selection criteria and the list of independent variables used in the models.

Results: Unadjusted TTAD (in days) for typical antipsychotics, olanzapine, risperidone and quetiapine were 92, 175, 182 and 177, respectively. TTAD achieved by patients using conventional antipsychotics was consistently shorter than TTAD achieved with atypical antipsychotics, but estimates varied from -96 days to -44 days depending on selection criteria and model specification ($p<0.0001$ relative to olanzapine). TTAD using risperidone or quetiapine appeared to be superior to olanzapine in simple models (+11 to +13 days, $p<0.000$), while virtually no differences across atypical antipsychotics were found when the analysis was restricted to patients with schizophrenia and more complete model specifications were employed. Specifically, screening for schizophrenia reversed risperidone's advantage over olanzapine from +6 days ($p<0.0001$) to -1.4 days ($p>0.05$). TTAD results favoring quetiapine over olanzapine were reversed from +7 days ($p<0.0001$) to − 0.4 days ($p>0.05$) when covariates for episode type were included in the model.

Conclusions: Differences in duration of antipsychotic therapy exist across diagnostic groups and episode type. Differences also exist in the diagnostic and episode mix across drugs. Therefore, disaggregated patient samples and expanded model specifications provide more accurate estimates of differences in TTAD.

P0174

Once-daily extended release quetiapine fumarate (quetiapine xr): Pooled safety data from 3 placebo-controlled monotherapy studies in acute schizophrenia

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Objective: To assess the safety and tolerability of quetiapine XR using pooled data from 3 studies (5077IL/0041, D1444C00132, D1444C00133).

Methods: Quetiapine XR (300mg [1 study], 400mg [2 studies], 600mg or 800mg once daily) was evaluated in 3 similarly designed, 6-week, placebo-controlled, double-blind, randomised studies in patients with acute schizophrenia. Matched dose quetiapine IR was included to demonstrate assay sensitivity. Safety assessments included AEs and vital signs.

Results: The pooled safety population included 1684 patients (951, quetiapine XR; 414, quetiapine IR; 319, placebo). Mean (SD) duration of exposure to quetiapine XR, quetiapine IR and placebo was 31.8 (14.9), 29.4 (15.9) and 30.6 (15.6) days, respectively.

The percentage of patients reporting an AE was similar for quetiapine XR (69.5%), quetiapine IR (72.5%) and placebo (61.4%). Serious AE incidence was similar for quetiapine XR (4.4%), quetiapine IR (3.9%) and placebo (4.4%). 6.4%, 7.7% and 7.5% of patients receiving quetiapine XR, quetiapine IR and placebo discontinued owing to AEs, respectively.

The five most common drug-related AEs (≥5%) were: sedation (11.5%, 14.0%, 5.0%), somnolence (10.6%, 11.4%, 3.1%), dry mouth (10.4%, 8.0%, 1.3%), dizziness (7.5%, 6.8%, 3.1%) and orthostatic hypertension (5.8%, 7.5%, 3.8%), for quetiapine XR, quetiapine IR and placebo, respectively. There was no dose relationship with any common AE for quetiapine XR. For completers, mean weight increases were: quetiapine XR (n=555), 1.77kg; quetiapine IR (n=215), 2.19kg; placebo (n=163), 0.26kg.

Conclusions: Once-daily quetiapine XR (300-800mg/day) was well tolerated in patients with acute schizophrenia. The tolerability profile was consistent with the known safety profile for quetiapine IR.

P0175

Identifying schizophrenic psychoses with psychological scales - the northern Finland 1966 birth cohort

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Background and Aims: We study the predictive power and associations of several psychological scales with respect to hospitalisations due to schizophrenic psychoses.

Methods: Temperament and Character Inventory, Physical Anhedonia Scale, Social Anhedonia Scale, Perceptual Aberration Scale, Hypomanic Personality Scale, Bipolar II Scale, and Schizoidia Scale were included in the 31-year follow-up survey of the prospective Northern Finland 1966 Birth Cohort (N=4,926). We compared subjects without any previous hospitalisations to those with previous hospital diagnoses (concurrent validity) and to those who in the eight year long follow-up were hospitalised due to schizophrenic psychosis (predictive validity). We also compared the subjects with schizophrenic psychoses and subjects with other psychiatric disorders (discriminant validity).

Results: In most scales, subjects with schizophrenic psychoses differed from healthy subjects. The Perceptual Aberration Scale was the best scales for concurrent (Effect Size, $d = 1.89$) and discriminant validity ($d = 0.64$). Subjects having a high score in Hypomanic Personality Scale were in the highest risk for schizophrenic psychoses (OR 10.72; 95% CI 2.87-40.06).

Conclusions: Subjects with schizophrenic psychoses differed in most of the scales from healthy controls and from subjects with other psychiatric disorders. Many of the scales were useful predictors for future hospitalisations due to schizophrenic psychoses; however scales were not very diagnosis specific. The predictive power of the scales is limited, these scales are probably not useful as screening instruments but can be used in several ways when studying e.g. risk factors or genetics of schizophrenic psychoses.

P0176

Prevalence of psychotic symptoms in the general population of the Czech Republic

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https://doi.org/10.1016/j.eurpsy.2008.01.843 Published online by Cambridge University Press

Investigation of the occurrence of psychotic symptoms in non-psychiatric population may help to identify population at risk of psychosis. The aim of our study was to find out lifetime and current prevalence of psychotic symptoms in the general population of the Czech Republic. Study sample consisted of a stratified population. All participants were administered the Psychosis Screening Questionnaire and the data on psychiatric treatment and diagnosis according to the M.I.N.I. were recorded. In total, 3244 subjects responded (48.1% males and 51.9% females). The most frequently reported symptom was paranoia (7.7%), followed by hypomania (6.2%), strange experiences (5.2%), thought insertion (3.8%), and hallucinations (1.7%). Lifetime prevalence of minimum 1 psychotic symptom was 17.9%. The highest proportion of responders reported only one symptom (13.5%). Significantly more males than females experienced paranoia (p=0.002). In the subset of individuals with a history of at least one psychotic symptom, 70.6% never visited a psychiatrist, 78.9% did not meet diagnostic criteria of psychotic disorder according to the M.I.N.I., and 67.0% failed to have any psychiatric diagnosis at all. The results suggest a high frequency of psychotic experience among the ethnically homogeneous Czech population. Only the longitudinal follow-up could confirm whether the symptomatic subjects are at risk of development of psychotic disorder. More likely, our findings support a hypothesis of the presence of psychiatric symptoms in the general population as a continuum of psychotic spectrum, from normality and sanity through unique psychotic experiences to fully expressed illness.

Supported by the research project CNS 1M0517.

P0177

Differences between schizophrenic patients with good and poor insight: Clinical correlates and outcome

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Background and Aims: Lack of insight is present in 50-80% of schizophrenic patients and is associated with poorer prognosis and negative outcome. The aim of our study was to evaluate possible differences in symptomatology and functioning between schizophrenic patients with poor or good insight.

Methods: One undred twenty one patients with a DSM-IV-TR diagnosis of schizophrenia in a stable phase were evaluated with PANSS, CDSS, GAF, and QLS. The Scale for the Assessment of Unawareness of Mental Disorder, SUMD, was used to assess three domains: awareness of mental illness, the need for treatment, the social consequences of illness. SUMD cut-off of 3 was used to differentiate patients with good insight from those with impaired insight. Independent sample t-test was performed to compare these two groups on clinical profile, quality of life and global functioning.

Results: No significant differences were found between poor and good insight groups on socio-demographic variables. Significant differences (p< .01) were observed between patients with poor and good insight, for all the three dimensions of SUMD, in GAF, PANSS positive and PANSS general symptomatology. Patients with worse awareness of illness presented more severe negative symptoms (p= .001) and less depressive symptomatology (p= .008). Patients with impaired awareness of need for treatment and the social consequences of disorder presented lower scores in QLS occupational role (p< .02).

Conclusions: These findings suggest a link between insight, symptomatology and outcome that can be explained by a clinical model which considers insight related to how a particular symptom is created.

P0178

Comorbidity in schizophrenia

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Introduction: Comorbidity has been defined as the coexistence of somatic and psychiatric diseases with diferent physiopatology in the same person, and it can appear simultaneously to the schizophrenia or during the patient's lifetime. There are two types of comorbidity: episodical or taking place during the lifetime of the patient. We can diffferenciate between comorbidity itself (in cluster, dependent or associated) to the so-called pseudo-comorbidity. Besides, comorbidity has been classified as a co-syndrome and it is considered a prognosis indicator of this disease, which can determine an increase in the rates related to relapses, worse response to treatment, less capacity to cope with social situations, and suicide in patients suffering from schizophrenia.

Results: 177 schizophrenic patients were assessed for affective symptoms and suicide behaviour. 24.3% were suffered for depression. 35% had a previous record of autolytic attempts. The rate of suicide history were higher among depressed schizophrenics (50%) than non-depressed schizophrenics (20%) (p<0,05).

Conclusions: We point out the clinic importance of suicide in schizophrenic patients suffering from depression. Moreover, the study shows the necessity to carry out longitudinal studies to recognize indicators of depression in advance and establish the diagnosis of depression, and, also, to acknowledge the importance of the gender factor in the depression of schizophrenic patients.

P0179

Prospective, multicenter, open-label, observational study of sexual function in patients beginning aripiprazole treatment

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Objectives: Antipsychotic treatment is known to be associated with secondary sexual dysfunction (SD). Recognition and treatment of this adverse effect has received growing attention. Until now, all antipsychotic agents were thought to potentially cause SD mediated by increased prolactin. Our aim was to observe whether aripiprazole modifies SD in patients with schizophrenia after 3 months of treatment.

Material and Methods: Multicenter, observational, open-label, prospective, three-month study with single group of aripiprazole

https://doi.org/10.1016/j.eurpsy.2008.01.843 Published online by Cambridge University Press