

Results: Relative to controls, FEP subjects showed volume reduction in a cluster located in the anterior CC genu ($Z=3.77$, $p<0.001$ uncorrected), which retained significance when analyses were restricted to the schizophrenia/schizophreniform subgroup ($n=62$) compared to controls ($Z=3.16$, $p<0.001$ uncorrected). In the subsample of FEP subjects who performed the finger localization task, there were two clusters of significant positive correlation between performance on the CFLT and CC volumes, respectively in the anterior genu ($Z=3.77$, $p<0.001$ uncorrected) and the posterior genu ($Z=3.30$, $p<0.001$ uncorrected).

Conclusion: These findings indicate the presence of circumscribed foci of reduced CC volumes in association with FEP, and suggest that such abnormalities are related to deficits in interhemispheric transfer of information.

P093

Does the legal status affect the outcome of inpatients with schizophrenia?

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Background and aims: Patients suffering from psychotic disorders are the most common to be admitted to psychiatry departments and treated against their will. All patients in this study were included in the international project EUNOMIA, which is focused on the contemporary use of coercive measures in psychiatry. The purpose of this study was to compare the voluntary and involuntary admitted patients, measured as improvement of psychopathology and social functioning.

Methods: 120 involuntary and 18 voluntary patients, who met the criteria for an F2 disorder and subjective felt coercion at the admission measured by the McArthur Scale were included. They were assessed three times, in the first week and at the end of first and third month after admission with Brief Psychiatric Rating Scale - BPRS and Global Assessment of Functioning - GAF Scale. Outcome was defined as a change in the total BPRS and GAF scores between first and third observation.

Results: There was no significant difference in the total BPRS (voluntary T1 48.6 ± 13.3 , T3 35.5 ± 10.2 , and involuntary T1 50.5 ± 12.8 , T3 32.2 ± 8.6) or GAF (voluntary T1 38.1 ± 14.7 , T3 63.6 ± 10.3 and involuntary T1 29.8 ± 12.8 , T3 63.6 ± 17.1) changes, ($p<0,05$). In the length of stay both groups significantly differ, voluntary 30.8 ± 15.9 resp. involuntary 51.5 ± 51.6 days.

Conclusions: Inpatients with schizophrenia who were treated involuntary, improved at the same level as the voluntary ones, however the length of hospital stay was shorter by voluntary patients.

P094

The frontal assessment battery (FAB) compared to the stroop test in schizophrenia

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Background and aims: Frontal lobe dysfunction has been considered as a core feature in schizophrenia. To the evaluation of this impairment, time-consuming neuropsychological batteries are needed. Recently, Dubois et al (2000) reported a short battery for assessing frontal lobe function in patients with neurological disorders. To evaluate the clinical efficacy of this frontal assessment battery (FAB) in patients with schizophrenia, we performed both FAB and Stroop Color Word Test (SCWT), which is suggested to be a representative task of executive function.

Methods: 24 schizophrenic patients and 30 sex and age-matched controls were included. FAB, SCWT and Mini Mental State Examination (MMSE) were performed in both groups. The FAB scores were compared with the performance in SCWT and correlated with education level, age and duration of disease. No difference in the MMSE scores between two groups was found.

Results: The FAB global score was significantly lower in the schizophrenia group compared to controls. In the patients group, the conceptualization and the inhibitory control subscores were negatively correlated with mistakes in color-naming task. The FAB total score, the mental flexibility and the programming subscores were negatively correlated with latencies in color-naming, color-reading and in color-word interference task of SCWT. Negative correlation between the FAB scores and the age and duration of disease was also evident.

Conclusion: The FAB is likely to be a useful and brief battery for assessing frontal lobe function in schizophrenia, as it results from the comparison with SCWT.

P095

The frontal assessment battery at bedside (FAB) in patients with schizophrenia

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Background and aims: Frontal lobe deficits have often been reported in patients with schizophrenia. Recently, Dubois et al (2000) reported a short bedside cognitive and behavioral battery for assessing frontal lobe function in patients with neurological disorders. We hypothesized that cognitive functions of frontal lobe in schizophrenia could be evaluated with this battery.

Methods: 27 patients with schizophrenia and 30 sex and age-matched controls were included. We performed FAB and Mini Mental State Examination (MMSE) in both groups and we correlated the scores of six subtests and the total FAB score with handedness, education level, age and duration of disease.

Results: The FAB global score was significantly lower in the schizophrenia group compared to controls. There was negative correlation between the FAB scores and their age and duration of disease in the schizophrenia patients. Correlation between FAB scores and MMSE scores was evident in both groups.

Conclusion: The FAB is likely to be a useful and brief battery for assessing frontal lobe function in schizophrenia patients.

P096

Stroop color word test performance in first episode and chronic psychotic patients

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Background and aims: Deficits in executive functioning in schizophrenia spectrum psychosis have been repeatedly reported. However, their relationship to the duration of disease and its psychopathology remains unclear. The purpose of this study was to compare executive functioning between first episode and chronic psychotic patients. The aim was also to investigate whether positive or negative psychotic symptoms are differentially related to executive functioning. The Stroop Color Word Test (SCWT) was chosen for this purpose, as a representative task of executive function, evaluating shifting ability, concentration and selective attention.

Methods: 24 patients with one (n=8) or more (n=16) psychotic episodes and 30 sex and age-matched controls were assessed using the SCWT. Patients were also evaluated with the Positive and Negative Syndrome Scale (PANSS).

Results: Patients with one psychotic episode showed significantly higher speed in all subtasks of SCWT compared to patients with more psychotic episodes, but no significant difference in the accuracy between these two groups was proved. Psychotic patients performed worse -in term of accuracy and speed- in SCWT compared to controls. Accuracy but not speed showed correlation with both Positive and Negative symptom dimensions, as well as with the severity of psychopathology (total PANSS).

Conclusion: Deficits in executive functioning in schizophrenia spectrum psychosis, as they are assessed by SCWT, seem to be associated with the duration of the disease and the severity of both negative and positive psychopathology.

P097

The efficacy and safety of clozapine therapy for the community-based management of psychotic disorders

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Background and aims: Clozapine is the established antipsychotic for patients refractive to, or intolerant to, other antipsychotics. Despite its unfavorable safety profile requiring continued clinical and haematological monitoring, clozapine is tolerated relatively well due to the low risk of associated extrapyramidal effects. Our objective was to assess the safety and efficacy associated with the initiation and continued monitoring of clozapine therapy for the treatment of psychotic disorders in the community.

Methods: A retrospective single-centre study of patients on clozapine therapy (n=45) for the treatment of psychotic disorders managed within the community between 01/07/05 and 30/06/06. Parameters evaluated included pre-therapy clinical/laboratory evaluation, pre-clozapine antipsychotic medication history, clozapine treatment dosage and duration, initial/late adverse effects, reasons for treatment cessation and psychiatric readmission rate.

Results: The mean age of our patient cohort was 42.2 years. There was a male predominance with a male:female ratio of 2.5:1. Patients were treated with an average of 3.5 different antipsychotic regimens prior to clozapine commencement. 97.8% of patients commenced clozapine due to treatment resistance. The most common early side-effect was sinus tachycardia (24.4%) followed by

hypersalivation (15.6%), whilst weight gain (8.9%) was the most common late onset side-effect. There was 2.2% psychiatric admission rate on clozapine therapy and was due to treatment non-compliance.

Conclusion: Clozapine is a very effective atypical antipsychotic for managing patients refractive to, or intolerant to, other antipsychotics. Despite its impressive clinical efficacy, clozapine has a significant side-effect profile warranting continued patient vigilance and greater research on its short- and long-term safety.

P098

Transition rates from schizotypal disorder to psychotic disorder for first-contact patients included in the opus trial. A randomized clinical trial of integrated treatment and standard treatment

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Background: Only a few randomized clinical trials have tested the effect on transition rates of intervention programs for patients with sub-threshold psychosis-like symptoms.

Aim: To examine whether integrated treatment reduced transition to psychosis for first-contact patients diagnosed with schizotypal disorder.

Methods: Seventy-nine patients were randomized to integrated treatment or standard treatment. Survival analysis with multivariate Cox-regression was used to identify factors determinant for transition to psychotic disorder.

Results: In the multivariate model, male gender increased risk for transition to psychotic disorder (relative risk = 4.47, (confidence interval 1.30-15.33)), while integrated treatment reduced the risk (relative risk = 0.36 (confidence interval 0.16-0.85)). At two-year follow-up, the proportion diagnosed with a psychotic disorder was 25.0 percent for patients randomized to integrated treatment compared to 48.3 percent for patients randomized to standard treatment.

Conclusion: Integrated treatment postponed or inhibited onset of psychosis in significantly more cases than standard treatment.

P099

Executive dysfunction and insight in schizophrenic patients

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Objectives: There are many studies reporting poor insight in schizophrenic patients. Other studies demonstrated deficits in executive functions in these same patients.

The results of empirical studies that try to establish the relationship between levels of insight and various clinical and neuropsychological variables are not consistent.

The aim of this study was to establish the relationship between the executive functions, as defined by the Behavioral Assessment of Dysexecutive Syndrome (BADS- N. Alderman, 1996) and the level of insight, evaluated by Assessment of Insight in Psychosis scale (I. Marková, 2002). We also tried to correlate some clinical variables (age, gender, age of onset, schoolarity, type of pharmacotherapy, severity of psychopathology) with the level of insight and executive dysfunction.

Population and Methods: we studied 50 schizophrenic outpatients of the Psychiatry Department of our Hospital, whose age ranged between 16 and 60 years, and who had stabilized disease. Informed Consent was obtained from all participants.