

**Results:** The number of relapses was correlated with:

- a) The social abilities of the patients
- b) The ability to cope up with their disease
- c) Their age
- d) The duration of their previous hospitalizations
- e) The compliance with the suggested therapy
- f) The presence of positive psychiatric anamnesis in the patient's family
- g) The employment status

The duration of the relapses was correlated with:

- a) The social achievements of the patient
- b) Their employment status
- c) Their leisure time activities
- d) The frequency of their follow-ups
- e) The presence of positive psychiatric family background

**Conclusion:** The Ambulatory Mobile Unit plays an essential role in the number and duration of the relapses.

## P147

Functional adjustment of patients with first episode of schizophrenia – one year follow up

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The likelihood of a good symptomatic and functional outcome has varied over time and across place. The most likely explanation is that genetic and environmental factors that influence prognosis vary in a given population at a given time and thus affect disease outcome in that population. Some evidence suggests that outcome may have improved with the introduction of antipsychotics. In some studies better outcome is consistently found in developing compared to developed countries. It has been documented by the WHO International Pilot Study on Schizophrenia. Social-, cultural-, or biologically based differences between countries or even regions may significantly affect the severity of schizophrenia and in a certain way also the level of social functioning of schizophrenic patients.

There are several variables of the outcome of psychosis severity of clinical features, environmental factors (substance use disorders, pre and postnatal factors, etc.), genetic factors, death and disability.

Social functioning (social adaptation) can be measured by various tools - Global Assessment of Functioning Scale or by the level of employment, or the level of employment adequate to education of the patient.

We present a study on first episode patients (N=99) treated either with first or second generation antipsychotics during the period of 12 months after they were discharged from the hospital. All the patients were assessed regularly (0, 3, 6, 9, 12 month) with PANSS, CGI, GAF and the lever of their employment was also taken into account.

## P148

Analisis of the adherence of schizophrenic patients to therapeutic programmes

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**Background and aims:** Non-compliance increases risk of relapse, hospitalizations, and suicide attempts, which worsens patient's outcome. Adherence must be understood not only in terms of medication compliance but also adherence to Mental Health Therapeutic

Programmes. The aim of this project is to evaluate adherence of patients with Schizophrenia to programmed appointments with psychiatrist and the influence of several factors.

**Methods:** Descriptive 5-year study based on attendance to consultation programmed by a physician within a rural Community Mental Health center, Sub-analysis of compliance rate will be performed based on: gender, age, Schizophrenia subtype, disease evolution, time of evolution, either oral or long-acting neuroleptic medication, family characteristics, participation in Home Visit Programme (HVP). Within records obtained from Andalusia Mental Health Information System (S.I.S.M.A.), number of programmed consultations during last 5 years, non-attended consultations, evidence of medication abandon and previously mentioned factors, will be assessed.

**Results:** Characteristics of abandoning group.

- % non-attended visits is higher (18% vs. 11,5% of non-abandoning group).
- % patients under only oral treatment is higher (58% vs. 35,5% of non-abandoning group) and % under parenteral treatment is lower (42% vs. 64,5%).
- % Home Visits is lower (10,5% vs. 24% of non-abandoning group).
- Schizoaffective patients are more likely to abandon (44%) followed by residual schizophrenic patients (35%).

**Conclusions:** Actions to avoid patient's abandons include:

- Close follow-up of patients who start missing programmed appointments especially of schizoaffective and residual schizophrenic
- Parenteral treatment prescription.
- Enrolment to HVP.

## P149

Hyperprolactinaemia in patients with schizophrenia treated with risperidone or olanzapine, correlations with age of patients and length of treatment

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**Introduction:** The diagnosis of hyperprolactinaemia is made when raised serum prolactin levels are found on two separate occasions. Antipsychotics affect the hypothalamic dopamine system or pituitary dopamine receptors and can result in an elevated prolactin level. The aim of the study was to evaluate the prevalence of hyperprolactinaemia in patients with schizophrenia treated with either risperidone or olanzapine.

**Subjects:** Sixty patients with schizophrenia (DSM IV criteria) participated in this study. Their mean age was  $31.1 \pm 8.6$  years. They remained on regimens of risperidone (n=26) or olanzapine (n=34) monotherapy. Mean duration of treatment in risperidone group (RIS) was  $24.7 \pm 19.2$  months, in the olanzapine group (OLA) was  $17.0 \pm 11.3$  months.

**Methods:** Blood samples for analysis were fasting morning samples to evaluate prolactin (two measurements).

**Results:** In 92.3% treated with risperidone hyperprolactinaemia was detected and in 76.5% patients treated with olanzapine.

There was no positive correlation between a presence of hyperprolactinemia and age of patients treated with risperidone. Strong negative correlation was detected between hyperprolactinemia and age of patients treated with olanzapine. ( $r=-0.47$ ) ( $p<0.01$ ) hyperprolactinemia was more prevalent in younger patients.

There was strong negative correlation between prolactin levels and length of treatment in a group of patients treated with risperidone ( $r=-0.42$ ) ( $p<0.05$ ). Prolactin level was decreasing with longer treatment.

#### Conclusions:

1. Hyperprolactinaemia occurs with nearly same prevalence in patients treated with risperidone and olanzapine.
2. Hyperprolactinemia affects more younger people treated with olanzapine.
3. Level of prolactin decreases with longer treatment with risperidone, but not with olanzapine.

### P150

Subjective attitude towards antipsychotics and neurocognitive functions in schizophrenic inpatients

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**Objective:** This study aimed to examine the relationships between subjective attitudes towards antipsychotics and objective cognitive function in schizophrenia patients.

**Method:** The subjects of study were clinically stable schizophrenic patients (N=55) who were hospitalized in Naju National Hospital. They were grouped into positive (N=35) and negative drug attitude groups (N=20) by Drug Attitude Inventory (DAI-10). They were assessed using Positive and Negative Syndrome Scale, Calgary Depression Scale for Schizophrenia, Extrapyramidal Symptom Rating Scale, UKU side effect rating scale, Social and Occupational Functioning Assessment Scale and Subjective Well-being Under Neuroleptic Treatment. A battery of neurocognitive tests were also administered using Seoul Computerized Neurocognitive Function Test.

**Results:** Patients between positive and negative drug attitudes did not differ in social demographic and clinical characteristics. They also showed no differences in neurocognition tests except a subset of verbal auditory learning test.

**Conclusions:** These findings may indicate no associations between subjective drug attitudes and objective neurocognitive dysfunctions in schizophrenic inpatients. It suggests that subjective aspects measured by DAI may be a distinct dimension from objective neurocognitive profiles in terms of compliance.

### P151

Neuropsychological functioning in early-onset first-episode psychosis: lack of differences among diagnostic subgroups

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Cognitive impairment has been consistently described in adult-onset psychosis. A few studies have reported that cognitive impairment is present in early-onset schizophrenia. However, studies on other

psychoses are lacking and little is known about the potential specificity of cognitive impairment patterns among the differential sub-diagnoses.

**Aims:** 1) To examine the nature and extent of cognitive impairment in first-episode early-onset psychosis (EOP) and 2) To search for differential cognitive impairment profiles among the diagnosis subgroups.

**Methods:** This study describes the basal neuropsychological results of the child and adolescent first-episode psychosis study (CAFEPS), a Spanish multicenter longitudinal study. One hundred first-episode patients with EOP and 98 healthy controls underwent a comprehensive neuropsychological assessment. Three diagnostic categories were established: schizophrenia spectrum disorders (n=45), affective psychosis (n=28), and psychosis not otherwise specified (n=28). Baseline diagnoses were confirmed at a 6-month follow-up visit.

**Results:** Performance of patients was between 0.88 and 2 standard deviations below that of controls in all cognitive domains: attention ( $p<0.001$ ), working memory ( $p<0.001$ ), executive functioning ( $p<0.001$ ), and memory ( $p<0.001$ ). The three diagnostic subgroups did not differ from one another in terms of impaired/preserved cognitive functions and degree of impairment.

**Conclusions:** The pattern and degree of cognitive impairment in first-episode EOP patients is similar to that reported in first-episode adult-onset patients. Our results failed to identify significant differences among diagnostic subgroups at the onset of the illness. The longitudinal design of the present study will allow for identification of potential differences in the course of cognitive impairment.

### P152

Cognitive functioning in schizophrenic patients and their siblings

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**Background:** Recent years have seen a particular attention towards the research of particularities of cognitive processes in schizophrenia.

**Objectives:** This study aims to investigate neuropsychological impairment in schizophrenia patients and their siblings.

**Method:** Cognitive functioning in 30 schizophrenia patients, 30 unaffected siblings and 30 unrelated healthy controls was assessed using verbal fluency tests (letters and categories) and several computerized memory and executive function tests.

**Results:** The patients performed significantly poorer than controls on all cognitive tests. Unaffected siblings demonstrated better performance than patients on some measures of spatial memory and executive function, but the performance was worse than controls. Patients and siblings demonstrated impaired verbal fluency performance.

**Conclusions:** Patients with schizophrenia and their unaffected siblings shared a deficit in verbal fluency.

## Poster Session 1: ANTIPSYCHOTIC MEDICATIONS

### P153

Use of antipsychotic drugs in Lithuanian clinical practice

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