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

Objetives

- Evaluate the gender differences in the prodomal 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 muti − 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 maintanence 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.

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Results: 178 patients were randomized. 144 patients completed the study (80.9%). The relapse rate was 33.7% (30/89) for the maintenance group and 66.3% (59/89) for the placebo group (log-rank test, chi-square=13.328, p<0.001). Relapse was not related to age or gender. Other significant predictors of relapse include medication status, pre-morbid schizotypal traits, verbal memory and soft neurological signs.

Conclusions: There is a substantial risk of relapse if medication is discontinued in remitted first-episode psychosis patients following one year of maintenance therapy. On the contrary 33.7% of patients discontinued medication and remained well.

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P0094

Weight gain as a marker of evolution to patients with multiple episodes schizophrenia and atypical antipsychotic treatment

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Background and Aims: Atypical antipsychotics (AAP) are associated with adverse effects such as weight gain and the metabolic syndrome. Weight gain is an important marker to control while using AAP. Our study shows the existent correlations between weight gain, the decrease of neuroprotection and cognitive impairment.

Methods: A retrospective study on 16 patients, 10 women and 6 men, diagnosed with schizophrenia (DSM-IV) and multiple episodes (>5 episodes in 3 years) being under treatment with typical antipsychotics (minimum 3 cures, more than 6 months each) and to whom was imposed the switch to atypical antipsychotics because of the poor therapeutical respondence. None of the patients presented EPS of whose intensity to necessitate this switch. After the initiation of the AAP therapy they presented a significant weight gain (>15% of the ideal weight in the first 12 months).

These patients were monitorized for:

- social distress factors;
- the cognitive evaluation using California Verbal Learning Test;
- neuroimagistic evaluation (CT);
- PANSS.

Results: All the patients presented a high familial and social distress factors, cognitive impairment and neuroimagistic modifications in cortical areas and ventricular enlargement. On the PANSS scale observing a decrease in intensity of the positive symptoms, and an insignificant modification of the negative symptoms.

Conclusions: The significant weight gain during the first year after the switch to AAP to these patients, can serve as a marker for neurostructural changes, neuroimagistic monitorization being obligatory at the moment of the decision of switching from a typical to an atypical antipsychotic.

P0095

Distinctive features of post-schizophrenic depression

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Since depressive symptoms (SDS) are prevalent under-recognized and clinically important problems in patients with schizophrenia, the pattern of symptoms and associated features of depressive symptoms, as well, as inclusion of psychopathology and neurodynemic variations in personality structure of patients with chronic schizophrenia deserve more investigation.

We aimed to identify clinical and experimental-psychological features of post-schizophrenic depression. The longitudinal study has been designed to investigate patients with paranoid schizophrenia. As a result of the careful clinical and psychological analyses due to psychopathology we defined four types of depression. From which two types of depression – agitated and asthenic prevailed in active phase of schizophrenia and remained two hypochondriac and apathyc mainly occurred during stabilization. This finding would have prognostic value.

Furthermore, we examined personality changes leaded by cognitive symptoms and specified psychopathological and neurodynamical input in alteration of personality structure with word association experiment by A.D. Zurabashvili. As the semantics of trigger words became more complex the qualitative impairment deepened. Lower pathological associations have overcome scanty logical thinking and fluctuation of latency time with thought blocking became prominent.

SSRI (Fevarin, Rexetin) appeared especially effective in treatment of certain type of post-schizophrenic depression.

P0096

Verbal memory characteristic of patient with paranoid schizophrenia and their first degree relatives

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The cognitive deficits associated with schizophrenia have received increasing attention as potential endophenotypes of the disorder that could potentially discriminate relatives of patients from controls. Endophenotype that is inherited and state – independent should be found in affected family members as well as in nonaffected family members at a higher rate than in the general population.

The current study has attempted to characterize the prevalence, degree and nature of verbal memory deficit in schizophrenia and aimed to study verbal memory task performance in patient with paranoid schizophrenia and their first degree relatives in order to identify, trait cognitive marker of the disorder. Due to this we had studied, whether nonpsychotic relatives of schizophrenic probands had an elevated risk of deficits in cognitive functioning, and, which specific factors such as gender, age, education, illness duration, diagnosis and psychopathological symptoms influenced the tests performance.

Schizophrenia patients showed significant impairment of the verbal memory in all domains. In contrast, their first degree relatives having the same education level as the patients did not differ considerably from healthy controls. These results indicate that, probably, the deficiency of explicit verbal memory is not associated with the diathesis for schizophrenia.

As the test performance did not correlate with severity of symptoms and medication this finding cannot be attributed to the distractibility due to active psychotic symptoms, or treatment effects. Impaired performance on the CVLT task, a measure of explicit verbal working memory, appears to be associated with the cognitive deficits due to the disorder itself.

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