

Analyzing pathways to CMHCs we find that 16 (29%) subjects have been referred by hospital wards, 11 (20%) by their family, 10 (18%) by the General Practitioner, whereas 5 (9%) by themselves.

Conclusion: Notwithstanding the small size of the identified sample, this study seems to confirm the main characteristics of subjects at first contact for psychotic disorder reported in literature.

P0208

Comorbidity of substance abuse and early psychosis in Bologna

E. Mori, E. Rossi, D. Pecile, N. Cevenini, R. Michetti, D. Berardi.
Institute of Psychiatry 'P.Ottonello', Bologna, Italy

Introduction: The international literature underlines an high rate of comorbidity between early psychosis and substance abuse associated to poor outcomes.

The aims of the present study are to evaluate the rate of substance abuse among subjects at first contact for psychotic disorder with one of the three Community Mental Health Centers (CMHC) of Bologna Ovest and to consider its influence on the course of the disease.

Method: A retrospective study was conducted on subjects aged between 18-30 years with ICD-10 F2 (schizophrenia, schizotypal disorder and delusional disorder) diagnosis at first contact with a Bologna Ovest CMHC over a five-year period (January 2002- December 2006).

The sample was investigated about the presence of 'Substance Abuse' according to ICD-10 criteria. A 1-year follow-up assessment was performed.

Results: Among the 56 patients recruited, 26 (46%) meet the ICD-10 criteria for 'Substance Abuse' (Abusers). Cannabis is the most frequently used substance (88%). Psychosis appears 1,1 year before among Abusers compared to Non-Abusers. At 1-year follow-up the 46% of Abusers works or studies compared to 67% among Non-Abusers. Moreover hospital admission concerns the 31% of subjects among Abusers and only the 17% of Non-Abusers group.

Conclusions: This study confirms the high rate of substance abuse among subjects with early psychosis reported in literature and suggests its potential negative influence on the course of psychotic disease. To improve the prognosis of patients with psychotic disorder and concurrent substance abuse it seems necessary promoting an integrated intervention between the CMHCs and the Addiction Services.

P0209

Neurocognitive functions as endophenotypes in schizophrenia and bipolar disorder

G.M. Sachs, O. Pintsov, B. Winklbaur, A. Erfurth, G. Lenz, K. Thau.
Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

Background: Cognitive dysfunctions have been well established in patients with schizophrenia (SZ). Recent studies also showed persistent cognitive impairments in patients with bipolar disorder (BD) in all phases of the disorder including the remission phase. Specific cognitive domains have been considered as candidate endophenotypes in SZ and BD. The aim of this study was to investigate the diagnostic specificity of neurocognitive deficits BD and SZ patients during a stable phase of the illness.

Methods: 40 patients with schizophrenia (20 female, 30.4 ± 8,1 years) were compared with 40 bipolar patients (27 female, 34.7 ± 10.4 years) and 43 healthy volunteers (24 female, 34.7 ± 8.7

years). Executive functions (WCST), attention (CPT), immediate and delayed verbal memory (VLMT) and verbal fluency (RWT) were assessed. Differences in neurocognitive functions between diagnostic groups were analysed for each domain by analyses of covariance (ANCOVA analysis with age, education, IQ, gender and medication as covariates).

Results: SZ and BD patients performed worse than control subjects in the WCST ($p < 0.001$), VLMT ($p < 0.01$) and in the CPT ($p < 0.03$). There was no significant difference in the WCST and VLMT between SZ and BD patients. However, in the CPT, SZ patients showed a significantly greater impairment than BD patients ($p < 0.001$). In BP patients deficits in the CPT were associated with the number of illness episodes.

Conclusions: The findings are comparable to previous results suggesting that the specific profile of the deficits seems to differ between the diagnosis, while the same underlying domains describe neurocognitive functioning in both groups.

P0210

Toxic abuse and therapeutic non-fulfilment of psychotic disorders

C. Salazar¹, M.D. Ortega¹, C. Martinez¹, M.R. Gomez¹, L. León².
¹ Psychiatrist DPT, University Clinical Hospital, Valladolid, Spain ² Psychiatrist DPT, Psychiatrist Hospital Dr. Villacian, Valladolid, Spain

Introduction: A higher prevalence of toxic substances consumption is considered to be under schizophrenia states. These patients are also considered to have a higher possibility than general population of developing different disorders due to the use of substances being the risk above 3 regarding alcohol, 5 for cannabis, 6 for opiates, and 13 for cocaine. Two hypotheses were used for explaining this comorbidity: for alleviating its symptomatology and the adverse effects of the antipsychotic treatment, and on the other hand, the use of toxic substances as causal and predisposing effect of psychotic episodes in patients with personal vulnerability.

Objectives: Sociodemographic description of patients diagnosed as having psychotic disorders with abuse of toxic substances. Establishment of connections between the toxic substance consumption and development of his/her mental disorder.

Methodology: Open retrospective study of two years in which patients diagnosed as having schizophrenia admitted into the University Hospital in Valladolid, Spain: consumers/no consumers. Scales (SAPS, SANS). Hospital Reports (sociodemographic and clinical data).

Results: Preliminary results show the prevalence of the schizophrenic patients with toxic abuse. Predominance of young males that had their first admissions into hospital at very early ages and a higher frequency of hospital readmissions. Likewise in this group positive symptomatology shows a higher predominance and a higher connection with affective disorders. These patients show a better pre-morbid adaptation, a higher frequency of violent and impulsive behaviours, treatment guidelines with higher doses and higher frequency of resistance to treatment. The order consumption of toxics is tobacco, alcohol, cannabis, cocaine, stimulants, and opiates. However it is not rare to find consumption of multiple drugs.

P0211

Correlation of lipid peroxidation, total antioxidant capacity and thiol groups in schizophrenia and normal subjects

B. Salehi¹, K. Vakilian², A. Rangbar³.
¹ Department of Psychiatry, Arak University of Medical Sciences, Shahid Hashemi Senejani, Arak,

Iran ² Department of Obstetrics and Gynecology, Arak University of Medical Sciences, Arak, Iran ³ Department of Toxicology, Arak University of Medical Sciences, Arak, Iran

Background and Aims: Schizophrenia is a major mental disorder that have a multifactorial ethiology, but genetic and hyperactivity of dopamine receptors also have an important role. Free radicals such as super oxide, nitric oxide cause cell injury when they are generated in excess or when the antioxidant defenses are impaired. Both of these processes seem to be affect schizophrenia. This study was designed to determine a correlation between schizophrenia and stress oxidative factors.

Methods: This study was carried out 60 schizophrenic patients and 180 normal subjects as a control group based on DSM-IV-T.R. criteria. The two groups were paired match based on age, sex, and confounder factors such as smoking.

For determination of stress oxidative indexes we used three methods such as Sath (for lipid peroxidation) Hu (for thiol groups) and FRAP (for antioxidant capacity). Analysis was done by statistical tests, also correlation severity by odds ratio analysis.

Results: The mean value of thiol groups in schizophrenic group was significantly lower than control group ($P=0.0001$), and also the mean value of FRAP (Ferric Reducing Ability of Plasma) index was significantly lower than control group ($P=0.0001$), but the mean value of TBA was more than control group with $P=0.103$ was not significant.

Conclusion: There was significantly negative correlation between schizophrenia and thiol groups. This data revealed that antioxidant defense mechanisms might be impaired in schizophrenia, these findings also provided theoretical bases for the development of new strategy in the treatment of schizophrenia, such as antioxidant supplement.

Key words: FRAP, Schizophrenia, Thiol, Lipid peroxidation, Stress oxidative

P0212

Vocational rehabilitation for schizophrenic patients in Germany: Is it cost-effective in the long run?

H.J. Salize. *Mental Health Services Research Group, Central Institute of Mental Health, Mannheim, Germany*

Background and Aims: Little is known about the effectiveness and the cost of care for patients treated in vocational rehabilitation programs, although vocational therapy is an essential part of inpatient treatment or community care of patients with schizophrenia.

Methods: As a part of a randomised controlled trial in 5 centres, the long-term direct cost of care for patients with schizophrenia, being treated with different vocational rehabilitation programs during an index-stay in a psychiatric hospital were assessed. Results were compared to controls who received non-specific ergo-therapeutic treatment instead.

Results: Cost differences between study patients and controls were small and not statistically significant. However, cross-centre costs differed considerably.

Conclusions: In spite of standardized inclusion criteria and a randomised assignment of study patients, a selection bias, triggered by the differing vocational rehabilitation programs is assumed as a source of cross-centre cost-variation which might be supported by differing service offers in the study regions.

P0213

Incidence of schizophrenia is not declining in Finland - any more

R.K.R. Salokangas ^{1,2,3}, M. Helminen ⁴, A.M. Koivisto ⁴, H. Rantanen ⁴, H. Oja ⁴, S. Pirkola ^{5,6}, K. Wahnbeck ^{5,7}, M. Joukamaa ^{4,8}. ¹ Department of Psychiatry, University of Turku, Turku, Finland ² Psychiatric Clinic, Turku University Central Hospital, Turku, Finland ³ Turku Psychiatric Clinic, Turku, Finland ⁴ Tampere School of Public Health, University of Tampere, Tampere, Finland ⁵ STAKES National Research and Development Centre for Welfare and Health, Helsinki, Finland ⁶ Department of Psychiatry, Helsinki University Central Hospital, Helsinki, Finland ⁷ Department of Psychiatry, Vaasa Central Hospital, Vaasa, Finland ⁸ Department of Psychiatry, University Hospital of Tampere, Tampere, Finland

Background: Since 1980s, several reports, based mainly in hospital registers, have suggested that the incidence of schizophrenia is decreasing. However, changes in capacity of mental hospitals, in admission policy and in diagnostic practice have not always been taken into account.

Aims: Our aim was to study 1) how annual first admission rate for schizophrenia varied during a quick deinstitutionalisation period in Finland and 2) how it was associated with changes in admission policy and diagnostic practice.

Methods: From the National Hospital Discharge Register, we identified 30 041, 15 to 64 year old patients admitted for the first time for schizophrenia to mental hospital in Finland between 1980 and 2003, as well as numbers of annual inpatient days in and all patients admitted to mental hospitals. Rates for all admitted patients and first-admitted schizophrenia patients (RFASpo) were calculated and analysed with Poisson regression analysis.

Results: RFASpo decreased from 56.4 in 1980 to 29.5 in 1991, stayed stable until 1998 and slightly increased thereafter (30.8 in 1998 and 37.8 in 2003). Changes in RFASpo, coincided with changes in all admissions and periods of official diagnostic classifications. RFASpo varied also between gender and age groups.

Conclusions: In 1980s, decrease of first-admission rate for schizophrenia seemed to be dependent on change in admission policy, in number of mental beds available and in diagnostic practice. In 1990s, increase of first-admission rate for schizophrenia may be associated with economic recession and increased number of beds for adolescents.

P0214

Sexual dysfunction and quality of life in schizophrenia

H. Salvan ¹, R. Macrea ². ¹ Emergency Clinical County Hospital Cluj, Second Department of Psychiatry, Cluj Napoca, Romania ² University of Medicine and Pharmacy Iuliu Hatieganu Cluj Napoca, Department of Psychiatry, Cluj Napoca, Romania

Backgrounds and Aims: Sexual dysfunction are frequent in schizophrenia. Little is known about association between quality of life and sexual dysfunction in men with schizophrenia.

Method: Sexual dysfunction was assessed in 34 male outpatients with schizophrenia using a self completed gender specific questionnaire. Patients' mental state was rated using Positive and Negative Syndrome Scale (PANSS). Current medication was recorded. Quality of life was assessed using Schizophrenia Quality of Life Scale (SQLS).