

**FC01.04**

Psychiatrists' attitudes to antipsychotic depot injections (II): Changes over 5 years

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**Background:** Previously, when only typical antipsychotic depot injections were available, some clinicians perceived depots as having an “image” problem despite them being associated with reduced rates of rehospitalisation when compared to tablets. This study investigated psychiatrists' attitudes and knowledge concerning depots (typical and atypical) and whether they had changed over time.

**Method:** Cross-sectional postal survey of consultant psychiatrists working in NorthWest England. A pre-existing questionnaire on clinicians' attitudes and knowledge regarding depots was updated. Results were compared with a former sample (SouthEast England, 2001: N=143).

**Results:** The sample comprised 102 consultant psychiatrists (response rate 71%). Depot use over the past 5 years had: decreased (50%), not changed (27%), increased (23%). Psychiatrists with decreased depot use had significantly lower scores for the side effects knowledge subscale than those who had unchanged or increased rates of depot use (mean 51.5% vs 54.8%,  $p=0.029$ ). When compared to psychiatrists sampled five years previously, our current participants had more favourable patient-focussed attitudes (63.5% vs 60.4%,  $p=0.034$ ); other subscales did not differ. Item-by-item analysis revealed specific changes over time including significantly less respondents regarding depots as: (i) compromising patient autonomy (mean 0.99 vs 1.28,  $p=0.036$ ); being stigmatising (1.88 vs 2.42,  $p=0.002$ ); being old fashioned (1.49 vs 2.04,  $p=0.002$ ).

**Conclusions:** During the period that an atypical antipsychotic depot has been available, and depot prescribing rates have reduced, some attitudes have changed. These mainly encompass aspects regarding the patient rather than the depot injection and include reducing concerns about stigma and autonomy although concerns about patient acceptance continue.

**FC01.05**

Schizophrenia: What do we know from functional magnetic resonance imaging?

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**Background and Aims:** In this study, a summary of the main functional Magnetic Resonance Imaging (fMRI) findings in the field of schizophrenia will be given in order to get a better understanding of this disorder.

**Methods:** The authors conducted an extensive literature review on fMRI and schizophrenia, using PubMed, the internet in general, and research contacts in order to avoid important literature to be left out.

**Results:** In general, fMRI research on schizophrenia has demonstrated widespread deficits affecting a range of cognitive functions distributed throughout the brain. In addition, schizophrenia is associated with frontal and temporal brain dysfunction (e.g., Van den Noort & Bosch, 2008). This dysfunction is thought to be irreversible, or even

worsen over time; even when optimal treatment is given (Lund et al., 2002). However, it is important to note that there is a degree of inconsistency in reported findings, and a pattern of brain dysfunction that would serve as a biological trait marker or predict treatment response has not emerged to date (e.g., Van den Noort & Bosch, 2008).

**Conclusions:** In this study, it was found that patients with schizophrenia show widespread deficits affecting a range of cognitive functions distributed throughout the brain, but there is a degree of inconsistency in reported findings. Although the development of fMRI has provided the technological advance necessary to examine schizophrenia; the scientific challenge will be to incorporate this technique appropriately through prudent experimental design (e.g., Honey & Bullmore, 2002).

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## Symposium: Network research in schizophrenia - A perspective for future research?

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**S42.01**

How to run network research: Experiences from the German Research Network on Schizophrenia (GRNS)

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**Aims:** To present basic principles and requirements of a network consisting of research institutions and routine care facilities, which aims at the improvement of treatment and care in schizophrenia.

**Methods:** The concept, structure and the management of such a network will be exemplified by the German Research Network On Schizophrenia, which is funded by the German Ministry of Education and Research (BMBF).

**Results:** The experiences so far make very clear, that it requires carefully tuned projects, an efficient and well-financed network management, acceptance and dissemination of the network idea within (and outside) the network as well as collateral political measures to improve the research environment to incorporate single research projects and single institutions, researchers or clinicians into a network.

**Conclusions:** These general conditions fulfilled, network research is a clever strategy to bundle competence (horizontally and vertically) and to improve treatment and care of psychiatric patients.

**S42.02**

Experiences from Danish network projects

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Research in interventions in schizophrenia spectrum disorders in Denmark has taken place in a loose network, which during the years have grown in size and had become increasingly organised. The randomised clinical trial: OPUS: Early Intervention in First Episode Psychosis was the first large two-site trial which took place in Copenhagen and Aarhus. Thereafter came the randomised clinical trial: NEUROCOM, Neurocognition and competence in schizophrenia which is also a two-site project. Evaluation of the effect of assertive community treatment in a quasi-experimental design in three cities is another example.