gamma oscillations around 40 Hz has been reported in schizophrenic patients by several authors. This abnormality indicates a poor integration of the neuronal activity within distributed neural networks in schizophrenia, in line with modern conceptualizations of the disorder and its liability.

In the present study we investigated evoked and induced 40-Hz gamma power as well as fronto-parietal and fronto-temporal event-related coherence in patients with deficit and nondeficit schizophrenia and in matched healthy controls. In patients, correlations between gamma oscillations and psychopathological dimensions were also investigated.

We found that abnormalities of both induced gamma power and event-related coherence were present in patients with nondeficit schizophrenia, but not in those with deficit schizophrenia. These findings suggest that schizophrenia heterogeneity should be taken into account when dealing with indices of cortical functional connectivity.

In line with previous findings, in our study an excess of gamma oscillations has been found to correlate with reality distortion and other psychopathological dimensions, indicating that abnormal thoughts, behaviours and perceptions might be related to abnormal connectivity within distributed neural networks.

## P020

Schizophrenia, structural violence and human rights

J.K. Burns. *Department of Psychiatry, Nelson R Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa*

The core phenomenon of schizophrenia is best conceived in terms of the Bleulerian concept of autistic alienation. The contributions of Heidegger, Merleau-Ponty and Wittgenstein allow us to arrive at a new 'philosophy of interpersonal relatedness', which better reflects the 'embodied mind' and signifies the end of Cartesian dualistic thinking. Patients with schizophrenia exhibit neurobiological and clinical evidence of social brain dysfunction. They find themselves seriously disadvantaged in the social arena and particularly vulnerable to the stresses of their complex social environments. Farmer (2005) has used the term 'structural violence' to describe the social, economic and political forces such as poverty, inequality, racism and discrimination that influence people's health. These forces shape both the landscape of risk for developing illness and the context in which health-care is provided. The concept of structural violence is relevant to schizophrenia since low socio-economic status, income inequality, urbanicity, homelessness and migration are factors that increase risk for the disorder. Furthermore, poverty and inequality are associated with earlier age of onset, longer duration of untreated psychosis, increased comorbidity and poorer access to services – all variables impacting negatively upon onset, course and outcome of schizophrenia. Taken together, these observations call for a human rights perspective on schizophrenia in society. At-risk individuals suffer increased alienation, more severe psychosis and greater disability in response to toxic social forces such as deprivation and exclusion. This constitutes a violation of the human rights of those predisposed to and suffering from serious mental disorders such as schizophrenia.

## P021

Physical health monitoring in a scottish cohort of schizophrenia patients - the role of ECG and blood pressure monitoring

C. Bushe [1], O'Neil J. [2], C. Wood [2], A. Bradley [1], M. Farren [1], M. Turner [1]. [1] *Eli Lilly, Basingstoke, United Kingdom* [2] *Larkfield CMHT, Glasgow, United Kingdom*

**Introduction:** Schizophrenia patients have increased risk of cardiovascular disease (CVD) and mortality. Guidelines emphasise need for monitoring risk factors including ECG and blood pressure (BP). There is little naturalistic data on number and severity of categorical abnormalities detected.

**Method:** A global health clinic was set up in 2004 to undertake systematic physical health monitoring in all schizophrenia outpatients within Larkfield CMHT. Patients received 2 hour assessments from trained nurses. BMI, laboratory (non-fasting) parameters, ECG and BP performed.

**Results:** Since 2004 from 140 Schizophrenia outpatients 95 have been invited to attend screening of which 53 accepted (56%). An abnormal parameter was measured in 92% (n=49), 72% 2 abnormal findings (n=38) and 47% 3 or more. ECG abnormalities in 50% (n=26) of which 18 were significant findings (prior myocardial infarction and/or ischaemia, conduction blocks, right ventricular hypertrophy). Normal blood pressure using guidelines from British Hypertension Society (BHS) 2004 (<130/85) was determined in 36% (n=20), high-normal 11% (n=6) and varying grades of hypertension 53% (n=27). Grade 3 (severe) hypertension 8% (n=4). No patient had abnormal QTc >500 mscs. One male patient had QTc

https://doi.org/10.1016/j.eurpsy.2007.01.335 Published online by Cambridge University Press