

" It could be improve the connections between young psychiatrist from different country to can learn more about the diversity and richness of the current training of psychiatrist throughout Europe.

Free Communications

FC01.01

Impact of audit and feedback on antipsychotic prescribing in schizophrenia

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Objective: Examine impact of audit and feedback on antipsychotic prescribing in schizophrenia over 4.5-years.

Methods: Clinical files in three outpatient psychiatric services in Auckland, New Zealand were reviewed at two time-points (March-2000;October-2004). After the first audit, feedback was provided to all three services. Baseline prescribing variations between services were found for antipsychotic combinations and atypical prescribing, in particular clozapine. In two services audit and feedback continued with two interim reviews (October-2001;March-2003). Specific feedback and interventions targeting clozapine use were introduced in both services. No further audit or feedback occurred in the third service until the final audit. Data were collected (patient characteristics, diagnosis, antipsychotic treatment) and analysed at each audit.

Results: Three prescribing variables (antipsychotic monotherapy, atypical and clozapine use) were consistent with practice recommendations at the final audit (85.7%, 82.7% and 34.5% respectively) and had changed in the desired direction for all three services over 4.5-years. At baseline there were differences between the three services. One service had baseline prescribing variables closest to recommendations, was actively involved in audit, and improved further. The second service, also actively involved in audit had baseline prescribing variables further from recommendations but improved the most. The service not involved in continuing audit and feedback made smaller changes, and atypical and clozapine use at endpoint were significantly lower despite at baseline being comparable to the service which improved the most.

Conclusions: We found high intensity audit and feedback was an effective intervention in closing the gap between recommended and clinical practice for antipsychotic prescribing.

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Exploring the neural substrate of the vulnerability to first episode psychosis using fMRI

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Background and Aims: Object working memory performance is abnormal in the early stages of schizophrenia. Such tasks recruit frontal and temporal cortices, possible sites of progressive change over the early illness course. We wanted to clarify if functional changes can be detected in the early stages of schizophrenia, to identify their anatomical location and their relationship to the stage of illness using a functional object working memory task in which the length of memory delay was manipulated.

Methods: 40 subjects contributed: 10 first episode psychosis (FEP) patients, 16 with an at risk mental state (ARMS) and 14 healthy controls. We collected functional MRI data while the subjects performed a version of the delayed matching to sample (DMTS) task from the Cambridge Automated Neuropsychological Test Battery (CANTAB).

Results: Behaviourally there was a trend to a group by delay interaction, the two patient groups making more errors at longer memory delays. At successful recognition a main effect of group was detected in the medial temporal lobe bilaterally, while a main effect of delay was detected in the left medial temporal lobe. At each length of memory delay the patient groups showed consistently greater activation of medial temporal regions when performing the task accurately.

Conclusions: Both ARMS & FEP groups showed greater activation than controls in the medial temporal cortex across all lengths of memory delay. These differences were not related to poorer task performance, but suggest an inefficiency mechanism that may correlate with the vulnerability to psychosis rather than psychosis per se.

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Improving quality of life for persons with schizophrenia: A multidisciplinary approach

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Background and Aims: The concept of quality of life has been a topic of increasing interest in the mental health field for more than two decades. Several instruments have been developed to measure quality of life for individuals living with mental illness; however, the majority of these instruments fail to measure quality of life from the client's perspective. This presentation will present results of a qualitative study that explored what individuals diagnosed with schizophrenia and other severe and persistent mental illnesses perceived as important to improving their quality of life.

Methods: In-depth interviews and focus groups were used to collect data from more than 50 individuals.

Results: Analysis of the data resulted in the identification of two overarching themes, four domains, several sub components and enablers and barriers to achieving their desired goals. Themes associated with fear of symptoms and stigma were prevalent throughout the data with domains focusing on the challenges of managing the symptoms of the illness, the importance of relationships with a wide range of persons, the acquisition of meaningful occupation and the rebuilding of self esteem.

Conclusions: A discussion of the implications for practice will include the roles that the various professionals can play in assisting individuals in achieving their desired quality of life, as well as the relationship of quality of life with the concepts of recovery, client centered practice and psychiatric rehabilitation.