were suicidal attempts. That's why we aim to explore nursing demands in patients with schizophrenia after hospital treatment.

Methods: Research was carried out in four Kaunas primary mental health centers, from July to September, 2006. We used standardized international mental health quality of life scale questionnaire implemented by Phillip W. Long (2003). Our group was randomly selected and consisted of 123 patients with schizophrenia aging from 18 to 65 years.

Results: Several main problems were disclosed: 46,0 % of respondents noted reduced everyday home activities, 68,0 % mentioned physical fatigue, apathy 60,0 %, sleep disorders 81,0 %, memory and attention disorders 64,0 %, communication problems 76,0 % . Depressed mood was found in 56, 0 % respondents and 25, 0 % had suicidal attempt. We disclosed statistically confident correlation between disease duration and suicidal attempts ($p < 0, 05$). There were more suicidal attempts in younger patients than others ($p < 0, 05$).

Conclusions: Most frequent everyday and self-care problems were: (1) unemployment, poor incomes, sleep disorders, difficulties in household activities; (2) physical fatigue, memory and attention disorders; (3) everyday and self-care problems most frequently occurred with older respondents.

Patients with schizophrenia encounter communication problems with friends and relatives irrespective to their age. The most frequent emotional problems were: apathy 60, 0 %, depression 56, 0 %, lack of self- confidence 49%.

P0063

Four year follow up of patients discharged from early intervention for psychosis service to a community mental health team

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Background and Aims: UK mental health services envisage that patients with a first presentation of psychosis are seen by an ad hoc assertive service for the first three years and then are transferred for further follow up to a community mental health team or to primary care.

We have reported on the three year outcomes of 62 patients who were treated in such an assertive service, compared to 62 patients who received treatment as usual. Outcomes in all domains were significantly better with the assertive service. These domains included employment, education, family life, relapses, readmission and concordance with medication.

We now report on an audit of outcomes at the end of the fourth year in both groups of patients; the exercise will be repeated at the end of the fifth year.

Method: A note audit is being carried out on the two groups of patients.

Results: Work on the audit is in progress at the time of writing. Early results indicate that some patients have had significant relapses since leaving the assertive service. This has led to significant bed usage by some patients. Other patients appear to have remained stable.

Conclusion: Relapse leads to a reduction of quality of life for the patients. Thus, in some cases there appears to be a reduction in the more advantageous quality of life outcomes once patients are referred to the community mental health team. This mirrors five year outcomes of first psychosis patients reported by the OPUS project.

P0064

Issues regarding the delivery of early intervention for psychosis services to the South Asian population in England

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Background and Aims: In order to implement a successful early intervention service for psychosis, we suggest that cultural, religious and issues surrounding language and communication should be considered.

The delivery of the standard psycho-social interventions used by early intervention services requires effective engagement with the patients.

Methods: In June 2003 an audit was conducted amongst 75 patients from different ethnic groups in Luton. Measures of engagement with mental health services included; number of missed outpatient appointments over one year and compliance with medication regimes.

Results: The results of this audit showed that South Asian patients are more likely to miss appointments and refuse to take medication in comparison to their Caucasian or Afro- Caribbean counter-parts. Further analysis revealed that the Bangladeshi subgroup had missed more appointments and had a greater proportion of medication refusal in comparison to the other Asian subgroups.

These results support the pioneering work by Dr Robin Pinto in the 1970s; he observed that Asian patients perceive and utilise mental health services in a different way compared to the Caucasian population.

Conclusion: The observations from our study depict the difficulties in engaging ethnic minority patients into existing services. Hence we argue that future interventions should be adapted and tailored to overcome cultural and language barriers with patients and their families.

P0065

The pattern of development of psychotic symptoms after trauma

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Background and Aims: Psychotic symptoms may develop after traumatic experiences. This is documented in Wartime situations. Childhood Abuse is linked with psychosis in later life. PTSD, and 'Borderline' symptoms are often linked with a past history of childhood trauma.

We hypothesise that the development of psychotic symptoms related to trauma may occur in a different pattern than the development of psychosis of neuro-developmental origin [schizophrenia].

Methods: We present a series of Vignettes, all of whom have developed psychosis. Three have experienced major trauma, in Early Adulthood, Two have experienced a major trauma related to a war situation. , and two , have developed psychotic illness of a neuro-developmental type [schizophrenia].

Results: As expected, the cases of neuro-developmental psychosis developed psychosis over a long prodromal period, in which symptoms developed from non-specific depression and anxiety to a gradual

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increase of positive psychotic symptoms over time, until full psychosis developed.

The five cases where psycho-trauma occurred in adulthood [including the two wartime cases and the three other cases] showed sudden development of symptoms at the time of the trauma including PTSD and borderline symptoms. The psychotic symptoms developed , also suddenly, some time later, after a subsequent episode of psycho-trauma.

Conclusion: These different patterns of development of psychotic symptoms suggest different mechanisms of causation. Nonetheless, in all these cases, a full blown psychotic illness may result. In cases of psycho-trauma, the illness may continue to be accompanied by ongoing symptoms of PTSD and Borderline features, making these patients difficult to treat.

P0066

Different pathways leading to suicide in schizophrenia

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Background and Aims: Suicide and suicidal behaviour are major problems in schizophrenia. Our aim was to review the recent literature on risk factors for suicide in schizophrenia from genes to clinical characteristics to identify different pathways leading to suicide and present a life-span developmental model for suicide in schizophrenia.

Methods: We performed a database search in four databases (Medline, PubMed, PsycInfo and Web of Science) with the keywords suicide AND schizophrenia. A comprehensive hand search was also performed.

Results: There seem to be five main pathways for schizophrenia patients leading to suicide: First is comorbid depression that leads to suicide. Second, there is a group of patients with a difficult, chronic course of illness and many relapses and exacerbations. They lose their hope progressively over time. Third group comprises patients (mostly young males) with impulsiveness, dysphoric affect and substance abuse. Fourth is a relatively small but theoretically interesting and clinically important group of mainly young patients with high premorbid functioning and above average intellectual capacity. Fifth pathway, failure in treatment, comprises patients lacking social support whose treatment has failed. We also propose a life span model showing these five different pathways to suicide in schizophrenia.

Conclusions: There are different pathways leading to suicide in schizophrenia. These suicidal trajectories could be useful in clinical work when evaluating patients' possible suicide risk and treating them. They might also provoke some further research ideas and hypotheses.

P0067

Social phobic symptoms associated with ''atypical'' antipsychotic treatment: A case report

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Aim: The amenable neurochemical base of social phobia still completely has not been clarified, even if has been proposed a potential dysfunction of both serotonergic and dopaminergic brain systems.

Clozapine is the prototype ''atypical'' antipsychotic drug, defining the role of its individual complex actions. It has been reported that clozapine occasionally involves symptoms from the spectrum of anxiety disorders. These symptoms are attributed in the action of this particular drug mainly on the serotonergic system.

In this study is presented the case of a schizophrenic subject, who developed social phobia at the duration of his treatment with clozapine and while he was found in remission of his psychotic symptoms.

Case: The patient is man of 24 years and has a 3-year history of schizophrenia, paranoid type. In his history also is reported casual abuse of Indian cannabis as well as alcohol.

Presented symptomatology of social phobia the first interval of his treatment with clozapine (14th week) and while the psychotic symptoms had receded. When in his treatment it was added sertraline, the social anxiety disorder was decreased in remarkable degree. The daily dose of clozapine was maintained immutable.

Conclusions: The elements are discussed under the light of new neurochemical opinion but also psychodynamic approach of make, that could explain the appearance of symptoms from the spectrum of anxiety disorders (as the social phobia) in a clozapine-treated psychotic patient, at the duration of remission of his psychotic symptomatology.

P0068

Catatonic schizophrenia at age 16: When neurology gives up!

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Introduction: Catatonic schizophrenia has been described as being decreasing in prevalence. We present a case of a 16 year-old-girl, previously healthy, who develops catatonic schizophrenia in a 5 months period.

Method: we present the case of a 16-year-old girl, previously healthy, with family history of schizophrenia, develops 5 months prior to hospital admittance isolation from friends and odd behaviour, like suddenly standing still and speechless (thought blocking). She maintains these attitudes and 3 months after, develops delirious thoughts of death with agitation (screaming and undressing). One month prior to admittance she becomes diskinetic and mute, with loss of sphincter control. She is medicated by a neurologist with olanzapine 5mg od and valproate 200mg bid. As her clinical state worsens, she is brought to a central hospital, where she has MRI and lumbar puncture normal. She is observed by neurologists and psychiatrists in the emergency room. Against the psychiatrist opinion, she is admitted to the neurology ward. After repeating MRI and lumbar puncture and searching for neurotrophic viruses and prions disease, which all turn out negative, she is proposed for electroconvulsivetherapy (ECT) and transferred to a psychiatric ward.

Results: She is submitted to 14 ECT and medicated with seroquel 300 bid with dramatic improvement.

Conclusion: this case illustrates the secondary role psychiatry is sometimes appointed to in contemporary medicine. Catatonic schizophrenia is a rare disorder and an even rarer form of presentation of schizophrenia. Nevertheless, it exists, and should be taken into account in the differential diagnosis of diskinesia.

P0069

The effectiveness of a long term group therapy for patients with psychosis for diminishing the negative symptoms of psychosis

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