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Introduction: Left temporal hypoperfusion has been reported in some cases of schizophrenia. However, left temporal cortex is involved in lexical access. Moreover, difficulties with accessing the lexical-semantic memory store have been proposed in schizophrenia. Therefore, a relation between impaired lexical access and left temporal activity in schizophrenia might be argued.

Method: Here, we report the case of a 33 years old man with disorganized schizophrenia (using DSM-IV-TR criteria) who underwent complete neuropsychological assessment and measurement of cerebral perfusion with 99mTc-ECD (ethyl cysteinyl dimer) single photon emission computed tomography (SPECT).

Results: We found evidence for naming disabilities with Deloche and Hannequin's picture naming test of 80 objects. Moreover, a semantic knowledge test (Desgranges and al) suggested the preservation of the lexical-semantic memory store. This was not due neither to mental deficiency (evaluated by WAIS-III and Raven's matrices PM 38), nor to executive dysfunction (evaluated by Frontal Assessment at Bedside, Wisconsin Card Sorting Test, Verbal fluencies, Stroop test and Rey-Osterrieth complex figure), nor to any abnormality of the central nervous system (on the RMI investigation). However, SPECT revealed a left temporal hypoperfusion.

Conclusion: This case report suggests that left temporal hypoperfusion described in some cases of schizophrenia might be related to an impairment of lexical access.

P0088

Weight management by modular group interventions. Outcome at 24 months in an Irish cohort with severe mental illness (SMI)

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Background and Aims: Patients with SMI receive long term intervention with psychotropic agents often associated with weight gain. Weight and lifestyle management programmes may prevent, reduce or reverse weight gain, however most data is short-term. Categorical data is not often reported

Methods: A group programme (Solutions for Wellness) designed to address weight and other cardiovascular risk factors commenced 2002 in Ireland. Each group provided open-ended access to referred SMI patients. Weekly group sessions consisted weighing, discussion and an 8-week rotational cycle of educational topics on aspects of weight, dietary choices and lifestyle changes. Groups were led by trained healthcare professionals.

Results: Data is reported up to 24 months from 55 patients (27 male; 28 female) from 6 centres. Mean age 49.4 years (range 21-74). Schizophrenia 63%, Affective disorders 26%, other 11%. Patients completing 1 year - 55% and 2 years 22%. Baseline mean weight 98.6 kg (SD 19.2) decreased to final visit weight 96.9kg (SD 18.4). Paired t -test, p = 0.0030; CI Mean 2.53 (0.9-4.159). Weight increased in 11/55, maintained 7/55 and decreased 37/55.

Conclusions: Weight gain in SMI patients is not inevitable and was found in only 20% of patients attending weight clinics in Ireland. Patients may benefit if similar interventions were widely available.

P0089

Effectiveness and patterns of switching to aripiprazole in schizophrenic patients. Rea I and Rea II studies

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Introduction and Objectives: After the commercialization of Aripiprazole in Spain, two observational studies were proposed, one was conducted when the drug was first launched, and the other when the starting dose of Aripiprazole was modified, in order to understand the switching strategies, the effectiveness, tolerability and adherence to treatment in standard use conditions.

Patients and Methods: Two multicenter, retrospective, observational studies were carried out involving 200 psychiatrists throughout Spain with approximate 1000 patients treated with Aripiprazole during the previous four months in each one of the studies during 2005 and 2006 respectively.

Results: Both groups of patients had a very similar demographic profile that matches with the general schizophrenic population. In the first study, the main reasons for switching medication were low efficacy (56% of cases) and intolerance (35%), and 44% and 43% respectively in the second study. Despite the poor response to previous treatment, clinical evaluation of effectiveness and tolerability with Aripiprazole was very positive: In the first study, 76% of patients had very good or good effectiveness and tolerability was very good or good in 90%. In the second study, these values were 75% and 93%, respectively. Patterns of change from the previous treatment were switching in 75% of cases in the first study and in 60% in the second study.

Conclusions: Effectiveness of treatment with Aripiprazole is good in patients who had a poor response to their previous antipsychotic treatments. The most frequent and effective pattern for change patients to Aripiprazole treatments is switching.

P0090

Sex differences in prodrome of first psychosis episodes

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A prodrome in schizophrenia is the period when some signs and symptoms are present but the full-blown criteria are not yet met.

Methods: We present an open prospective and multi-center study with a follow-up of 2 years in patients with a first psychotic episode. Assessments were made every three months for 2 years. We used a protocol including: PANSS, GAF-EEAG, CGI, Young mania, Hamilton scale for the depression, UKU, OCS, Premorbid Adjustment scale, the Information Subtest and Psychosocial Stress Global Assessment (DSM III R). The assessment of prodromal symptoms was retrospectively. The symptoms were based on the late prodromal

style described by McGorry (1). A statistical analysis of data was performed.

Objectives

- Evaluate the gender differences in the prodromal state and analyse the prognosis according to them.

Results: 231 patients were included (32.5% women). The following symptoms were more frequent in men ($p < 0.05$): isolation, odd behaviour, deterioration of cleanness, language vague, and lack of spontaneity. The outcome after 2 year was worse when patients had the following symptoms in the group of the men: lack of spontaneity, language vague and deterioration of cleanness. However, women have the same outcome independently of prodromal symptoms in the illness onset.

Conclusions: The presence of prodromal symptoms could influence on outcome of men after two years. They have a worse outcome when they have some prodromal symptoms. The intervention on this phase could be an opportunity to improve the outcome of men with first psychosis episode.

P0091

Sex differences in the outcome of first episode psychosis

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Objective: Evaluate the sex differences in first episode psychosis.

Methods and material: We present an open prospective and multi-center study with a follow-up of 2 years in patients with a first psychoses episode. The patients were treated with risperidone and assessments were made in the first month and then every three months for 2 year. Therefore, we used a protocol including the following scales: PANSS, Global Assessment of Functioning scale (GAF-EEAG), CGI, Young mania rating scale, Hamilton scale for the depression, UKU, OCS, Premorbid Adjustment scale (Cannon-Spoor), the Information Subtest (WAIS) and Psychosocial Stress Global Assessment (DSM III R).

Results: 231 patients were included (32.5% women). Males have consistently an earlier onset even after controlling the cofounding factors and poorer premorbid functioning. Women have a shorter DUP, and they are more likely to be married than men and to live with their couples or children. Women have also better adherence to treatment than men. Males don't show differences in negative, positive symptoms or cognitive deficits. There was no difference between the sexes in the dose of the prescribed antipsychotic. There are no clear sex differences in family history and obstetric complications. Sex doesn't have influence on the course of illness in middle-term (2 years).

Conclusion: This paper supports the presence of significant differences between schizophrenic males and women, but there aren't differences in the outcome of the disease.

P0092

Does contextual information cue comprehension of speaker intent in schizophrenia?

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Many studies have reported that patients with schizophrenia (SZ) can be impaired in social cognition (Champagne-Lavau et al, 2006) implying communication disorders and theory of mind (ToM) deficits. Studies (Hardy-Bayle et al., 2003; Sarfati et al., 1999) suggested that patients' apparent inability to attribute intention to others results from their inability to use contextual information to decode other people's intentions.

The aim of this study is to determine 1) whether contextual information such as level of incongruity cue speaker intent in SZ patients, 2) and whether symptomatology and/or cognitive deficits are associated to a deficit in attributing intentions to others.

Thirty patients with schizophrenia and thirty matched healthy participants - all right handed and native French speakers - were tested individually on a standard ToM task (Sarfati et al., 1997), on their executive functions (inhibition, flexibility, fluency) and on their irony understanding involving attribution and comprehension of speaker intent. Psychological researches (Ivanko & Pexman, 2003) have demonstrated that several factors such as the degree of incongruity between context and speaker utterance influence the extent to which ironic intent is perceived. Therefore, context is manipulated according to length of this incongruity.

Main results showed that SZ patients seem sensitive to contextual change since they made more errors in weakly negative context than in strongly negative one. However, contrary to healthy participants, they tend to interpret ironic utterances as errors or lies, attributing a wrong intention to the speaker. These difficulties seemed to be associated with a specific lack of flexibility.

P0093

A double-blind randomized placebo-controlled relapse prevention study in remitted first-episode psychosis patients following one year of maintenance therapy

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Background: Currently there is no consensus regarding how long anti-psychotics medication should be continued following a first/single psychotic episode. Clinically patients often request discontinuation after a period of remission. This is one of the first double-blind randomized-controlled studies designed to address the issue.

Methods: Patients with DSM-IV schizophrenia and related psychoses (excluding substance induced psychosis) who remitted well following a first/single-episode, and had remained well on maintenance medication for one year, were randomized to receive either maintenance therapy with quetiapine (400 mg/day), or placebo for 12 months. Relapse was defined by the presence of (i) an increase in at least one of the following PANSS psychotic symptom items to a threshold score (delusion, hallucinatory behaviour, conceptual disorganization, unusual thought content, suspiciousness); (ii) CGI Severity of Illness 3 or above; and (iii) CGI Improvement 5 or above.