Introduction: Mental disease is faced during the past years as a result of various factors, such as the participation of the family which sometimes has a negative aspect in the course of the disease.

Objective: Through the study of 15 families of the patients who live in the Residential Unit of Aspropirgos, we present the role of the family environment in the appearance and process of the disease.

Method: We observed the background of 15 patients of the Residential Unit. When they completed a month living in Aspropirgos, we completed their Personal and Social Performance Scale (PSP). At the same time, we accepted the patients' families in four weekly sessions whose goal was to explore and cope effectively with the problems that led those patients to mental disease. Patients completed the same questionnaire in their 4th and 12th month of their stay in Aspropirgos while we continued to have monthly sessions with their families.

Conclusions: Patients presented a decrease of their functionality in their 4th month in the Residential Unit (around 30%), which was accompanied by the resistance of their families in the suggestions of the therapeutic group. When 4 months were completed we put more strict limits regarding the relationships of the patients with their families, we even forbidded their contact with members who provoked the most severe dysfunction in the patient. At the end of 12 months we concluded that there was an improvement of up to 50-60% compared to patients' situation in the 4th month.

P0112

Fighting stigma in schools: Pre, Post, and Follow-up results of an educational intervention

M. Economou, H. Louki, M. Charitsi, A. Vernicos, E. Tsaliagou, D. Kolostoumpis, C.N. Stefanis. *University Mental Health Research Institute, Athens, Greece*

Background and Aims: The Greek Program against Stigma and Discrimination because of Mental Illness developed an educational intervention targeting high-school students, as part of a broader anti-stigma campaign. Educational interventions aiming to confront the stigma of schizophrenia are mostly effective in preventing the formation of stereotypes and prejudice against people with schizophrenia (PWS), when implemented in populations open to change, such as high school students. The study aims to evaluate: a) students' beliefs and attitudes towards PWS and b) the effectiveness of an educational intervention in challenging stereotypical beliefs and discriminatory attitudes towards PWS.

Methods: The intervention, a two-hour semi-structured educational program, entailed guided discussions and creative activities facilitating self-expression, such as collective drawing and role-playing. A survey questionnaire was administrated before and after the intervention and at a six months follow-up, in order to identify sources of information about schizophrenia, knowledge about symptoms and treatment options and students' attitudes.

Results: High-school students hold faulty beliefs about schizophrenia, are unwilling to interact with PWS, embrace stereotypic images of violence and dangerousness about PWS and draw information about schizophrenia mainly from television. The intervention was effective in challenging negative beliefs about PWS and had a significant positive effect on attitudes toward PWS, which - although weakened - remained to a considerable degree at the follow-up measure. A differential effect of students' demographic characteristics and previous contact with PWS was also found.

Conclusions: Further implementation of the educational intervention is strongly suggested, as its anti-stigma purposes have, so far, attained encouraging results.

P0113

Duloxetine for major depressive episodes in the course of psychotic disorders: A prospective clinical trial

S. Englisch [1], U. Knopf [2], B. Scharnholz [1], A. Kuwilsky [1], M. Deuschle [1], M. Zink [1]. [1] *Zentralinstitut Für Seelische Gesundheit, Mannheim, Germany* [2] *Psychiatrisches Zentrum Nordbaden, Wiesloch, Germany*

Background and Aims: Patients with psychotic disorders often suffer from intercurrent major depressive episodes (MDEs). Case reports suggested successful antidepressive treatment with duloxetine, a selective dual reuptake inhibitor of serotonin and norepinephrine (SSNRI). We initiated this open prospective clinical trial in order to evaluate efficacy, safety and tolerability of this approach.

Methods: Patients with a psychotic lifetime diagnosis suffering from mildly severe MDEs were treated with duloxetine over a period of 6 weeks. We evaluated effects on mood, monitored the psychotic psychopathology and assessed side effects, basal clinical and pharmacological parameters.

Results: Twenty patients were included and experienced a significant improvement of their MDE during the observation period (CDSS: Calgary Depression Scale for Schizophrenia, HAMD: Hamilton Depression scale). Psychotic positive symptoms remained stably absent while negative syndrome and global psychopathology considerably improved (PANSS: Positive and Negative Syndrome Scale). In general, the treatment was well tolerated, serum prolactin levels stayed unchanged, but pharmacokinetic interactions with a number of antipsychotic agents were observed.

Conclusions: This open prospective evaluation revealed antidepressive efficacy of duloxetine in patients with co-morbid psychotic disorders. With regard to the psychotic disorder, the treatment appears to be safe and well tolerable. Further investigations should involve a randomized control group.

P0114

Efficiency of psychoeducational programs in schizophrenia patients

A.N. Erichev. *Head of Psychotherapy Department, Medical Academy of Postgraduate Education, Saint-Petersburg, Russia*

Objective: The objective of the given research is an influence of psychoeducational program on an observance of the supporting therapy regimen; on a number of recurrent hospitalizations; on a social adaptation.

Method: 92 patients were examined in 6 and 12 months after the discharge by interviewing. The comparison group was 50 patients, with an age, a duration of the disease and a sex, similar to the basic one, but not taking part in psychoeducational program.

Results: As a result of the psychoeducational programs, the schizophrenia patients have following changes. The observance by the patient of the supporting therapy during all catamnestic supervision was improved. The number of recurrent hospitalizations of the patients within a year was reduced. There is a statistically authentic positive dynamics in the field of productive relations during all catamnestic supervision. As against it, in the field of interpersonal relations the reliable positive changes in the basic group were observed only in 6 months after the discharge from a hospital, at examination

https://doi.org/10.1016/j.eurpsy.2008.01.781 Published online by Cambridge University Press

in 12 months there were no reliable distinctions between the basic and control groups. There were no reliable distinctions between the basic and control groups in the field of sexual relations.

Conclusions: The psychoeducational programs have positive influence on the supporting therapy, they decrease the number of recurrent hospitalizations. The functioning of the patients in the industrial field and the field of interpersonal relations is improved. There is no reliable influence in the field of relations with parents; the organizations of life; sexual relations.

P0115

Olfactory identification ability in schizophrenia spectrum disorders

A. Farhoudian [1], S.V. Shariat [2], M. Taj [3], E. Shahsavand [3]. [1] *Research Department of Psychology and Special Needs, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran* [2] *Iran University of Medical Sciences, Tehran, Iran* [3] *Tehran University of Medical Sciences, Roozbeh Hospital, Tehran, Iran*

The aim of this project was a two fold; one was to compare the olfactory identification ability in patients with schizophrenia or schizotypy with that of the patients with mood disorders as well as the normal subjects; the other was to assess any possible changes after treatment in olfactory identification ability in patients with schizophrenia.

The subjects of the study comprised 22 patients afflicted with schizophrenia and five with schizotypy (mean age of 41 years old), 28 patients with mood disorders (13 with major depressive and 14 with bipolar disorders with the mean age of 39 years old), and finally 27 normal subjects (mean age of 39 years old). All subjects were assessed initially and the patients with schizophrenia were assessed twice more three and six weeks after the commencement of treatment with the University of Pennsylvania Smell Identification Test (UPSIT). The data were analyzed by Kruskal- Wallis, Chi- square, Mann-Whitney, and Freedman tests.

A significant difference was found between patients with schizophrenia and schizotypy with normal subjects in olfactory identification ability. There was not any significant difference between other groups on this matter. No significant changes in olfactory identification ability were detected in schizophrenic patients after 3 and 6 weeks of treatment.

Deficit in olfactory identification ability of patients with schizophrenia spectrum disorders, and its persistence despite treatment is testimonial to its trait-like characteristic in such disorders.

P0116

Effects of selegiline on negative symptoms in schizophrenia

M.R. Fayyazi Bordbar, E. Abdolahian, K. Hojjat. *Psychiatry Department, Ibn E Sina Hospital, Mashhad, Iran*

Background and Aims: It has been suggested that schizophrenic negative symptoms may be manifestations of regionally deficient CNS dopaminergic activity. We sought to test this hypothesis by openly treating patients on chronic antipsychotic medication who showed prominent negative symptoms with low-dose selegiline.

Methods: Eighty patients meeting DSM-IV-TR criteria for chronic schizophrenia with prominent negative symptoms (Positive And Negative Symptoms of Schizophrenia-Negative subtype>15) were studied. Subjects had been kept at their current antipsychotic medication dose levels for at least a month before the study, which was continued unchanged throughout the trial. Over 6 weeks of selegiline treatment, subjects were randomly divided into three subgroups (for one group Selegiline 5 mg/day, for the second 10 mg/day, and for the third placebo was added to the regimen). Patients were assessed through and after 6 weeks by PANSS. Results analyzed with ANOVA and t tests

Results: Eight subjects had significant increase in their positive symptoms and were excluded from the study and 4 patients could not continue the study because of severe side effects. Mean age of patients was 47.62 and mean duration of hospitalization was 8.94 years. Although in both groups who received 5mg/day and 10 mg/day selegiline, in 6 weeks, significant improvement in negative symptoms was seen. But, no significant difference in reduction of negative signs was seen in three subgroups (selegiline 5 mg/day, 10 mg/day, or placebo($P=0.98$).

Conclusions: Selegiline was not effective on negative symptoms of schizophrenia for inpatients. This inadequacy was true when seligiline was added to risperidone, or clozapine.

P0117

Weight change on aripiprazole-clozapine combination in schizophrenic patients with weight gain and suboptimal response on clozapine: 16-week double-blind study

W.W. Fleischhacker [1], M.E. Heikkinen [2], J.P. Olié [3], W. Landsberg [4], P. Dewaele [5], R. McQuade [6], D. Hennicken [5]. [1] *Department of Biological Psychiatry, University of Innsbruck, Innsbruck, Austria* [2] *Helsinki City Health Centre, Dept. of Psychiatry, Community Mental Health Services, Helsinki, Finland* [3] *Hopital Saint Anne, Paris, France* [4] *Bristol-Myers Squibb Company, Uxbridge, UK* [5] *Bristol-Myers Squibb Company, Braine L'Alleud, Belgium* [6] *Otsuka Pharmaceutical Development and Commercialization Inc., Princeton, NJ, USA*

Background and Aim: Significant weight increase in schizophrenic patients can impact on compliance and is associated with long-term cardiovascular complications. This study aims to evaluate the effect on weight, overall efficacy, safety and tolerability of combining aripiprazole and clozapine in schizophrenic patients with suboptimal response to clozapine.

Methods: This 16-week, multicentre, randomised, double-blind, placebo-controlled study included patients with schizophrenia (DSM-IV-TR) experiencing at least 2.5 kg weight gain and suboptimal efficacy and/or safety on clozapine. Patients were randomised to a combination of aripiprazole (5-15 mg/day) and clozapine or clozapine monotherapy (baseline dose maintained up to 16 weeks). Endpoints included body weight change from baseline to Week 16 (primary), PANSS, CGI-I, IAQ scales, and safety assessments (secondary).

Results: Two hundred and seven patients were randomised (baseline mean weight = 92.4 kg [52-148.4], mean weight gain on clozapine = +14.9 kg [2.5-66], mean clozapine dose = 373.7 mg/d), and 90% and 94% completed the study for combination and monotherapy, respectively. Statistically significant reductions from baseline were observed in both mean body weight (-2.53 kg and -0.38 kg, $p<0.001$) and waist line (-0.00 cm and -2.00 cm, $p<0.001$) on combination compared with monotherapy. BMI, fasting total and LDL cholesterol, and CGI-I and IAQ significantly improved on combination. There was no change in PANSS total score. Five patients discontinued for adverse events on combination, and one patient on monotherapy.

Conclusion: Although there was no benefit regarding psychopathological symptoms, combining aripiprazole and clozapine results in significant benefits in terms of weight, BMI and fasting cholesterol

https://doi.org/10.1016/j.eurpsy.2008.01.781 Published online by Cambridge University Press