

**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

B. Avgustin. *University Psychiatric Hospital, Ljubljana, Slovenia*

**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

C. Guerin-Langlois, A. Mondoloni, B. Beaufiles. *Hôpital Corentin Celton, AP-HP, Issy les Moulineaux, France*

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

C. Ben Amor<sup>1</sup>, A. Galinowski<sup>1</sup>, B. Gueguen<sup>2</sup>, M.C. Bourdel<sup>1</sup>, R. Waismann<sup>1</sup>, B. Granger<sup>3</sup>, Q. Debray<sup>3</sup>, J.P. Olie<sup>1</sup>, M.O. Krebs<sup>1</sup>. <sup>1</sup>INSERM U796 PARIS V, SHU Hôpital Sainte-Anne, Paris, France <sup>2</sup>Service de Neurophysiologie Clinique, Hôpital Sainte-Anne, Paris, France <sup>3</sup>Service de Psychiatrie Universitaire. Hôpital Corentin Celton, Paris, France

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

- [1] Alvaro Pascual-Leone. *Biol Psychiatry* 2002;25(52):24–31.
- [2] Paul B. Fitzgerald. *Psychopharmacology* 2002;162:74–81.

## P011

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

G. Bertschy, F. Deshusses-Epely. *Department of Psychiatry, University Hospital of Geneva, Geneva, Switzerland*

**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