

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