

**Results:** Sexual dysfunction occurred in majority of patients. Patient with sexual dysfunction reported significantly lower ratings on global quality of life.

**Conclusions:** People with schizophrenia report high rates of sexual dysfunction. The overall importance of sexuality in the lives of patients with schizophrenia is suggested by significant inverse relationship between sexual dysfunction and global quality of life ratings.

## P0215

Dissociation in patients with schizophrenia: Relationships with childhood trauma and psychotic symptoms

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**Background and Aims:** Only few studies have investigated the relationship between childhood trauma and dissociative symptoms in patients with schizophrenia spectrum disorders. Moreover, most of the existing studies did not pay attention to potential relationships between dissociation and psychotic symptoms.

**Methods:** We examined 103 consecutively admitted patients with schizophrenia spectrum disorders using the Childhood Trauma Questionnaire (CTQ), the Dissociative Experiences Scale (DES) and the Positive and Negative Symptom Scale (PANSS). Relationships between dissociative symptoms, childhood trauma and psychotic symptoms were examined at admission (t0) and when patients were stabilised (t1).

**Results:** The DES mean score decreased significantly between t0 and t1 ( $M=20.1$  vs.  $M=14.5$ ). When patients were stabilized, sexual abuse, physical abuse, emotional abuse and the CTQ total score were significantly correlated with the DES total score ( $r=.36^{**}$ ,  $r=.20^*$ ,  $r=.28^{**}$ , and  $r=.32^{**}$ ) and different subscales of the DES, most strongly with the amnesia subscale. The amnesia subscale of the DES also showed significant correlations with physical neglect ( $r=.28^{**}$ ). At t1, positive symptoms as measured by the PANSS were correlated with the depersonalisation subscale of the DES ( $r=.24^*$ ). No relationship existed with negative symptoms.

**Conclusions:** Our results confirm the relationships between childhood trauma and dissociation in patients with schizophrenia spectrum disorders. Furthermore, they suggest a relationship between dissociation and positive, but not negative psychotic symptoms.

## P0216

Magnetic resonance imaging of the frontal lobe in twins with schizophrenia

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**Background and Aims:** Neurocognitive and functional neuroimaging studies point to frontal lobe abnormalities in schizophrenia. Molecular and behavioural genetic studies suggest that the frontal lobe is under significant genetic influence. We carried out structural magnetic resonance imaging (MRI) of the frontal lobe in monozygotic (MZ) twins concordant or discordant for schizophrenia and healthy MZ control twins.

**Methods:** The sample comprised 21 concordant pairs, 17 discordant affected and 18 discordant unaffected twins from 19 discordant pairs, and 27 control pairs. Groups were matched on

sociodemographic variables. Patient groups (concordant, discordant affected) did not differ on clinical variables. Volumes of superior, middle, inferior and orbital frontal gyri were calculated using the Cavalieri principle on the basis of manual tracing of anatomic boundaries. Group differences were investigated covarying for whole-brain volume, gender and age.

**Results:** Results for superior frontal gyrus showed that twins with schizophrenia (i.e. concordant twins and discordant affected twins) had reduced volume compared to twins without schizophrenia (i.e. discordant unaffected and control twins), indicating an effect of illness. For middle and orbital frontal gyrus, concordant (but not discordant affected) twins differed from non-schizophrenic twins. There were no group differences in inferior frontal gyrus volume.

**Conclusions:** These findings suggest that volume reductions in the superior frontal gyrus are associated with a diagnosis of schizophrenia (in the presence or absence of a co-twin with schizophrenia). On the other hand, volume reductions in middle and orbital frontal gyri are seen only in concordant pairs, perhaps reflecting the increased genetic vulnerability in this group.

## P0217

Co-occurrence of childhood trauma and adult psychosis: A picture of co-morbidity

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**Introduction:** The deleterious effects of childhood trauma are widely known and documented in community samples. Recent studies have shown higher rates of childhood traumatic events in the psychiatric population. These studies suggest that men and women who have experienced childhood trauma and who have severe psychiatric symptoms reliably report their own experiences.

**Methods:** Men and women, ( $n=184$ ) between the ages of 18-65 years with a history of serious mental illness, capacity to give informed consent, and either English or Spanish fluency, were recruited from various outpatient clinics in New York City. Concepts measured focused on the themes of abusive experiences (psychological abuse, physical abuse, sexual abuse, and witnessing domestic violence) and dysfunctional household environment (substance abuse, mental illness, criminal imprisonment of family member). Data were analyzed in SPSS 13.0 using basic descriptive statistics and linear regression models.

**Results:** Men (70 or 67.3%) reported nearly twice the rate of physical abuse (30.9%) reported by females ( $P<.001$ ). Of the men and women in the sample, 26.8% reported having had the childhood experience of sexual and physical abuse. A very small percentage of the sample population reported sexual abuse without accompanying physical abuse (11.6%). Psychiatric co-morbidity was assessed with different screening methods including positive and negative psychotic symptoms, PTSD, dissociative symptoms and affective disorders.

**Conclusion:** The results suggest a close interaction between repetitive childhood trauma and the complexity of symptoms. A re-conceptualization of the diagnostic criteria as complex PTSD is needed to explain this phenomenon.

**P0218**

Early cognitive response to treatment in first episode psychosis

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**Background and Aims:** Cognitive impairment is well documented in schizophrenia, and improves to some extent with treatment. Early cognitive changes in response to antipsychotic treatment are not well documented. We assessed early (12wk) cognitive changes and their relationships to psychopathology in 20 patients in an interim analysis of an ongoing study.

**Methods:** Patients with a first episode of schizophrenia underwent MATRICS Consensus Cognitive Battery assessment at baseline, 4 and 12wks. PANSS ratings were completed. Treatment with low doses of oral and depot flupenthixol was commenced.

**Results:** The sample consisted of 4 females and 16 males, with an average age of 21.22 years. The mean modal dose of flupenthixol was 10mg 2 weekly IML. Two patients were withdrawn due to side-effects. The average premorbid IQ of the sample was on the 91st percentile as estimated by the Vocabulary subtest of the WAISS. Early changes in attention and concentration from baseline were present. Other cognitive domains (speed of processing, working memory, and visual learning) also improved and were correlated with changes in PANSS scores.

**Conclusion:** Low doses of a long-acting conventional antipsychotic are effective in improving some aspects of cognitive function after a first episode of schizophrenia. The response was rapid, and coincided with improvement in positive symptoms. The failure of previous studies to demonstrate cognitive benefits of conventional antipsychotics may have been related to excessive doses being prescribed.

**P0219**

Strategies for switching from amisulpride to ziprasidone in chronic outpatients with schizophrenia or schizoaffective disorders

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**Background:** Due to the limitations of certain antipsychotic treatments with respect to efficacy and safety, clinicians may sometimes wish to switch a patient to another antipsychotic. The comparative risks associated with different methods of antipsychotic drug discontinuation are relatively unknown. The present study compared 3 strategies to determine an optimal method for switching from amisulpride to ziprasidone in patients suffering from schizophrenia or schizoaffective disorder.

**Method:** This was a 3-month randomized, multicenter, open-label study in three-parallel groups. 102 chronic outpatients with schizophrenia or schizoaffective disorder were randomized at D1 to one of three switching strategies. Strategy I: abrupt discontinuation of amisulpride before initiation of ziprasidone; strategy II: reduction to 50% of previous dose of amisulpride from D1 to D7 then discontinuation; strategy III: reduction to 50% of previous dose of amisulpride from D3 to D7 then discontinuation. At D1 all patients received the same dose of ziprasidone. Main efficacy assessments included the Negative and Positive Syndrome Scale (PANSS), Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impression of Severity and Improvement (CGI-S and CGI-I). Main safety assessments included the Extrapyramidal Symptom Rating Scale (ESRS), and Barnes Akathisia Scale (BAS).

**Results:** Clinical improvement was comparable whatever the switching strategy used. Safety and tolerability of ziprasidone in switching were confirmed. The strategy III was associated with an increased incidence of adverse events leading to patient withdrawal during the switch.

**Conclusion:** similar efficacy results were obtained with the three switching strategies. However, one of them was less well tolerated.

**P0220**

Remission in patients with psychotic disorder and treatment with risperidone of long liberation

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**Aims:** To consider the different levels of remission of negative, positive or disorganization disorders, following Andreasen's criteria in a population of Schizophrenic and Schizoaffective patients in treatment with Risperidone Consta and the relationship between levels of therapeutic fulfillment and functionality achieved.

**Methods:** 138 patients admitted to Acute Unit that required Risperidone Consta have been evaluated. After 6 months of treatment, 80 patients were interviewed and grouped in patients "in remission" and in "not remission". It applied protocol with demographic data, questions about medication, disease, current status, scale for Remission (Andreasen), DAI, EEAG and WHO/DAS.

**Results:** The average age was 39 years. The sample was mostly males (63.8%), singles, widowed or divorced (90%), living in a family environment (80%), with basic educational level (84%), unemployed (63.8%), they live in urban areas (71.3%). Diagnoses in order of frequency were Schizophrenia (87.5%), Bipolar Disorder (5%), Schizoaffective disorder (2.5%), paranoia (5%). The 83.8% of patients supported Risperidone Consta during 6 months and 16.3% abandoned medication. The average time development of the disease was 12.16 years.

**Conclusions:** Most of patients (80%) achieved remission. Those who achieved remission presents fewer admissions, a higher satisfaction level, a better perception of health, with significant differences. The abandon of the medication is the fundamental reason of not remission of symptoms.

Patients who got remission relate to higher performance (EEAG) and lowest values of disabilities (WHO-DAS), both in employment levels, in family and social life, with significant differences. The fulfillment and therapeutic adherence is an important factor in remission (DAI).

**P0221**

Guidelines on use of antipsychotic medication in schizophrenia in a group of acute hospitalary units in first and successive admission

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