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

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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

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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

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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

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