

with the Positive and Negative Syndrome Scale. For the facial expression recognition task, 56 faces were taken from the Karolinska Directed Emotional Faces (KDEF; Lundqvist et al., 1998), which included 4 pictures of faces (2 male and 2 female) for each of the six basic emotions (sadness, anger, happiness, fear, disgust, surprise), in addition to 4 photos of faces with neutral expressions. Participants were asked to choose the emotion that corresponded with the face.

Results: Analysis of variance (ANOVAs) revealed significant differences between schizophrenic patients and normal controls in terms of KDEF performance. Correlations were observed between KDEF performance and the Positive and Cognitive dimensions of the PANSS. Finally, independent t-tests were performed for scores for the specific emotional expressions of the KDEF, which revealed significant differences between the two groups for joy and surprise.

Conclusions: Results reveal that schizophrenic patients present facial expression recognition deficits compared to normal controls, in particular with the emotions joy and surprise. Furthermore, these deficits are specifically associated with the presence of positive and cognitive symptoms.

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Observational study of patients with schizophrenia in Spain: ACE 2005 study

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Aims: Epidemiological study of schizophrenia in Spain with a focus on clinical, diagnostic and treatment trends along the year 2005 compared with those observed in ACE 2004 study;

Methods: 617 psychiatrists from public and private Spanish clinics registered the first four patients with schizophrenia seen at their offices.

Results: A total of 2,430 patients were entered in the study (70% males, 79% unmarried; median age, 37 years) of which, 1,113 had participated in the ACE 2004 study. Twelve percent of patients had a history of illegal drug abuse, 59% had paranoid schizophrenia, 11% had residual schizophrenia, and 6% showed undifferentiated schizophrenia, with a significant skewing to a greater proportion (71% vs. 47%) of the paranoid subtype among “de novo” patients. On inclusion, 9% were suffering an acute exacerbation, 72% showed a stable disorder, and 18% had active symptoms. Up to 96% of patients included “de novo” had been previously treated with antipsychotic drugs, mainly risperidone (27%), and olanzapine (17%). After inclusion in the study, the antipsychotic drugs most frequently prescribed were aripiprazole (25%), risperidone (18%), olanzapine (10%), and amisulpiride (8%). Training for psychosocial functioning, and occupational therapy (about 15% each) were the most frequent non-pharmacologic interventions (44% of all patients) used before entering in the study.

Conclusions: Patients observed were predominantly unmarried young males with paranoid schizophrenia. The proportion of patients with this subtype was greater than that recorded for patients who previously participated in ACE 2004 study. A trend towards treatment with aripiprazole or risperidone was observed.

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Specificity of autobiographical memory in schizophrenia: Retrospective and prospective deficits

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Cognitive deficits are viewed as core symptoms and among the major disabilities of schizophrenia. Among these deficits, memory impairments are likely to play a crucial role, and more specifically, memory for personal episodes, is disproportionately impaired. Schizophrenia is associated with a reduction of specific autobiographical memories which are marked after the onset of the disease (e.g., Riutort et al., 2003). This impairment is consistent with the existence of an abnormal development of personal identity in patients with schizophrenia. Williams and colleagues (1996) suggest that the specificity with which people retrieve episodes from their past determines the specificity with which they imagine the future. The aim of the present study was to investigate this hypothesis in patients with schizophrenia. A French adaptation of the Autobiographical Memory Test (AMT, Williams & Broadbent, 1986) was administered to 12 patients with schizophrenia (4 men) and 12 control participants. In this version (TeMA, Neumann & Philippot, 2006), participants had to recollect specific past events or to imagine specific future scenarios in response to cue words. Results showed that patients retrieved fewer specific autobiographical memories and generated fewer specific future events than controls. In addition, their difficulty to imagine the future was correlated to their lack of specificity in the retrieval of past memories. The possibility that memory impairments could affect imageability of the future might have central clinical implications. Indeed, it suggests that cognitive deficits may play an important role in the feelings of hopelessness about the future often encountered in schizophrenia.

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Catatonia after abrupt discontinuation of chronic clozapine treatment

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Clozapine has been reported to induce various withdrawal signs and a rapid onset psychotic reaction (supersensitivity psychosis), after cessation of chronic treatment. Catatonic features associated with discontinuing or decreasing clozapine have also been described in a few cases.

We report the case of a 37-year-old woman, who had already suffered from disorganized schizophrenia for 20 years, and in whom we diagnosed agitated catatonia with purposeless motor activity for four days followed by a catatonic stuporous state with marked hypokinesia, negativism, mutism, posturing, waxy flexibility, echo phenomena, refusal to eat or drink and stereotyped movements with mannerisms that lasted another four days. She also demonstrated fever and some changes in blood and serum parameters. After resolution of the catatonic symptoms the patient's behaviour and speech remained enormously disorganized. The symptoms occurred less than one week after discontinuation of clozapine treatment (350 mg). The patient was on clozapine for almost 10 years, had been stable and had a re-emergence of some psychotic symptoms twice when clozapine was decreased. She was treated with lorazepam and was then put on amisulpiride and risperidone (liquids), with no response of her psychotic symptoms. For that reason, reinstatement of clozapine was decided 40 days after admission and the patient recovered dramatically.

Catatonia occurred in our patient a few days after discontinuation of long-term clozapine treatment and it therefore could be caused by