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Cognitive functions in patients with schizophrenia and their correlation with anxiety

K. Jeczminska, A. Kozmin, A. Krawiec, J. Jarnot, J. Dusik, A. Piwowarczyk, K. Krysta, M. Janas-Kozik, I. Krupka-Matuszczyk. *Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland*

Background: Cognitive deficits and anxiety are common symptoms in patients suffering from schizophrenia.

Aims: The aim of the research was to find a relationship between selected cognitive functions and intensity of anxiety as state and trait in people suffering from schizophrenia.

Method: 18 patients (9 women and 9 men) with a diagnose of paranoid schizophrenia (according to ICD-10) were recruited to the study. The battery of cognitive neuropsychological tests used to assess cognitive functions included: trail making tests, part A and B, and Stroop test, part RCNb and NCWd. The intensity of anxiety as state and trait was assessed by means of the Spielberger State-Trait Anxiety Inventory (STAI).

Results: In the examined group statistically significant relation was found between the results of trail making test, part A and B (measuring psychomotor speed and visual spatial working memory), as well as part RCNb of the Stroop test (measuring reading speed), and the intensity of anxiety as state measured with STAI. Another statistically significant correlation was found between results of trail making test, part A (measuring psychomotor speed) and anxiety as trait measured with STAI. No other significant correlations between results of the applied cognitive tests and anxiety as state and trait were found.

Conclusions: The above correlations between cognitive tests results and intensity of anxiety indicate that there must be a modulating impact of emotions on some of measured cognitive functions. The awareness of these correlations may be important in the process of constructing rehabilitation programmes for patients.

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Efficacy of once-daily extended release quetiapine fumarate across symptom domains in schizophrenia

R. Kahn¹, C. Schulz², V. Palazov³, E. Reyes⁴, D. Meulien⁵, M. Brecher⁶, O. Svensson⁵, H.M. Andersson⁵. ¹*Rudolf Magnus Institute of Neuroscience, Utrecht, The Netherlands* ²*University of Minnesota Medical School, Minneapolis, MN, USA* ³*District Dispensary for Psychiatric Disorders, Lazur, Bourgas, Bulgaria* ⁴*National Center of Mental Health, Metro Manila, Philippines* ⁵*AstraZeneca R&D, Sodertalje, Sweden* ⁶*AstraZeneca Pharmaceuticals, Wilmington, DE, USA*

Introduction: Quetiapine immediate release (quetiapine IR) improves PANSS total, positive, negative and general psychopathology scores in schizophrenia. This study (D1444C00132) evaluated the efficacy of once-daily extended release quetiapine fumarate (quetiapine XR) in patients with acute schizophrenia.

Methods: This was a 6-week, double-blind, randomised study (n=588) comparing quetiapine XR (400, 600 or 800 mg/day) and quetiapine IR (400 mg/day) with placebo. Efficacy was assessed using ANCOVA analyses of the change from baseline to study endpoint (Day 42) for: PANSS total score; positive, negative and general psychopathology subscale scores; and aggression and depression cluster

scores (modified ITT population, LOCF). Changes in individual PANSS item scores were assessed post hoc.

Results: At Day 42, there were statistically significant reductions (ie two-sided p-value <0.05) versus placebo with all doses of quetiapine XR for the change in PANSS total, positive, general psychopathology and aggression cluster scores. Changes in negative and depression cluster scores were statistically significant versus placebo for quetiapine XR 600 mg/day and 800 mg/day. There was statistically significant separation from placebo with quetiapine XR 600 mg/day and 800 mg/day for the change in 6/7 PANSS positive items, 5/7 negative items, and 12/16 general psychopathology items. For those items with no statistically significant separation from placebo, baseline scores were generally low.

Conclusions: Once-daily quetiapine XR is effective across a broad range of symptoms in acute schizophrenia, including positive and negative symptoms, as well as symptoms of general psychopathology, aggression and depression.

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Symptom profiles of obsessive compulsive disorder with comorbid schizophrenia and pure obsessive compulsive disorder

K.O. Karamustafalioglu¹, R. Demirer², N. Karamustafalioglu³, S. Citak⁴. ¹*Sisli Etfah Teaching and Research Hospital, Psychiatry Clinic, Istanbul, Turkey* ²*Luleburgaz Government Hospital, Psychiatry Clinic, Kırklareli, Turkey* ³*Bakırköy Psychiatry and Neurological Sciences, Psychiatry Clinic, Istanbul, Turkey* ⁴*Erenköy Psychiatry and Neurological Sciences, Psychiatry Clinic, Istanbul, Turkey*

Introduction: 7.8%-31.7% of schizophrenic patients have obsessive compulsive disorder (OCD) as well (1,2). In this study, symptom profiles of OCD and OCD with schizophrenia is discussed in terms of similarities and differences and whether these could point towards discrete etiopathogenesis.

Method: 100 patients with schizophrenia and 50 patients with OCD, diagnosed using the DSM-IV criteria were included in the study group. The study group was treated at the outpatient clinic of Bakirkoy Hospital for Mental and Nervous Diseases, Istanbul, Turkey. Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was used.

Results: %16 of the schizophrenia patients had OCD. Y-BOCS obsession severity subscale total, compulsion severity subscale total and general total scores of the pure OCD group and the schizophrenia with OCD group were compared. There was no statistically significant difference. However comparison of obsession and compulsion content in the two groups revealed statistically significant difference in terms of religious obsessions (p=0.002), cleaning/washing compulsions (p=0.009) and controlling compulsions (p=0.008).

Conclusion: Our results were different in terms of the distribution of obsessive compulsive symptoms when compared with other studies about OCD and OCD with schizophrenia (1,4). Paying attention to differences in symptomatology by the clinicians might improve diagnosis and treatment. Neuropathology in pure OCD and OCD with schizophrenia may be diverse.

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Efficacy and tolerability of switching from olanzapine, risperidone and haloperidol to ziprasidone in patients with schizophrenia: An international multi-center study

K. Alptekin¹, O.N. Karayal², S. Brook³, C. Akkaya⁴, E. Tzebelikos⁵. ¹*Department of Psychiatry, Dokuz Eylul University*