Results: 178 patients were randomized. 144 patients completed the study (80.9%). The relapse rate was 33.7% (30/89) for the maintenance group and 66.3% (59/89) for the placebo group (log-rank test, chi-square=13.328, p<0.001). Relapse was not related to age or gender. Other significant predictors of relapse include medication status, pre-morbid schizotypal traits, verbal memory and soft neurological signs.

Conclusions: There is a substantial risk of relapse if medication is discontinued in remitted first-episode psychosis patients following one year of maintenance therapy. On the contrary 33.7% of patients discontinued medication and remained well.

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P0094

Weight gain as a marker of evolution to patients with multiple episodes schizophrenia and atypical antipsychotic treatment

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Background and Aims: Atypical antipsychotics (AAP) are associated with adverse effects such as weight gain and the metabolic syndrome. Weight gain is an important marker to control while using AAP. Our study shows the existent correlations between weight gain, the decrease of neuroprotection and cognitive impairment.

Methods: A retrospective study on 16 patients, 10 women and 6 men, diagnosed with schizophrenia (DSM-IV) and multiple episodes (>5 episodes in 3 years) being under treatment with typical antipsychotics (minimum 3 cures, more than 6 months each) and to whom was imposed the switch to atypical antipsychotics because of the poor therapeutical respondence. None of the patients presented EPS of whose intensity to necessitate this switch. After the initiation of the AAP therapy they presented a significant weight gain (>15% of the ideal weight in the first 12 months).

These patients were monitorized for:

- social distress factors;
- the cognitive evaluation using California Verbal Learning Test;
- neuroimagistic evaluation (CT);
- PANSS.

Results: All the patients presented a high familial and social distress factors, cognitive impairment and neuroimagistic modifications in cortical areas and ventricular enlargement. On the PANSS scale observing a decrease in intensity of the positive symptoms, and an insignificant modification of the negative symptoms.

Conclusions: The significant weight gain during the first year after the switch to AAP to these patients, can serve as a marker for neurostructural changes, neuroimagistic monitorization being obligatory at the moment of the decision of switching from a typical to an atypical antipsychotic.

P0095

Distinctive features of post-schizophrenic depression

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Since depressive symptoms (SDS) are prevalent under-recognized and clinically important problems in patients with schizophrenia, the pattern of symptoms and associated features of depressive symptoms, as well, as inclusion of psychopathology and neurodynemic variations in personality structure of patients with chronic schizophrenia deserve more investigation.

We aimed to identify clinical and experimental-psychological features of post-schizophrenic depression. The longitudinal study has been designed to investigate patients with paranoid schizophrenia. As a result of the careful clinical and psychological analyses due to psychopathology we defined four types of depression. From which two types of depression – agitated and asthenic prevailed in active phase of schizophrenia and remained two hypochondriac and apathyc mainly occurred during stabilization. This finding would have prognostic value.

Furthermore, we examined personality changes leaded by cognitive symptoms and specified psychopathological and neurodynamical input in alteration of personality structure with word association experiment by A.D. Zurabashvili. As the semantics of trigger words became more complex the qualitative impairment deepened. Lower pathological associations have overcome scanty logical thinking and fluctuation of latency time with thought blocking became prominent.

SSRI (Fevarin, Rexetin) appeared especially effective in treatment of certain type of post-schizophrenic depression.

P0096

Verbal memory characteristic of patient with paranoid schizophrenia and their first degree relatives

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The cognitive deficits associated with schizophrenia have received increasing attention as potential endophenotypes of the disorder that could potentially discriminate relatives of patients from controls. Endophenotype that is inherited and state – independent should be found in affected family members as well as in nonaffected family members at a higher rate than in the general population.

The current study has attempted to characterize the prevalence, degree and nature of verbal memory deficit in schizophrenia and aimed to study verbal memory task performance in patient with paranoid schizophrenia and their first degree relatives in order to identify, trait cognitive marker of the disorder. Due to this we had studied, whether nonpsychotic relatives of schizophrenic probands had an elevated risk of deficits in cognitive functioning, and, which specific factors such as gender, age, education, illness duration, diagnosis and psychopathological symptoms influenced the tests performance.

Schizophrenia patients showed significant impairment of the verbal memory in all domains. In contrast, their first degree relatives having the same education level as the patients did not differ considerably from healthy controls. These results indicate that, probably, the deficiency of explicit verbal memory is not associated with the diathesis for schizophrenia.

As the test performance did not correlate with severity of symptoms and medication this finding cannot be attributed to the distractibility due to active psychotic symptoms, or treatment effects. Impaired performance on the CVLT task, a measure of explicit verbal working memory, appears to be associated with the cognitive deficits due to the disorder itself.

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P0097

Memory measures in healthy relatives of bipolar and schizophrenic probands

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Background: The aim was to investigate the cognitive abnormalities in healthy individuals (No Axis I or II disorders) at risk for bipolar disorder (BD) and schizophrenia (SZ)

Materials and Methods: Participants were 17 BD-R, 15 SZ-R and 23 controls. All participants underwent assessment of IQ, working, verbal memory and learning, visuospatial memory, verbal and visual recall and recognition. Lack of lifetime Axis I and II disorders was screened using Structured Clinical Interview for DSM-IV and symptomatology was assessed with the Brief Psychiatric Rating Scale (BPRS).

Results: No difference was found in IQ. The SZ-R underperformed compared to BD-R and controls in working memory. The SZ-R had increased number of intrusions but did not differ from the BD-R in short delay. The SZ-R showed impairment in long term recall. No effect of learning was found. SZ-R and BD-R underperformed compared to controls in visuospatial memory. SZ-R showed long term memory deficits with higher overall forgetting scores in both visual and verbal tests compared to BD-R and controls. The BD relatives were able to retain more verbal items but comparable visual items to SZ-R. Effect of BPRS total score was found only for BD-R across all measures.

Conclusions: BD-R do not show deficits compared to controls in the dorsal prefrontal cortex (DPFC) like the SZ-R. The SZ-R show impairments in fronto temporal networks that are preserved in BD-R supporting deficits in semantic categories in both encoding and retrieval whereas impairment shown in BD-R may be mainly attributed to the effect of symptoms.

P0098

Executive function measures in healthy relatives of bipolar and schizophrenia probands

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Background: The aim of this project was to investigate the cognitive abnormalities in healthy individuals (No Axis I or II disorders) at risk for bipolar disorder (BD) and schizophrenia (SZ)

Materials and Methods: Participants were 17 BD-R and 15 SZ-R and 23 controls. All participants underwent assessment of IQ, inhibition, verbal fluency, planning and cognitive set shifting. Lack of lifetime Axis I and II disorders was screened using Structured Clinical Interview for DSM-IV and symptomatology was assessed with the Brief Psychiatric Rating Scale (BPRS).

Results: No difference was found in IQ. Loss of inhibition was found in both SZ-R and BD-R compared to controls whereas SZ-R had slower initiation times. SZ-R also failed to inhibit relatively fast erroneous responses, leading to an effect on error rates but not in reaction times. SZ-R and BD-R produced fewer words compared to controls whereas the former group made more errors. BD-R achieved both comparable number of categories to controls and made equal number of errors whereas SZ-R underperformed compared to former groups in both measures. Effect of BPRS total score was found only for BD-R across all measures apart from inhibition.

Conclusions: Genetic predisposition to SZ may be mediated by deficits in both the Ventral and Dorsal Prefrontal Cortex (VPFC) and (DPFC). In BD-R impairment was limited in the VPFC whereas the DPFC function was preserved. The two disorders share inhibition deficits associated with the VPFC.

P0099

Treatment of post-psychotic depression (PPD) in schizophrenia

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Background: Depression accompanied acute psychosis in 70% of cases and remitted in line with the psychosis; 36% developed PPD without a concomitant increase in psychotic symptoms. PPD occurs without concomitant change in positive or negative symptoms.

Aims: We try to evaluate efficacy of Fluvoxamine, versus efficacy of mirtazapine and venlafaxine in PPD.

Method: 25 patients (17 men, 8 female), aged 18-45 years, diagnosed with schizophrenia and PPD by DSM IV criteria. All patients received a second generation of antipsychotic (SGA) .We divided in 3 groups - A (9 patients) treated with SGA + Fluvoxamine (100 mg/day), group B (8 patients) treated with SGA + mirtazapine (30-45mg/day) and group C (8 patients) treated with SGA + venlafaxine (150- 225mg/day). We use BPRS, HAMD, and CGI for severity. Period of study 2 month, with visit at every week. We evaluate efficacy in group A versus efficacy in group B and C.

Results: in group A: 2 drop-out, 6 responders, 1 non-responders; in group B: 1 drop- out, 6 responders, 1 non- responders , in group C: 1 drop- out, 7 responders. The response was faster in group C. The treatment was well tolerated.

Conclusions: The results were similar in all groups, but the most responders were found in patients with family support, in first 3 years of evolution of schizophrenia, with family history of affective disorders, absence of negative symptoms. The response was better at patients who don't have traumatic stress in there children or adolescent period.

P0100

The role of neuropsychological assessment in the comprehensive diagnosis of schizophrenia

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Background and Aims: The blurring of nosological boundaries across clinical forms of schizophrenia is critical. The aim of the research was to address the relationships between neuropsychological functioning, clinical scales and international diagnosis criteria for a comprehensive diagnosis of schizophrenia.

Methods: 67 patients diagnosed with schizophrenia according to ICD-10 criteria were included in the current study. The average age of the patients was 33.17 years (SD=9.22). Patients included were not diagnosed with medical or neurological conditions. In clinical

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