

toward psychotic thinking. The interest of this case report stems from the manner in which we tested our clinical hypothesis.

Methods: The patients agreed to the use of a lactate provocation test in double-blind, placebo-controlled conditions during four randomized sessions on consecutive days (two with lactate and two with placebo). The active lactate test used a 0.5 molar racemic lactate sodium 10 ml/kg solution, infused in 20 minutes.

Results: Neither patient displayed panic symptoms during the placebo sessions whereas patient A developed two full-blown panic attacks during the active lactate sessions and patient B developed one subthreshold and one moderate panic attack during the active lactate sessions. The results of these investigations led to a specific cognitive therapeutic treatment of the delusional convictions in patient A.

Conclusion: The results of this investigation, at least in patient A, strongly support our clinical hypothesis about a possible relationship between panic disorder and delusional disorder in some cases.

P012

The assessment of adherence using a questionnaire in patients suffering from schizophrenia

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Background and aims: Therapeutic adherence is a key issue in patients suffering from schizophrenia. The possibility of psychotic relapse is increased by the omission of medication. Relapses decrease the chance of favourable prognosis of the disorder, and this leads to further hospitalization, which entails increased social expenses. Unfortunately, medication omission, or non-compliance, is very frequent in patients with schizophrenia. Good compliance develops as a result of an interaction among multiple factors affecting the physician, the patient and his/her relatives. The objective was to define principal factors which affect compliance in persons with schizophrenia.

Methods: A survey was conducted using a self-rated questionnaire to assess compliance in patients, their relatives and their physicians. Subjects participated from various geographical areas of the country in order to make a sample representative.

Results: 909 schizophrenic patients, 73 physicians and 423 relatives participated in this study. Forty-one percent of patients indicated non-compliance by their own decision. The analogous estimate from physicians was 57%. Almost half of the patients (42%) forgot to take the medication or miss it due to other cognitive dysfunctions. This problem affects more patients according to physicians' (49%) and the relatives' (55%) opinion.

Conclusion: Based on our estimates improvement of therapeutic adherence in patients with schizophrenia has high clinical importance, since lack of adherence is directly related to therapeutic failure, and results in an elevated risk for patients' deterioration and life-functioning.

P013

Sertindole: A newly available atypical antipsychotic with placebo level EPS

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Introduction: Sertindole is an antipsychotic agent that shows affinity for D2, 5-HT_{2A}, 5-HT_{2C}, and α₁-adrenoceptors. Preclinical research

suggests that sertindole has a preferential effect on the activity of limbic and cortical dopaminergic neurons, and clinical trials have confirmed that sertindole is efficacious at a low D2 receptor occupancy, comparable to that produced by clozapine, which may confer a lower risk of EPS.

Methods: PubMed was searched for all randomised controlled trials of sertindole where EPS ratings were performed and published in English language in peer-reviewed medical journals. All of these published studies were reviewed regarding the occurrence of EPS in patients.

Results: Five clinical trials of sertindole fulfilled these criteria. Comparators were placebo, haloperidol and risperidone. Rating scales used were: Simpson –Angus Scale (SAS), Barnes Akathisia Scale (BAS), and Abnormal Involuntary Movement Scale (AIMS). Furthermore, the need for anti EPS medication, and the incidence of EPS-related events (presented as percentage of patients), if registered, was recorded. If significant differences were reported, NNT (number needed to treat) values were calculated and presented with point estimates and 95% CI. In three studies significant differences between sertindole and haloperidol were observed. In the two remaining studies, no significant differences were noted between sertindole vs placebo and risperidone, respectively.

Conclusions: In summary sertindole has been shown to have an exceptionally low propensity for EPS, and abnormal movement side effects.

P014

Persistence of negative symptoms in psychotic patients: Results from the CLAMORS study

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Background and aims: This study assessed the persistence of negative symptoms in patients treated with antipsychotics.

Methods: A retrospective, cross-sectional, multicenter study was carried out by 117 Spanish Psychiatrists (The CLAMORS Collaborative Group). Consecutive outpatients meeting DSM-IV criteria for Schizophrenia, Schizophreniform or Schizoaffective Disorder, under antipsychotic treatment for at least 12 weeks, were recruited. Negative symptoms were assessed using the PANSS scale (1-blunted affect; 2-emotional withdrawal; 3-poor rapport; 4-social withdrawal; 5-abstract thinking; 6-verbal fluency; 7-stereotyped thinking). Persistence of a negative symptom was defined by severity score > 3. Persistence of primary negative symptoms was defined when: not present extrapyramidal symptom (EPS); not present items 2 (anxiety) or 6 (depression) of General Psychopathology PANSS scale (<=3); dose of haloperidol non higher than 15 mg/d; and not present antiparkinsonian treatment.

Results: 1452 evaluable patients (863 men, 60.9%), 40.7+12.2 years (mean+SD) were included. Negative symptoms (one or more) were presented in 60.3% of patients. The most frequent negative symptoms were social withdrawal (45.8%), emotional withdrawal (39.1%), poor rapport (35.8%) and blunted affect (33.1%). Primary negative symptoms (one or more) were present in 33.1% of patients.

The most frequent primary negative symptoms were also social withdrawal (18.2%), emotional withdrawal (14.8%), poor rapport (14.8%) and blunted affect (12.8%).

Conclusions: Persistence of negative symptoms plays an important role in most patients treated with antipsychotics, being near half of them primary negative symptoms.

On behalf of the CLAMORS Collaborative Group.

P015

Consensus guideline for the evaluation of physical health in patients with schizophrenia

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Background and aim: Patients with schizophrenia have a reduced life expectancy of 20% in comparison to the general population. They have a relative risk of 1.6 for all cause mortality. Recent innovations in antipsychotic treatment have improved the social integration of patients thanks to a better control of symptoms, however undesirable effects of medication may affect physical health.

Objective: To develop a consensus document about the Evaluation of Physical Health of Patients with Schizophrenia along their life, and to propose recommendations for diagnostic and clinical interventions to manage modifiable risk factors which impact on quality of life and life expectancy.

Methods: A literature review was performed to identify diseases and/or risk factors potentially related to patient with schizophrenia.

A systematic review of the literature was performed to evaluate the morbid-morbidity of patients with schizophrenia in relation to the identified conditions. 25 psychiatrists and 8 experts from the different specialities participated in the consensus meeting to adapt the general population guidelines to the management of patients with schizophrenia.

Results: The literature review revealed that increased mortality in patients with schizophrenia is associated to respiratory diseases, cardiovascular diseases and cancer. Increased morbidity is associated to diabetes and metabolic syndrome, respiratory diseases, hepatitis, HIV and dyskinesia.

The resulting recommendations were submitted to the Spanish psychiatry medical societies for their validation.

Conclusion: The physical health of patients with schizophrenia requires specific monitoring and follow-up to guarantee that their life expectancy, quality of life and social functioning is similar to the general population.

P016

The appearance of negative symptoms in schizophrenic patients with onset in old age

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Negative symptoms in schizophrenia are basis for forming defect and the degree of its expressiveness defines possibilities for rehabilitation. Necessity of a more detailed study of schizophrenic defect in patients with old schizophrenia arose in connection with worldwide tendency to aging of population. The aim of present work was to establish some peculiarities of basic disorders in patients with late onset of paranoid schizophrenia. 36 patients of both sexes aged from 45 to 65 with the duration of process from 2 to 10 years were examined by the clinico-psychopathological method and SANS. 20 patients had the first episode of the illness, the rest underwent from 2 to 7 attacks. 4 patients demonstrated a slight expressiveness of negative symptoms, 26 patients had moderate degree and 3 had a considerably marked one. In all the patients disturbances in the emotional and volitional spheres dominated over the disorders thinking and social functioning. It is found that in repeated hospitalizations affective and associative disorders become deeper whereas disturbances of will, social competence and active attention reveal a less tendency to progressing. The emotional and volitional sphere and thinking suffer in a greater degree in patients with duration of process exceeding 5 years and patients being ill less than 5 years lose their interest to entertainment, contacts with relatives and friends. Thus, medical and rehabilitation measures at the early stage of the disease must be aimed at preserving family status, forming the motives in the work and also stimulating different forms of activities.

P017

Theoretical model of insight

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We reviewed the literature pertinent to circuitry abnormalities in schizophrenia. Also, we looked for insights correlates with severity of illness. Further we focused on described impairments in various domains of insight in schizophrenia. Form the data gathered we observed that insight into the symptoms is less often impaired than insight into the illness and the consequences of illness.

The selected information from sensory receptors it is transformed in primitive awareness (stepping on a branch in dark and reacting to that as it would be an immediate threat). Same of these sensations are processed through working memory and referred to stored reference information through the association areas becoming perceptions. The perceptions are closely correlated with awareness of the symptoms. They are further processed mostly through working memory and lead to knowledge (a-posteriori). This can be understood as fostering the understanding of relation between symptoms as contributors to illness. Through repetition, ideas are incorporated into meanings and beliefs. This is the basis of cognitively higher levels of insight, such as awareness into complex relations between the social consequences, need for treatment and illness. Same beliefs are not based on reality (close systems- a-priori thinking) such as bizarre delusions.

Despite the fact that is a vast literature reporting diminished insight in schizophrenia, very limited integrative work was done. A topographical view of insight might be useful.

P018

Empathy as method toward identification the debut of the prodrome of schizophrenia

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