

significantly differ in plasma bilirubin concentrations. In patients with schizophrenia, uric acid concentrations positively correlated with bilirubin levels (Spearman $\rho=0.205$, $p=0.012$), while no correlation between these two antioxidants was found in bipolar patients.

Conclusions: Our findings suggest that acutely admitted patients with schizophrenia have lower plasma uric acid levels, but do not differ in bilirubin levels compared to bipolar patients.

P0190

Use of functional rating scales in clinical practice

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The Personal and Social Performance scale (PSP) is used to measure functioning. It is a 100-item scale subdivided into ten intervals and covers four domains: social activities (eg work and study), interpersonal relationships, self-care and behavioural problems. Minimal training is required to use the PSP and operational rating criteria for the domains are well defined. The PSP is reported to be relatively simple and quick to conduct and has been shown to have good validity and inter-rater reliability¹. Possible limitations of the PSP include that it does not assess suicide risk and is still relatively new although experience with it is growing.

The aim of this study is to gain experience with the PSP in clinical practice by measuring the effect of risperidone long-acting injection (RLAI) on functioning. Data was also collected on hospitalisation.

Eleven patients with psychosis have been assessed with a mean age of 39.9 years (range 20–62). The average dose of RLAI was 39.8mg and the average duration of treatment was 20.1 months. Seven patients had no reported side-effects on RLAI.

The number of hospital admissions decreased by 50% during treatment with RLAI, and the number of days in hospital decreased by 11.9%. All patients experienced improved levels of functioning as measured by the PSP despite some residual symptoms identified by Mental State Examination (MSE).

The PSP was quick and easy to learn and use in routine clinical practice. Treatment with RLAI was found to have a positive effect on functioning and was generally well tolerated.

P0191

Comparative efficacy and tolerability of intramuscular/oral ziprasidone versus haloperidol: Clinical findings in Asian and foreign patients with acute schizophrenia

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Background and Aims: Second-generation antipsychotics (SGAs) have emerged as front-line treatment for many psychotic conditions due to reduced risk in extrapyramidal side effects (EPS) and related movement disorders. Available randomized, efficacy and tolerability data comparing conventional and SGA agents in Asian patients with acute exacerbation of schizophrenia are, however, limited.

Methods: Our objective was to compare IM/oral ziprasidone (N=130) versus haloperidol (N=122) in a 6-week, randomized study of acute schizophrenia, conducted in 6 Asian countries/districts (Hong Kong, Malaysia, Philippines, Singapore, Taiwan, and Thailand). This study replicated an identically designed randomized trial conducted in Europe and South America (79% Caucasian, (N=600) (1).

Results: At the end of IM treatment (≤ 3 days), mean change in BPRS total score was -7.7 in the ziprasidone group compared with -

5.8 in the haloperidol ($p=0.066$), and the magnitude of treatment difference (LS mean -1.9; 95%CI [-3.9, 0.1]) was similar to that observed in (1) (LS mean -2; 95%CI [-3.3, -0.8]). At endpoint, between-group differences in BPRS total score, CGI-S and COVI scores were not significant ($p>0.74$). Ziprasidone was significantly superior to haloperidol in movement disorder related measures (ESRS and Barnes Akathisia Scales) and EPS adverse event rates (4.6% vs. 22%, respectively, in the IM phase; 20% vs. 61%, respectively, in the IM and oral phases).

Conclusions: These findings demonstrate consistent efficacy and tolerability advantages of ziprasidone over haloperidol in different ethnic groups, and support the use of bridging evidence from foreign studies for Asian patients with schizophrenia.

Reference:

1. Brook et al. (2005) *Psychopharmacology* 178:514-523.

P0192

Factors that influence duration of hospital treatment of psychotic patients

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Since the hospital treatment has the influence on the reduction of quality of life of mentally ill patients, the intention of contemporary psychiatric management would be to provide appropriate psychiatric assistance and to reduce hospital treatment as much as possible. Current treatment of mentally ill in Serbia is conducted in conditions of insufficiently developed community psychiatric treatment. Therefore, the aim of this research was to investigate the causes which led to extended treatment of in hospital patients on 'Acute psychoses department of Special psychiatric clinic', which is one among the five biggest psychiatric hospitals in Serbia. Duration of in hospital treatment was analyzed in 298 female patients who were consecutively admitted to the department within one year period, with regard to clinical, demographic, social and economical factors. Obtained results show that among the type and severity of disease, the critical role of extension of in hospital treatment play, some demographic, social and economic factors as well. Results gained were discussed in detail during the research.

P0193

Social skills and neurocognitive individualized training in patients with schizophrenia

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Several studies provided evidence that relationship of cognitive impairment with social functioning is stronger than that of psychopathology. In a group of 88 subjects with schizophrenia or schizoaffective disorders we found that verbal memory, executive function and sustained attention indices explained 19.9% of the global disability variance, while negative symptoms explained 4.4% of the variance.

Based on these data our group designed an individualized rehabilitation program including two one-hour sessions of computerized cognitive training and one two-hour session of social skills training per week (Social Skills And Neurocognitive Individualized Training, SSANIT).

In the present study the efficacy of this rehabilitation program was investigated in 58 subjects with chronic schizophrenia or schizoaffective disorder. Patients were recruited in three Mental Health Departments located in the South of Italy and randomly allocated to one of two rehabilitation programs: SSANIT or Usual Rehabilitation Activities (URA) of each department. The active treatment phase lasted 6 months.

At the end of treatment a significant improvement of psychosocial functioning (global psychosocial index, participation in family life and availability to work) was found in the SSANIT but not in the URA group; furthermore a worsening of the negative dimension was observed in the URA, but not in the SSANIT group.

According to our findings, the SSANIT program is more effective than the rehabilitation activities usually implemented in Mental Health Departments (e.g. carpentry and decoupage).

P0194

Profile of patients under involuntary outpatient treatment in the province of Gipuzkoa (Basque Country, Spain)

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Background and Aims: IOT is a court-ordered treatment in the community. It is used to ensure therapeutic compliance in some patients with severe mental illness. It was proposed for patients with no awareness of illness, high risk of relapse, disrupting behaviour and hospitalization. IOT is being used in the province of Gipuzkoa (Basque Country, Spain) since 1997.

Our objective was to assess the epidemiological and clinical characteristics of the outpatients under involuntary treatment in our province.

Methods: This is a retrospective study of the patients under IOT in the province of Gipuzkoa during October 2007 (n=87). The following variables were considered: sex, age, work and living situation, drug abuse, violent behaviours and number of previous hospitalizations.

Results: Gender: male 70.2%; female 29.8 %. Age average: 39.5 (SD 9.6). Living situation: with relatives: 58.7%; alone 20%; in couple: 14.7%; institution: 6.7%. Work situation: inactive 60.8%; protected work 7.8%; incapacitated 3.9%; retired 2%. Diagnosis: schizophrenia 57%; delusional disorder 16.5%; bipolar disorder 8.9%; personality disorder 8.9%; schizoaffective disorder 5.1%; other 3.8%. Drug abuse: none 42.3%; multiple drugs abuse 31%; cannabis 9.9%; amphetamines 1.4%; opiates 1.4%. Violent behaviours: none 39.7%; violence against relatives 37%; violence against others 16.4%; autoaggression: 4.1%; both: 2.7%. Average of previous incomes: 3.79 (SD 3.8).

Conclusions: The most common profile of individuals under IOT in Gipuzkoa was a middle-aged male, affected by a psychotic disorder, drug abuser, with frequent violent behaviours.

P0195

Memory impairments in first episode schizophrenia and their relationship to the duration of untreated psychosis

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Background: Cognitive dysfunction represents an essential feature of schizophrenia. Patients with schizophrenia have substantial memory deficits.

Aims: To examine memory deficits in first episode schizophrenia, characterise the nature of impairment and specify the relationships with the duration of untreated psychosis.

Method: 40 first episode schizophrenia patients admitted to the Second Psychiatric Clinic Cluj, Romania and 50 healthy controls were assessed with memory tests from CANTAB battery (Spatial Working Memory, Paired Associates Learning and Spatial Span) and with Rey Auditory Verbal Learning Test. The Positive and Negative Syndrome Scale (PANSS) was used to quantify symptom severity.

Statistical analysis: Results were analysed using SPSS 12 applying ANOVA, ANCOVA, chi square test and Pearson correlations. Duration of untreated psychosis was log10 transformed to reduce skew.

Results: First episode schizophrenia patients scored significantly poorer than healthy subjects on all memory tests. Spatial working memory was impaired due to inadequate strategy use. Worse performance correlated with longer duration of untreated psychosis.

Conclusions: Impairments in memory are already present in first episode schizophrenia patients.

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P0196

Report of schizophrenic patient who had inserted continuously several needles in various parts of his body

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Introduction: In schizophrenic patients, self – mutilation may have unusual manifestations. Inserting needle in to various parts of body is one of the rare type of self mutilating behavior. Case presentation: The patient is a 40 years old man with chronic paranoid schizophrenia who is living in the state hospital since 20 years ago. The patient stuck several needles in to his body especially various anatomical region of his face and genitalia. Other forms of self mutilation such as ingestion of thermometer and self injection of aubergine juice were observed in him.

Conclusion: To our knowledge it is one of uncommon self mutilating behavior in a single case. He had inserted needles into parts which he heard hallucinatory voices from them. Other reasons were discussed.

