

between the two groups regarding the different socio-demographic variables and the age of onset of disease. Significant difference was found between the two groups regarding: personal antecedents of attempt of homicide ($P < 0.003$), personal antecedents of attempt of suicide ($P < 0.001$), a history of previous violence ($P = 0.005$), untreated psychosis before the act ($P < 0.001$) poor medication compliance and a low familial support ($P < 0.001$), antisocial behavior ($P < 0.001$), addictive behavior ($P = 0.007$).

Conclusion Awareness of these factors will allow us to provide improved prevention of violence within schizophrenic subjects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Elevated C-reactive protein levels associated with aggressive behavior in Moroccan patients with schizophrenia

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Background Recent studies reported an association between aggression and inflammation. In this study, we examined the association between aggressive behavior and inflammatory markers (serum levels of CRP) in schizophrenia inpatients.

Methods Adult schizophrenia inpatients ($n = 145$) were prospectively identified and categorized according to their C-reactive protein measurement at admission as either elevated (CRP > 1 mg/dL; $n = 45$) or normal (CRP < 1 mg/dL; $n = 100$). The following indicators of aggression were compared: PANSS excitement component (PANSS-EC), restraints and suicidal behavior during hospitalization.

Results The results show that patients with elevated CRP levels are more aggressive during hospitalization as detected by statistically significant higher scores of aggressive behavior (PANSS-EC score), and by increased rates of physical restraint during hospitalization. No statistically significant differences in the other clinical features, including suicidal behavior.

Conclusion Our results are consistent with previous findings linking schizophrenia to activation of the inflammatory response system.

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Relationship between childhood trauma and psychotic symptoms in patients with schizophrenia

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Introduction The association between childhood trauma and psychotic symptoms is still not clearly understood. Findings for positive and negative symptoms are confounding. This symptomatic response may differ according to the type of childhood trauma, for example childhood abuse was associated with positive symptoms while childhood neglect was associated with negative symptoms.

Objectives This study examined the relationship between childhood trauma and psychotic symptoms in schizophrenic patients after controlling for the possible confounding factors, such as clinical features, depression, and sleep quality.

Methods The childhood trauma questionnaire – short form, Positive and Negative Syndrome Scale (PANSS), Calgary Depression Scale for Schizophrenia, Pittsburgh sleep quality index, and the suicidality subscale of mini-international neuropsychiatric interview were administered to 199 patients with schizophrenia. We used sequential multiple stepwise regression analyses in which positive symptoms, negative symptoms, overall psychopathology and total symptoms of schizophrenia were dependent variables.

Results Depressive symptomatology and childhood physical abuse (CPA) significantly contributed to positive, negative, general psychopathology and global schizophrenia symptomatology. Stepwise regression analysis results are presented in Table 1.

Conclusions Our findings suggest that CPA during childhood could have an impact on psychopathology in schizophrenia.

Table 1 Stepwise regression analysis results.

	Depressive symptomatology	Childhood physical abuse
Positive symptoms	$\beta = 0.29, t = 4.051$ $P < 0.001$	$\beta = 0.20, t = 3.160$ $P < 0.01$
Negative symptoms	$\beta = 0.30, t = 4.575$ $P < 0.001$	$\beta = 0.14, t = 2.214$ $P < 0.05$
General psychopathology	$\beta = 0.53, t = 8.966$ $P < 0.001$	$\beta = 0.17, t = 2.939$ $P < 0.01$
PANSS Global	$\beta = 0.46, t = 7.643$ $P < 0.001$	$\beta = 0.20, t = 3.343$ $P < 0.01$

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Quality of life in healthy siblings of patients with first episode of psychotic illness and its predictors

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Families of patients with first episode of psychotic illness are exposed to numerous distress factors related to the care of their relative. It has been shown that these families experience higher levels of anxiety, depression, economic strain, and helplessness. According to the prior studies, long-term psychotic illness can also have negative impact on quality of life (QoL) in healthy siblings [1]. The aim of our study was to assess QoL in siblings of patients with first episode of psychosis and to examine effects of sibling-related and illness-related variables on QoL. Study sample consisted of first-episode psychosis patients ($n = 20$) and their healthy siblings ($n = 20$). All subjects were administered World Health Organisation Quality of Life Questionnaire Scale Brief (WHOQOL-Brief). Duration of untreated psychosis, medication adherence (Hayward scale) and severity of positive psychotic symptomatology (evaluated by Positive and Negative Symptom Scale) were used as illness-related variables, birth order served as a sibling-related variable. QoL has