

Methods: A subgroup of 140 persons (93 men and 47 women) included in the DNS and received treatment as usual (TAU) plus individual or group psychotherapy intervention. This group was analyzed according to gender and possible variations in the expression of psychopathology, drug consumption and abuse. Results of treatment and social function expressed by PANSS, Strauss-Carpenter and GAF were compared.

Results: Data from baseline and 2 years follow-up of this group will be presented with focus on gender issues.

Conclusions: Various gender differences were confirmed in the study. As a consequence a number of gender specific interventions are suggested.

P0151

Effect of schizotypy on hemispheric differences in language comprehension

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Formal thought disorder is one of the major symptoms of schizophrenia and may be related to abnormal pattern of hemispheric lateralization of language functions. In accordance with recent neurolinguistic models that focus on the unique contribution of each hemisphere during language comprehension, the aim of this study is to explore the effect of schizotypy on hemispheric differences in semantic context processing.

The task was a modified version of Federmeier and Kutas' paradigm (1999). Subjects heard pairs of sentences ending with an expected exemplar, an unexpected exemplar from the same category, or an unexpected exemplar from a different category. Pairs of sentences were presented binaurally while the last word (target) was presented either at the left or at the right ear (the reversed target was presented to the contralateral ear). The subjects performed a semantic judgment task. Reaction times (RTs) and percentage of correct responses were recorded. The schizotypy was assessed using the Schizotypal Personality Questionnaire (SPQ, Raine et al., 1991).

Results showed that although the two hemispheres were sensitive to semantic context, the left hemisphere strongly activated small semantic fields, whereas the right hemisphere weakly activated large semantic fields. The percentage of correct responses did not differ between the two hemispheres. In addition, subjects with higher SPQ scores demonstrated a lack of semantic context effect on the left hemisphere and a diffuse activation of concepts on the right hemisphere. The implication of these results in the understanding of the cognitive mechanisms of schizophrenic formal thought disorder is discussed.

P0152

"Breakwater"- The preventive and therapeutic programme for the first degree relatives of schizophrenic patients

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Schizophrenia is today considered a neurodevelopmental disorder. It manifests itself early in life in the form of subtle neurological and psychopathological symptoms (e. g. cognitive deficits). The next stage of a pathological process can be "at risk mental state" with sub-threshold psychotic symptoms and deterioration in social and cognitive functioning. Referring to the neurodevelopmental model of

schizophrenia, our team has developed a preventive programme addressed to the persons who are already at higher risk for schizophrenia, i.e. the first degree relatives of schizophrenic patients. We would like to present the contents and methods of realisation of the programme. The programme is addressed to 12-18 years old children and siblings of schizophrenic patients. It will operate in 4 major areas:

1. Data collection and monitoring of selected parameters (socio-demographic and family data, obstetric history, childhood psychomotor development, level of psychosocial stress, schizoid-schizotypal personality traits, psychosocial and cognitive functioning)

2. Regular assessment of mental state (every 6 months) including screening towards "at risk mental state" for psychotic disorders

3. Prevention strategies (psychoeducation, stress management strategies, family therapy, drug misuse therapy, crisis intervention if needed)

4. Therapeutic interventions (CBT, cognitive remediation, pharmacological interventions)

The programme can be a source of information regarding risk factors for developing a psychotic disorder. It will also deliver data for estimating efficacy of different intervention strategies. For individuals "at risk" for psychosis participation in the programme may possibly prevent transition into psychotic disorder or give an opportunity for early intervention and reduction of DUP.

P0153

Correlation of functioning and self feeling in schizophrenia

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Background: In the treatment of patients with schizophrenia one of the most important goals is achieving a proper quality of life. It is interesting what is the relation between the self-feeling of the patients in terms of their psychopathological symptoms, and the quality of their lives.

Aims: The purpose of our research was establishing the degree of satisfaction with their lives among patients suffering from schizophrenia. We have also analyzed correlation between the intensity of clinical symptoms and satisfaction with life.

Methods used: Fifteen patients participated in our research, among them 8 were male and 7 were females, the age scope was from 22 to 63 years old and the average age was 40.

The patients were asked to fill in the Quality of Life Scale (Q Scale). They filled in also the questionnaire of the Frankfurt Self-feeling Scale (FBS).

Results: Correlation between intensity of clinical symptoms and life quality: The patients assessed the intensity of each of 36 clinical symptoms on the scale from 0 to 3. The results varied from 1 to 108 with the middle score of 80. The correlation degrees between intensity of clinical symptoms and general satisfaction with life were calculated for every symptom. Strong negative correlation was observed between satisfaction with life and: emotional withdrawal, lack of emotion, losing one's self control, lack of concentration, oversensitivity and apathy.

Conclusions: It seems interesting that there is a strong correlation between satisfaction of life and those of the psychopathological symptoms, which are referred to as negative symptoms.

P0154

Shizophrenia-spectrum disorders with syndrome of sexual dysphoria

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Background and Aims: investigation of psychopathology and sexual characteristics in persons with F2 disorders and the syndrome of sexual dysphoria.

Subjects: Group 1: 78 patients (55 male and 23 female). Group 2 (controls): 85 persons with transsexualism (12 male and 73 female). Average age is 25,8 years.

Method: clinical-psychopathological, sexological, statistical

Results: In Group 1 premorbid sensitive (22,4%) and asthenoneurotic (15,8%) features seemed to prevail while in transsexuals the most common premorbid features are harmonious (53,7%) and hyperthymic (18,3%) ones. Child autistic fantasies and neurotic-like symptoms also dominated in Group 1. Only these patients had transient dysmorphophobia, vagrancy and anorexia nervosa in their past, and psychopathic-like syndrome at present (10,4%). Recurrent affective episodes and depressive disorders significantly prevailed among schizophrenic patients. In Group 1, the ideas of changing sex appeared after sensations that the body had changed and after senestho-hypochondriacal experiences. Cross-dressing and using cosmetics was already found in patients of Group 2 younger than 10 years of age. Some characteristic features of psychosexual development were found: only schizophrenic patients showed premature sexual maturation. However, this group also showed significantly disharmonious and late psychosexual development (80,6%). On the other hand, only transsexuals had disharmonious early or late somatosexual development.

Conclusions: The differences found between patients with schizophrenia-spectrum disorders and sexual dysphoria and transsexuals will contribute to differential diagnosis and analysis of different pathogenetic mechanisms of "rejecting one's sex" in different mental disorders.

P0155

Subjective improvement and symptom change in psychosis

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Objectives: Subjective, self-rated improvement in patients with schizophrenia spectrum disorders can carry significance as a first-person account of treatment outcome, and can be of importance for the individual patient's acceptance of further treatment. This study assessed the concordance between post-treatment subjective improvement and the observed symptom change after a psychotic episode.

Method: The study sample consisted of 43 younger, primarily first- or second-episode patients. Daily symptom ratings were carried out. Observed symptom change was calculated both as pre-post differences and as symptom trajectories. Subjective improvement was assessed at the end of treatment by using the "Emotional and Behavioural Changes in Psychotherapy Questionnaire" (VEV), a retrospective measure of subjective change.

Results: The findings indicated no significant concordance between pre-post differences in symptoms and self-rated improvement, nor were final levels of symptoms related to subjective improvement. Higher initial and mean symptom levels for positive symptoms were

related to a lower degree of subjective improvement. A shorter duration of an initial trend-like improvement in psychosis was shown to be associated with greater subjective improvement.

Conclusions: Subjective assessment of improvement may differ markedly from symptom change. In psychotic episodes, more severe initial positive symptoms as well as a delayed improvement of positive symptoms may be related to a reduced subjective experience of improvement for the duration of the entire episode. The treatment of psychosis should take a possible discordance between subjective and objective change into account.

P0156

Impact of risperidone long-acting injection versus oral antipsychotic treatments on hospitalization in schizophrenia

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Objective: Evaluate impact of risperidone long-acting injection (RLAI) versus oral antipsychotics on hospitalization outcomes for patients in the electronic Schizophrenia Treatment Adherence Registry (e-STAR) in Spain.

Methods: e-STAR is a 2-year, multi-national, prospective, observational study of patients with schizophrenia who initiated on RLAI or an oral antipsychotic. Hospitalization outcomes including number of hospitalizations and number of days in hospital were collected retrospectively (1-year) and prospectively (2 years). Changes in hospital stays and days in hospital were compared between RLAI and oral patients using linear mixed model controlling for age, gender, disease duration, and baseline antipsychotic use patterns.

Results: 1,622 patients (63.6% male, mean age 38.4±11.2 years) participated in e-STAR from Spain, 1,345 initiated on RLAI and 277 on oral antipsychotics. RLAI patients had significantly longer disease duration (12.6±9.5 years vs. 10.9±9.7 in oral patients, p<0.01). Average hospital stay at baseline was 5 days longer for RLAI than oral patients. During the study, both treatments showed reductions in mean number of hospitalizations and mean number of days in hospital. Based on the mixed-model regression, RLAI patients, compared to oral patients, had a significantly greater reduction in mean number of hospitalizations (-0.28 vs. -0.18 in followup-year1 and -0.37 vs. -0.20 in followup-year2, p<0.05) and mean number of days in hospital (-17.23 vs. -12.96 in followup-year1 and -18.75 vs. -12.99 in followup-year2, p<0.01).

Conclusions: This 2-year, prospective, observational study showed that compared to oral antipsychotics, RLAI treatment was associated with greater reduction in hospital stays and days in hospital in patients with schizophrenia.

P0157

Clinical and functional outcomes of patients with schizophrenia treated with risperidone long-acting injection versus oral antipsychotics

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