markers and the subsequent course of the illness remains poorly understood. The aim is to analyse if the children destined to develop schizophrenia who achieved infant developmental milestones later at about age 1 year also experienced a worse course of illness than early learners.

Methods: The sample included schizophrenia cases by the year 2001 (N=111) in the Northern Finland 1966 Birth Cohort (N=12058). We studied the relationship between neuromotor development and course of illness by using developmental markers at about age 1 (learning to stand, walk, and speak, and attainment of bladder and bowel control). Time spent in psychiatric hospital, ability to work, use of antipsychotic medication, educational attainment, early death, severity of psychotic symptoms and social and occupational functioning were used as markers of the course of illness.

Results: The development at about age 1 did not significantly relate to subsequent course of illness.

Conclusion: While the trajectory of neurocognitive development during early life is altered in those who develop schizophrenia, after the onset of illness these same factors appear unrelated to the course of the illness.

O-07-10

Length of first hospitalization and relapse in psychoses - The Northern Finland 1966 birth cohort study

J. Miettunen, E. Lauronen, J. Veijola, M. Isohanni. *University of Oulu Dept. of Psychiatry, Oulu, Finland*

Objective: To find out if the length of the first hospitalization is related to the time to relapse, when possible confounders have been taken into account.

Methods: The sample included all hospital treated cases with psychosis by the year 1997 (N=153) in the population based Northern Finland 1966 Birth Cohort (total sample size 10,934). We studied the relationship between the length of first hospitalization and if the patient was rehospitalizated inside two years from discharge. Possible confounders included in analyses were sex, diagnosis (schizophrenia or other psychoses), onset age for psychosis and familial risk (parental psychosis).

Results: Even after taken into account possible confounders, a short first hospitalization (less than one month) predicted rehospitalization in two years (adjusted odds ratio 3.03; 95% CI 1.44-6.39). Schizophrenia diagnosis was also statistically significant risk for relapse in two years (OR 2.29; 1.08-4.86) in this group of psychotic patients.

Conclusion: Although causality is difficult to study, there may be a group of schizophrenia patients who are treated for too short period, and in which too short hospitalization may lead to inadequate improvement in patient's psychiatric status.

Tuesday, April 5, 2005

O-08. Oral presentation: Psychotic disorders II

Chairperson(s): Michael Musalek (Wien, Austria), Gerd Laux (Wasserburg am Inn, Germany)
14.15 - 15.45, Holiday Inn - Room 7

O-08-01

How ill are persons at risk for psychosis? A comparison with first-episode schizophrenia and non-psychotic affective disorder

F. Schultze-Lutter, S. Ruhrmann, H. Picker, A. Wieneke, E.-M. Steinmeyer, J. Klosterkötter. *University of Cologne FETZ, Dept. of Psychiatry, Cologne, Germany*

Objective: Most often used ultra-high risk (UHR) criteria for studies of the initial prodrome of psychosis rely on attenuated and/or transient psychotic symptoms or recent decline in functioning in plus a risk factor for psychosis. In addition, cognitive-perceptive basic symptoms have been proposed. Yet, despite the definition of putatively prodromal subjects in terms of psychopathology, their need for treatment is often evaluated only in relation to transition-to-psychosis rates.

Methods: Psychopathological data of 146 putatively prodromal individuals as assessed with the Schizophrenia Prediction Instrument, Adult version (SPI-A) and the Structured Interview for Prodromal Syndromes (SIPS) is compared to that of 146 first-episode schizophrenia and 84 non-psychotic affective disorder patients.

Results: Putatively prodromal individuals suffered to the same degree or even more than patients with affective disorders from self-experienced cognitive, perceptive, proprioceptive and stress tolerance disturbances in the SPI-A as well as attenuated positive, disorganised, general and certain affective symptoms in the SIPS. Furthermore, they even report as severe emotional deficits, cognitive impediments and body / perception disturbances as the schizophrenia patients.

Conclusion: The fact that putatively prodromal individuals suffer to a degree that is comparable to that of patients with an affective disorder and partially equals that of first-episode schizophrenia patients underlines their need for treatment regardless of their potential risk for psychosis.

O-08-02

Family psychoeducation in schizophrenia: Health and social outcomes. Prospective Follow-up field study

L. Motlova. *Charles University Prague Psychiatric Center, Praha 8, Czech Republic*

Objective: Family intervention supplementation to standard treatment could reduce the relapse rate and enhance quality of life of patients with schizophrenia. This study assessed the influence of a short-term, clinically based, and profesionally led family psycho-education program on a one-year relapse rate and quality of life.

Methods: A total of 120 patients were recruited upon discharge from two psychiatric hospitals in Prague: (1) Site A (N = 86), where family psychoeducation is offered to all patients with schizophrenia, schizoaffective disorder, and acute psychotic episode with schizophrenic symptoms; and (2) Site B (N = 34), where no such program was offered.

Results: Compared to nonparticipants, psychoeducation participants had a shorter average length of rehospitalization stay (5.89 days, vs.17.78 days, p = 0.045) in a one-year follow-up after discharge. The probability of rehospitalization during a one-year follow-up was higher for patients from the site that did not provide psychoeducation.

Conclusion: A shorter average length of rehospitalization of psychoeducation participants, a high turnout of first-episode

patients, and positive responses of psychoeducation participants suggest that family psychoeducation should be supplemented early in the course of the illness to achieve favorable treatment outcomes and minimize adverse health and the social consequences of schizophrenia.

O-08-03

Course of treatment and compliance of schizophrenic patients after four years

R. Borbe, K. Kommer, G. Längle. *University of Tübingen Psychiatry, Tübingen, Germany*

Objective: The study was conducted to monitor the course of treatment of schizophrenic patients after their discharge from hospital. In this field study, patients were asked four years after their discharge from hospital.

Methods: We used the PANSS and the GAF to obtain objective data. Another focus was on self-rating scales like the Berlin Quality of Life Profile (BeLP), the Tuebinger Questionnaire of Treatment Satisfaction (TÜBB) and the Illness Concept Questionnaire (KK).

Results: The total population of patients was an unselected cohort of 169 patients with the diagnoses of a schizophrenic psychosis. This sample represented all hospital admissions in the catchment area of our hospital. After discharge from hospital 136 patients took part in the first follow-up. After four years we gained data and questionnaires from 41% of the total population. The most striking result was the compliant intake of the medication by 76% of the patients. Astonishingly there was no significant correlation between social situation, re-hospitalisation (70%) and compliance, whereas the assessment of the doctor-patient-relationship, the satisfaction with employment and the confidence in medication correlated with the high compliance. Quality of life was rated higher, than expected with respect to the socio-demographic data. Satisfaction with treatment was higher in the outpatient than in the inpatient setting.

Conclusion: This study emphasizes the importance of subjective ratings, showing that quality of life and treatment satisfaction are correlated with a better compliance. The findings support an individualized therapy for patients with schizophrenia.

O-08-04

Effect of ziprasidone on lipid levels

H. Nasrallah, A. Loebel, S. Murray, E. Batzar. *University of Cincinnati Medical Center, Cincinnati, USA*

Objective: To review baseline levels of total cholesterol and triglycerides in subjects with schizophrenia who participated in ziprasidone clinical trials, and to assess changes in these parameters associated with ziprasidone treatment.

Methods: This was a secondary analysis of measurements (random times at study visits) of baseline total cholesterol and triglyceride levels and of changes from baseline to last observation from short-term (4–6 weeks), fixed-dose, placebo-controlled trials and long-term (>/=6 month) trials.

Results: In the short-term trials, median baseline total cholesterol and triglyceride levels in subjects receiving ziprasidone (N=682) were 185 mg/dL and 126 mg/dL, respectively; median changes in total cholesterol and triglycerides were -3 mg/dL and -6 mg/dL, respectively. In long-term trials (N=1009), median total cholesterol change was -10 mg/dL from a baseline of 199 mg/dL; median change in triglycerides was -7 mg/dL from a baseline of 132 mg/dL. Mean lipid changes in long-term trials were similar with or without adjustment for weight change.

Conclusion: Serum lipid levels in short- and long-term trials of ziprasidone did not increase; in fact, they declined slightly. Reductions in total cholesterol and triglycerides in long-term trials were independent of weight change.

O-08-05

Atypical antipsychotics and metabolic syndrome

G. Laux, M. Fric, S. Artmann. *District Hospital Gabersee Department of Psychiatry, Wasserburg am Inn, Germany*

Objective: Patients with schizophrenia may be at risk for developing the metabolic syndrome, which places them at increased risk for developing cardiovascular disease. Atypical antipsychotics have fewer extrapyramidal side effects, however, other side effects like weight gain, disturbances of glucose and lipid metabolism have been described (Melkerson et al. 2000, Meyer 2001). The objective of our study was the evaluation of olanzapine and quetiapine treatment under clinical routine conditions with regard to blood glucose and lipid levels.

Methods: We included n = 69 patients, 39 of them were treated with olanzapine (23 females, 16 males, age: 41 " 13.7 yr), 30 patients received quetiapine (22 females, 8 males, age:39 " 12.5 yr). According to DSM-IV- / ICD-10-criteria the most frequent diagnosis in both groups was schizophrenia (64% in the olanzapine, 66% in the quetiapine group).

Results: After a 4-week-period of treatment with quetiapine a significant increased cholesterol and an increase of triglyceride plasma levels were measured. No significant changes were found in blood glucose levels under treatment with olanzapine.

Conclusion: Treatment with atypical antipsychotics should imply careful control of lipid parameters especially under quetiapine.

O-08-06

Attitudes of German psychiatrists towards different strategies of antipsychotic treatment – results from a national survey

M. Franz, J. Ranger, M. Matheis, B. Gallhofer. *Universitätsklinikum Gießen Zentrum für Psychiatrie, Gießen, Germany*

Objective: Little is known about the attitudes of German psychiatrists towards different antipsychotic treatment options. Therefore, we investigated in the attitudes of German psychiatrists towards the four antipsychotic treatment strategies of schizophrenia (typical versus atypical antipsychotics and oral versus depot antipsychotics).

Methods: A postal survey among psychiatrists in Germany (N=4214) was undertaken by means of the total design method (Dillman 1978). Attitudes towards the four treatment strategies were assessed with rating scales according to the expectancy value model of Tolman (1932,) and the drug choice model by Denig et al. (1988), respectively. Average ratings were summarized by principal component analysis.

Results: The response rate was high (31.8%). Average ratings could be summarized by two dimensions, reflecting a profile of distinct attitudes regarding the promotion of quality of life versus

cost-benefit-relation on the one hand and the adequacy for acute psychosis versus relapse prevention on the other hand. Although atypical antipsychotics possess a positive image with regard to several dimensions there are still important dimensions in which they are not regarded as effective as conventional antipsychotics. The appraisal of the cost-benefit relations reveals inconsistencies to prior estimations, particularly the atypical antipsychotics were judged rather unfavourable.

Conclusion: The attitudes of German psychiatrists towards the usage of different antipsychotic treatment strategies appear concordant with treatment guidelines and empirical evidence in many domains. However, in some aspects occur inconsistencies. Some of the latter may be attributed to economic pressure.

O-08-07

Psychosis in an inpatient unit: Types of patients and treatment

B. Perez Ramirez, M. Marin Olalla. *Inmaculada Hospital Mental Health, Huercal Overa. Almeria, Spain*

Objective: Analyse the links between different dates and the type of treatment in patients with psychotic disorders

Methods: Cross study Population: The patients admitted in our Hospital between january to december of 2003, with diagnosis of psychotic disorder (schizophrenia, brief psychotic episode, schizoaffective disorder, delusional disorder). Dates: type of treatment-typical, atypical or both-; socio-familiar situation (living with their own families, in a public center, with their original families, alone); numbers of admissions, diagnosis and psychiatric comorbility. Statistic Analysis: descriptive and univariant study crossing type of treatment and the rest of dates.

Results: 59% out of the patients live with their families, 48.5% out of the patients had an additional diagnosis and the most important was substance misuse-29.5% of the cases-. 38.1% out of the patients were taking atypical antipsychotics(a.a.), 18.1% were taking typical drugs(t.a), and 43.8% were takink both treatments.

Conclusion: We found statistic differences-p<0.000-regarding to the treatment when we consider first episodes, so 60% out of these patients were under (a.a.). On the contrary, patients with more episodes were mostly under both type of treatment simultaniosly. We did not find differences between the treatment and other dates like the average time admitted in the Hospital and the number of admissions.

O-08-08

Structure of complementary care of schizophrenic patients

V. Lambolez. *Nancy, France*

Objectives: at the conclusion of the lecture, the participant should be able to describe how psychiatric rehabilitation and stucture of complementary care are necessary to help people with chronic schizophrenic disorder.

Methods: this is a cohort study of 179 patients followed over a period of 23 years, the population have an average age of 45 years, and consists of 35% of women. The group of patients with chronic schizophrenic disorder is living on their own in the community,in specialized common flats, with at home mental health care.

Results: During the lasts years we've established that this ambulatory home care in the community is very important in the overall care of chronic patients and help them to live independantly.

O-08-09

Cognitive-behavioural treatment for schizophrenic patients in routine care: Results of a RCT

G. Wiedemann, S. Klingberg, A. Wittorf, A. Fischer, K. Jakob-Deters, G. Buchkremer. *University of Frankfurt/Main Psychiatry and Psychotherapy, Frankfurt, Germany*

Objective: In order to further establish the clinical relevance of CBT for patients suffering from schizophrenic disorders we investigated the efficacy of a cognitive-behavioural treatment (CBT) program under conditions of routine care. We analysed the short- and medium-term treatment effects in a randomised clinical trial. The treatment program, the study design and the process of patient selection are briefly described. The presentation will focus on the effects of the inpatient treatment phase and the six-month follow-up after discharge from hospital.

Methods: Firstly we analysed effects of the inpatient treatment phase in a pre-post control-group design with a treatment as usual (TAU) condition as control group. We assessed the Positive and Negative Syndrome Scale (PANSS) and self-rating-data. Patients were assessed by independent raters. Secondly we compared relapse rates regarding the period of 6 months after discharge from hospital. Relapse was defined as an increase of 6 points on both positive and negative symptoms.

Results: CBT and TAU resulted in improvement regarding positive and negative symptoms during inpatient treatment. At the six-month follow-up CBT-Patients had significantly less relapses.

Conclusion: CBT is effective in reducing relapse rates even in routine care.

O-08-10

Effect of a adherence counselling training package for case managers on relapse for patients with schizophrenia: cluster randomised controlled trial

R. Gray, D. Robson. *Institute of Psychiatry Denmark Hill, London, United Kingdom*

Objective: To assess the effectiveness of an adherence counselling training package for case managers in reducing relapse rates in patients with schizophrenia.

Methods: Pragmatic cluster randomised controlled trial. Forty-six case managers (the cluster) were assigned randomly to adherence counselling training or a control training intervention. Five patients were randomly selected from each case managers caseload and were assessed at baseline and again after twelve months. The primary outcome of interest was relapse of psychosis. Secondary outcome measures included: compliance; substance use; and functioning

Results: Forty-four case managers and 203 patients were followed up at the trial end point.

Conclusion: Training was acceptable and well evaluated by case managers.

Sunday, April 3, 2005

P-02. Poster session: Psychotic disorders II

Chairperson(s): Cyril Höschl (Prag 8, Czech Republic), Kenneth Kaufman (New Brunswick, NJ, USA)
11.15 - 12.15, Gasteig - Foyers