assessment PANSS, GAS and CGI tests were used, and also neuropsychological computerized assessment of working memory and implicit learning (WLM, SWM), executive functioning (STDT), time of reaction (SST), discrimination of facial emotional expression (PEAT).

Results: In four forms of schizophrenia (paranoid, catatonic, simplex and non-differentiated), high scores on the negative PANSS scale were revealed, while on the positive PANSS scale, high scores were revealed in two of these forms (paranoid and non-differentiated). Significant correlations were found between delusional-hallucinatory symptoms and deficits in neuropsychological functioning (implicit learning, decision time, perseverance in errors). Significant correlations were found between apathy, social withdrawal, avolition, difficulties in abstract thinking, working memory disorders, attention deficit. Discriminating ability between emotional expressions did not correlate with PANSS scores, however it did correlate with GAS scores.

Conclusions: 1. Schizophrenia clinical forms can not be distinguished through PANSS or GAS scores. 2. Neuropsychological assessment appears to be a fine differentiating diagnostic tool between different clinical forms of schizophrenia. 3. Impaired cognitive functioning ads to the dimensional diagnosis of schizophrenia.

P0101

Opioid withdrawal symptoms: Low efficacy of non-opioid drugs

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Introduction: Opioid withdrawal, stress or cues associated with opioid consumption can induce opioid craving. If opioids are not available, opioid dependent patients usually search for alternative drugs. Since several non-opioid drugs stimulate the endogenous opioidergic system, this concept may explain their frequent use by opioid dependent patients. We hypothesized that non-opioid drugs alleviate opioid withdrawal symptoms and are therefore consumed by opioid addicts.

Methods: We asked 89 opioid dependent patients participating in an outpatient opioid maintenance program to estimate the potential of several non-opioid drugs in being able to alleviate opioid withdrawal.

Results: Values (mean ± SD) for benzodiazepines: 3.2 ± 1.1, tricyclic antidepressants 3.6 ± 1.1, cannabis 3.6 ± 1.0, alcohol 4.1 ± 1.1, cocaine 4.2 ± 1.1, amphetamine 4.4 ± 0.9, nicotine 4.7 ± 0.7, caffeine 4.9 ± 0.5. A worsening of opioid withdrawal was reported by 62% of the patients for cocaine, 62% for amphetamine, 50% for caffeine, 37.5% for cannabis, 27% for nicotine, 26% for alcohol, 8% for tricyclic antidepressants and 3% for benzodiazepines.

Discussion: Our study shows a low efficacy of non-opioid drugs in alleviating opioid withdrawal symptoms. The data basis of this study was good and the sample was suitable to be asked for estimations of drug-drug interactions. 26% - 62% of the patients even reported a worsening of opioid withdrawal for cannabis, alcohol, cocaine and amphetamine. Only benzodiazepines and tricyclic antidepressants were reported to have a moderate positive effect on opioid withdrawal.

P0102

Amisulpride in combination: Saving potential in clozapine dosage; A case report

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Objectives: Side effects from a high-dose clozapine treatment for a schizophrenic patient led to massive compliance problems. The dose of clozapine could be halved without recurrence of an acute psychotic symptomatology by concomitantly administering amisulpride The side effects, especially hypersalivation, disappeared almost entirely, which in turn led to good compliance. In a short review we would like to present the pathophysiology and therapeutic options of clozapine-induced hypersalivation.

Conclusion: Despite various attempts at explanation and therapeutic approaches, hypersalivation under clozapine remains a side effect that is sometimes very difficult to get under control. As in our case report, it can lead to quite relevant compromises in compliance. The cause for the observable paradoxical hypersalivation under clozapine which can occur in spite of the anticholinergic effect remains unexplained.

The combination of clozapine and amisulpride with its overall good tolerability represents an option for reducing the sometimes inevitably high doses of a monotherapy, and the associated side effects, such as in our case with clozapine. In addition, making use of synergetic effects and in turn, improving the patients' compliance would be possible.

P0103

Evaluation of selection cognitive functions in patients with schizophrenia

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Working memory disturbances makes important role in etiopathogenesis and clinical pictures of schizophrenia.This study evaluated a selection of cognitive functions of patients with schizophrenia.

Material: Twenty nine schizophrenic patients (16 male and 13 female), aged 17-64 (mean 32) years, participated in this research.

Methods: Neuropsychological tests measuring working memory were performed in patients with schizophrenia: psychomotor speed (TMT A), visuospatial working memory (TMT B), verbal functions (Stroop Test and Verbal Fluency).

Results: Age of patients significantly correlated with prolonging the time of carrying out part A of TMT and the first part of the Stroop Test and correlated with smaller number of words in Verbal Fluency Test. The cognitive dysfunction is more prominent in patients in age above 35 years.

P0104

The role played by sleep disturbances in the etiopathogeny of psychotic symptoms

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Background and Aims: Several studies conducted in patients with schizophrenia, posttraumatic stress disorder, delirium tremens and sleep deprivation have put into light disturbances in sleep architecture and cerebral neurotransmission. In addition, clinical practice has emphasized the role played by the sleep deficit in triggering psychotic episodes in vulnerable individuals.The paper focuses on the role played by sleep disturbances in the etiopathogeny of psychotic symptoms in schizophrenia and other psychiatric disorders or organic states accompanied by perception disturbances.

Method: psychiatric disorders and organic states which share the presence of perception disturbances such as hallucinations, flashbacks, oniroid symptoms have been selected. Sleep disturbances that accompany these nosologic entities have been analyzed in correlation with biochemical changes in cerebral neurotransmission and with the effects of psychotropic drugs and of psychiatric comorbidity.

Results: disturbances in sleep architecture and duration represent an important link in the etiopathogeny of psychotic symptoms. These disturbances could be correlated with disturbances in cerebral neurotransmitters implicated in the pathogeny of psychosis (dopamine, serototnine, GABA).

Conclusions: sleep disturbances do not have to be regarded as an epiphenomenon; instead, they are an important link in the etiopathogeny of psychotic episodes. Keeping this in mind would play an important role in patient psycho-education aiming to prevent recurrences, and in scientific research oriented towards the development of new antipsychotic molecules.

P0105

Assertive community Treatment vs. Standard treatment: Hospitalisation frequency and duration, quality of life and functioning outcome

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Background and Aims: Repeated relapses and hospitalizations of patients with severe mental disorders reduce their quality of life and present a considerable burden on health care systems. Assertive community treatment(ACT) improves outcomes in patients with severe mental illness(SMI) with greatest risk for relapse and disability. In University Psychiatric Hospital Ljubljana assertive community treatment program started in the beginning of the 2006. In presented research first results of this program are assessed.

Methods: Two groups of patients with SMI were compared regarding hospitalization and functioning. The first group was discharged to standard outpatient treatment. The second group was included in ACT program described. Inclusion criteria were ICD 10 diagnoses F20-29 and at least two repeated hospitalizations in last year.

For each patient predicted hospitalization for one year was calculated and compared to the actual number of days spent in hospital in last year. In both groups functioning and quality of life were followed by repeated assessments with Health of the Nation Outcome Scale and Leicester Quality of Life questionnaires in 2007 for purposes of outcome measurements.

Results: Actual hospitalization periods are significantly lower in ACT group than in control group. The difference between ACT group actual and predicted hospitalization periods is significantly higher than in control group. Functioning and quality of life in three month follow up is higher and more stable in ACT group.

Conclusions: ACT prevents hospitalization, shortens the hospitalization periods and maintains the level of functioning in patients with severe mental illness with reoccurring hospitalizations and disability.

P0106

A comparision of switching strategies from risperidone to aripiprazole in patients with schizophrenia with insufficient efficacy/tolerability on risperidone (cn138-169)

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Background and Aim: To evaluate safety, tolerability and overall effectiveness of a titrated- versus fixed-dose switching strategy from risperidone to aripiprazole in a general practice setting.

Methods: This 12-week, multicentre, open-label study included patients with schizophrenia (DSM-IV-TR) experiencing insufficient efficacy and/or safety/tolerability issues while receiving risperidone for ≥6 weeks. Patients were randomized to titrated- or fixed-dose switching regimens.

Results: Discontinuations due to AEs were similar between titrated- and fixed-dose strategies (3.5% vs. 5.0%; p=0.448). Titrated- and fixed-dose groups showed improvements (Week 12) in mean PANSS Total scores (−14.8 vs. −17.2; LOCF), mean CGI-I scores (2.9 vs. 2.8; p=0.425; LOCF), ASEX scores (−1.5 vs. −1.9 from baseline; OC), serum prolactin levels (−48.7 vs. −48.5 from baseline; OC) and SWN scores (+8.6 vs. +10.3 from baseline; p=0.223; OC). POM scores indicated a preference for aripiprazole compared with risperidone using either regimen. Both strategies showed improvements (titrated-dose vs. fixed-dose; Week 12; LOCF) in social cognition as indicated by decreased GEOPTE patient (−5.3 vs. −6.1), caregiver (−5.4 vs. −9.9) and index scores (−5.1 vs. −9.8).

Conclusion: Switching to aripiprazole from risperidone can be effectively and safely achieved in a general practice setting through a slow down-titration of risperidone and either a titrated- or fixed-dose switching strategy for aripiprazole.

	Titrated dose (n=200)		Fixed dose (n=200)	
Study week	Aripiprazole (mg/day)	Risperidone	Aripiprazole (mg/day)	Risperidone
1	5	Current dose	15	Current dose
2	10	Current dose	15	Current dose
3	10	Half dose	15	Half dose
4	15	Half dose	15	Half dose
5	15	0	15	0
6–12	Flexible 10–30	0	Flexible 10–30	0

P0107

Erectile dysfunction and the role of phosphodiesterase-5 (PDE-5) inhibitors in schizophrenia. A brief review

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