in 12 months there were no reliable distinctions between the basic and control groups. There were no reliable distinctions between the basic and control groups in the field of sexual relations.

Conclusions: The psychoeducational programs have positive influence on the supporting therapy, they decrease the number of recurrent hospitalizations. The functioning of the patients in the industrial field and the field of interpersonal relations is improved. There is no reliable influence in the field of relations with parents; the organizations of life; sexual relations.

P0115

Olfactory identification ability in schizophrenia spectrum disorders

A. Farhoudian [1], S.V. Shariat [2], M. Taj [3], E. Shahsavand [3]. [1] *Research Department of Psychology and Special Needs, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran* [2] *Iran University of Medical Sciences, Tehran, Iran* [3] *Tehran University of Medical Sciences, Roozbeh Hospital, Tehran, Iran*

The aim of this project was a two fold; one was to compare the olfactory identification ability in patients with schizophrenia or schizotypy with that of the patients with mood disorders as well as the normal subjects; the other was to assess any possible changes after treatment in olfactory identification ability in patients with schizophrenia.

The subjects of the study comprised 22 patients afflicted with schizophrenia and five with schizotypy (mean age of 41 years old), 28 patients with mood disorders (13 with major depressive and 14 with bipolar disorders with the mean age of 39 years old), and finally 27 normal subjects (mean age of 39 years old). All subjects were assessed initially and the patients with schizophrenia were assessed twice more three and six weeks after the commencement of treatment with the University of Pennsylvania Smell Identification Test (UPSIT). The data were analyzed by Kruskal- Wallis, Chi- square, Mann-Whitney, and Freedman tests.

A significant difference was found between patients with schizophrenia and schizotypy with normal subjects in olfactory identification ability. There was not any significant difference between other groups on this matter. No significant changes in olfactory identification ability were detected in schizophrenic patients after 3 and 6 weeks of treatment.

Deficit in olfactory identification ability of patients with schizophrenia spectrum disorders, and its persistence despite treatment is testimonial to its trait-like characteristic in such disorders.

P0116

Effects of selegiline on negative symptoms in schizophrenia

M.R. Fayyazi Bordbar, E. Abdolahian, K. Hojjat. *Psychiatry Department, Ibn E Sina Hospital, Mashhad, Iran*

Background and Aims: It has been suggested that schizophrenic negative symptoms may be manifestations of regionally deficient CNS dopaminergic activity. We sought to test this hypothesis by openly treating patients on chronic antipsychotic medication who showed prominent negative symptoms with low-dose selegiline.

Methods: Eighty patients meeting DSM-IV-TR criteria for chronic schizophrenia with prominent negative symptoms (Positive And Negative Symptoms of Schizophrenia-Negative subtype>15) were studied. Subjects had been kept at their current antipsychotic medication dose levels for at least a month before the study, which was continued unchanged throughout the trial. Over 6 weeks of selegiline treatment, subjects were randomly divided into three subgroups (for one group Selegiline 5 mg/day, for the second 10 mg/day, and for the third placebo was added to the regimen). Patients were assessed through and after 6 weeks by PANSS. Results analyzed with ANOVA and t tests

Results: Eight subjects had significant increase in their positive symptoms and were excluded from the study and 4 patients could not continue the study because of severe side effects. Mean age of patients was 47.62 and mean duration of hospitalization was 8.94 years. Although in both groups who received 5mg/day and 10 mg/day selegiline, in 6 weeks, significant improvement in negative symptoms was seen. But, no significant difference in reduction of negative signs was seen in three subgroups (selegiline 5 mg/day, 10 mg/day, or placebo(P=0.98).

Conclusions: Selegiline was not effective on negative symptoms of schizophrenia for inpatients. This inadequacy was true when seligiline was added to risperidone, or clozapine.

P0117

Weight change on aripiprazole-clozapine combination in schizophrenic patients with weight gain and suboptimal response on clozapine: 16-week double-blind study

W.W. Fleischhacker [1], M.E. Heikkinen [2], J.P. Olié [3], W. Landsberg [4], P. Dewaele [5], R. McQuade [6], D. Hennicken [5]. [1] *Department of Biological Psychiatry, University of Innsbruck, Innsbruck, Austria* [2] *Helsinki City Health Centre, Dept. of Psychiatry, Community Mental Health Services, Helsinki, Finland* [3] *Hopital Saint Anne, Paris, France* [4] *Bristol-Myers Squibb Company, Uxbridge, UK* [5] *Bristol-Myers Squibb Company, Braine L'Alleud, Belgium* [6] *Otsuka Pharmaceutical Development and Commercialization Inc., Princeton, NJ, USA*

Background and Aim: Significant weight increase in schizophrenic patients can impact on compliance and is associated with long-term cardiovascular complications. This study aims to evaluate the effect on weight, overall efficacy, safety and tolerability of combining aripiprazole and clozapine in schizophrenic patients with suboptimal response to clozapine.

Methods: This 16-week, multicentre, randomised, double-blind, placebo-controlled study included patients with schizophrenia (DSM-IV-TR) experiencing at least 2.5 kg weight gain and suboptimal efficacy and/or safety on clozapine. Patients were randomised to a combination of aripiprazole (5-15 mg/day) and clozapine or clozapine monotherapy (baseline dose maintained up to 16 weeks). Endpoints included body weight change from baseline to Week 16 (primary), PANSS, CGI-I, IAQ scales, and safety assessments (secondary).

Results: Two hundred and seven patients were randomised (baseline mean weight = 92.4 kg [52-148.4], mean weight gain on clozapine = +14.9 kg [2.5-66], mean clozapine dose = 373.7 mg/d), and 90% and 94% completed the study for combination and monotherapy, respectively. Statistically significant reductions from baseline were observed in both mean body weight (-2.53 kg and -0.38 kg, $p<0.001$) and waist line (-0.00 cm and -2.00 cm, $p<0.001$) on combination compared with monotherapy. BMI, fasting total and LDL cholesterol, and CGI-I and IAQ significantly improved on combination. There was no change in PANSS total score. Five patients discontinued for adverse events on combination, and one patient on monotherapy.

Conclusion: Although there was no benefit regarding psychopathological symptoms, combining aripiprazole and clozapine results in significant benefits in terms of weight, BMI and fasting cholesterol

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in schizophrenic patients suboptimally treated with clozapine monotherapy.

P0118

Predicting 5-year outcome in first episode psychosis-construction of a prognostic rating scale

L. Flyckt [1], M. Mattsson [1], G. Edman [1], R. Carlsson [2], J. Cullberg [3]. [1] *Karolinska Institutet, Danderyds Hospital, Stockholm, Sweden* [2] *Department of Psychology, Lund's University, Lund, Sweden* [3] *Department of Health Care Sciences, Ersta College, Stockholm, Sweden*

Background and Aim: The aim of this study was to construct a rating scale for long-term outcome on the basis of clinical and sociodemographic characteristics in patients with symptoms of psychosis that seek help in psychiatry for the first time.

Methods: Patients (n = 153) experiencing their first episode of psychosis were consecutively recruited from 17 psychiatric clinics in Sweden from January 1996 to December 1997 (24 months). Baseline characteristics were assessed with an extensive battery of psychiatric rating scales, as well as the duration of untreated psychosis, family history of psychosis, premorbid characteristics and cognitive functioning. The relationship between baseline characteristics and the 5-year outcome was analyzed using a stepwise logistic regression model.

Results: In the logistic regression analysis five variables were found to have unique contributions in the prediction of outcome. In order of magnitude of the odds ratios these variables were Global Assessment of Functioning (GAF) during the year before first admission, education, actual GAF at first admission, gender and social network. The sensitivity, i.e. correctly identified cases (poor outcome), was 0.84 and the specificity was 0.77, i.e. the correctly identified non-cases (good outcome).

Conclusions: To initiate adequate interventions it is crucial to identify patients with an unfavorable long-term outcome that are experiencing their first episode of psychosis. The predictive rating scale is a feasible tool for early detection of these patients

P0119

Efficacy and tolerability of aripiprazole in adolescents with schizophrenia

A. Forbes [1], M. Nyilas [1], J. Loze [2], C. Werner [3], B. Johnson [1], R. Owen [4], S. Todorov [5], W.H. Carson [1]. [1] *Otsuka Pharmaceutical Development & Commercialization, Princeton, NJ, USA* [2] *Otsuka Pharmaceutical France SAS, Rueil-Malmaison Cedex, France* [3] *Otsuka Frankfurt Research Institute, Frankfurt, Germany* [4] *Bristol Myers Squibb, Wallingford, CT, USA* [5] *First Psychiatric Clinic, Multiprofiled Hospital for Active Treatment, Varna, Bulgaria*

Background: Optimal management of schizophrenia in adolescents is limited by the lack of available therapies. The efficacy and tolerability of aripiprazole was investigated in this patient population.

Methods: This 6-week, randomized, double-blind, placebo controlled trial was conducted at 101 international centers, with a safety monitoring board. 13-17 year-olds with a DSM-IV diagnosis of schizophrenia were randomized to placebo, or a fixed dose of aripiprazole 10 mg or 30 mg reached after a 5 or 11 day titration, respectively. The primary endpoint was mean change from baseline on the PANSS Total score at week 6. Secondary endpoints included the PANSS Positive and Negative subscales, and CGI Improvement score. Tolerabilility assessements included frequency and severity of adverse events, as well as blood chemistries, metabolic parameters and weight gain.

Results: Over 85% of 302 patients completed this study. Both 10 mg and 30 mg doses were superior to placebo on the primary endpoint (PANSS total), with significant differences observed as early as Week 1 (30mg). Both doses showed significant improvement on the PANSS Positive and CGI-I scales; and the 10 mg dose group was superior on PANSS Negative score. Approximately 5% of aripiprazole patients discontinued due to AEs. Weight gain and changes in prolactin were minimal.

Conclusions: 10mg and 30mg doses of aripiprazole were superior to placebo in the treatment of adolescents with schizophrenia. Aripiprazole was well tolerated, in general, with few discontinuations due to AEs. EPS was the most common AE. Change in body weight was similar to placebo.

P0120

Oxidative cell damage is related to the enlargement of the lateral ventricles in children and adolescents with first episode schizophrenia

D. Fraguas [1], S. Reig [2], M. Desco [2], O. Rojas-Corrales [3], J. Gibert-Rahola [3], M. Parellada [1], D. Moreno [1], J. Castro-Fornieles [4], M. Graell [5], I. Baeza [4], A. Gonzalez-Pinto [6], S. Otero [7], C. Arango [1]. [1] *Department of Psychiatry, Hospital General Universitario Gregorio Maranon, Madrid, Spain* [2] *Department of Experimental Medicine, Hospital General Universitario Gregorio Maranon, Madrid, Spain* [3] *Department of Neurosciences, College of Medicine, University of Cadiz, Cadiz, Spain* [4] *Department of Child and Adolescent Psychiatry and Psychology, Institut Clinic of Neurosciences, IDIBAPS, (Institut D Investigacions Biomediques August Pi Sunyer), Hospital Clinic Universitari of Barcelona, Barcelona, Spain* [5] *Section of Child and Adolescent Psychiatry and Psychology, Hospital Infantil Universitario Niño Jesus, Madrid, Spain* [6] *Stanley Institute International Mood Disorders Research Center, 03-RC-003, Hospital Santiago Apostol, Vitoria, Spain* [7] *Child and Adolescent Mental Health Unit, Department of Psychiatry and Psychology, Hospital Universitario Marques de Valdecilla, Santander, Spain*

Background: Brain volume abnormalities and oxidative cell damage have been reported to be pathological characteristics of schizophrenia patients. This study aims to assess a potential relationship between these two characteristics in child and adolescent patients with first-episode psychosis.

Method: 26 child and adolescent patients with first-episode early-onset schizophrenia, and 78 age- and gender-matched healthy controls were assessed. Magnetic resonance imaging (MRI) scans were used for volumetric measurements of five cerebral regions: gray matter of the frontal, parietal, and temporal lobes, sulcal cerebrospinal fluid (CSF), and lateral ventricles. Oxidative cell damage was traced by means of a systemic increase in lipid hydroperoxides (LOOH).

Results: Lateral ventricle volumes were significantly higher in schizophrenia patients than in controls. In schizophrenia patients, a significant positive relationship was found between oxidative cell damage (LOOH levels) and the abnormal enlargement of the lateral ventricles, after controlling for total intracranial volume, age, gender, daily smoking status, intelligence quotient (IQ), psychopathology, and time since onset of psychotic symptoms. No association was found between brain volumes and oxidative cell damage in control subjects.

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