

Negative symptoms in psychosis are disabling and distressing. This is an area of substantial unmet medical need. Long term group work for patients with psychosis has important short and long term effects on positive and especially negative symptoms of psychosis. It improves the quality of life, compliance with treatment, social functioning and reduces the stigma of psychosis.

**Objective:** Four years of group work for outpatients with psychosis and its influence on various aspects, especially on negative symptoms in psychosis were evaluated.

**Methods:** A small group of 6 to 8 medicated patients is run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications is used. Patients should be intrinsically motivated and well prepared for group work.

**Results:** Better control and differentiation of the psychotic symptoms, emotions and improved social functioning were observed. Group situation affects and improves the negative symptoms of psychosis through several important group therapeutic factors €“ instillation of hope, universality, altruism, group cohesiveness, which has developed very slowly. Group members were able to manage transient worsening of their psychosis in an outpatient care.

**Conclusions:** With its progression of group work, we observed more honest and open conversation about symptoms and real life problems. The most frequent topics discussed were: psychotic symptoms, at the beginning mostly positive symptoms of psychosis, later on, with the progression of therapy members started to talk about the negative symptoms, interpersonal relations and stigma of psychosis.

## P0070

The importance of long term group therapy for diminishing the stigma of patients with psychosis

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**Objectives:** The stigma attached to mental illnesses is the main obstacle to better mental health care and to better quality. It affects the priority which is given to the development of mental health services and makes the discipline less attractive than others to the medical graduate in search for career. It prevents timely contact of the person suffering from a mental illness with mental health services and makes rehabilitation exceedingly difficult.

Psychosis is a highly stigmatised condition. Our clinical experience with long term groups of patients with psychosis have shown that long term group therapy has an important destigmatising role.

**Methods:** A small group of 6 to 8 medicated patients is run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications is used.

**Results:** In the early phases of group work stigma was manifested as drop-out of at least two members. With the development of group cohesiveness the group started talking about stigma. A feeling of universality in group work is often a fundamental destigmatising step.

**Conclusion:** Patients fear that their symptoms could be unique. Talking about the psychotic symptoms and feelings helps to differentiate them. Improved control over the problems and their life has an important destigmatising power. Group therapy has a destigmatising role through several group therapeutic factors, especially feelings of

universality, altruism and group cohesiveness. Subsequently, patients with psychosis start using their healthier parts and experience less stigma.

## P0071

Suicide attempts of schizophrenia patients: A case-controlled study in tertiary care

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**Background:** schizophrenia is one of the mental illnesses with the highest risk of suicide, with very high rates of suicide attempts and suicidal ideation. However data regarding suicide attempts by schizophrenia patients is scarce. In this study a large sample of schizophrenia patients who had attempted suicide was characterized.

**Method:** a fifteen year retrospective analysis of all records of adult patients suffering from schizophrenia admitted to our center was conducted. The index group (N=1094) was comprised of patients who had attempted suicide; the comparison group (N=1094) was comprised of the next admission of a patient suffering from schizophrenia who did not attempt suicide prior to hospitalization.

**Results:** the index group consisted of 380 women and 714 men, with a mean age of 39.6 + 12.9 years. The comparison group consisted of 302 women and 792 men, with a mean age of 42.9 + 13.7 years. Four variables were identified as significantly differentiating between groups: Patients who had attempted suicide were younger (39.6 vs 42.9 years; p = 0.00), had a higher percentage of females (34.7% vs 27.6%; p = 0.00), with increased rates of co-morbid physical illness (27.5% vs 20.4%; p = 0.00) and with a higher rate of substance abuse (32.1% vs 12.4%; p = 0.00).

**Conclusions:** this study brings attention to some significant factors associated with attempted suicide amongst schizophrenia patients, especially physical co-morbidity and substance abuse. In order to decrease adverse outcomes in this group of patients these variables should be addressed in risk assessment schemes.

## P0072

SMS in the outpatient treatment of schizophrenia: Feasibility and acceptance

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**Background:** In schizophrenia treatment-compliance is a strong predictor of outcome, it depends on a longer lasting therapeutic alliance. SMS (Short Message Service) sent via mobile phones is an adequate tool to establish therapeutic contingency as was shown in a study on bulimia. This programme compliments outpatient treatment and is based on an exchange of SMS-messages between patient and therapist. On a weekly basis, patients supply information on subjective well-being, sleep, social contacts, and attitude towards medication. The patient's status is then rated as improved, deteriorated, or unchanged compared to the previous week and an adequate feedback message is sent. The study aimed at assessing feasibility and acceptance of this intervention in schizophrenia patients.

**Methods:** Thirty-six patients during inpatient-treatment for diagnoses of schizophrenia and schizoaffective disorder were screened and found eligible for participation. Those who agreed to participation were assessed with the SCID for DSM-IV and received instructions towards the use of the programme, which started after discharge and was designed to last for 4 months in addition to outpatient-treatment as usual.

**Results:** Eight patients agreed to participation (7 male, 1 female, mean age 29 years), six of whom dropped out during the first three weeks, and only one patient completed the study.

**Conclusion:** In the presented study, patients suffering from schizophrenia showed a low acceptance rate of additional SMS support complimenting their regular outpatient-treatment. As opposed to our hypothesis and contrary to experiences with bulimia patients integrating an SMS intervention into the treatment of schizophrenia does not seem feasible.

### P0073

Psychoeducation and knowledge gain in patients with schizophrenia under mono- and combined antipsychotic therapy: Comparison of amisulpride vs. other atypicals

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**Background:** Under naturalistic conditions the influence of monotherapy versus combined therapy on the outcome of psychoeducation was to be investigated. As amisulpride has a very positive receptor profile and causes no sedation, it was of interest to which degree amisulpride has a positive influence on knowledge gain in comparison to other atypicals.

**Methods:** In-patients with schizophrenia (ICD -10: F2) under therapy with atypicals. 8 psychoeducational group sessions; indication for groups independent of psychopathology, insight and compliance. Medication with atypicals non restricted.

**Results:** 94 patients (47% female, 35 years), 40 % (38 of 94) were treated at discharge with a monotherapy and 60 % with a combination of atypicals. PANSS monotherapy at admission: 74; at discharge: 49. Patients with combination therapy had significantly higher values: 92 at admission and 66 at discharge ( $p < 0.001$ ). Knowledge-gain was comparable; monotherapy group: Mean = 6,0 (SD 6,5); combination therapy: Mean = 6,9 (SD 12,4) (n.s.). 23 % (22 of 94) got amisulpride (5 in monotherapy and 17 in combination). Concerning safety profile and therapeutic effectiveness the non-inferior hypothesis could be confirmed. Patients with monotherapy of amisulpride at discharge had a mean knowledge gain of 10.7; that was higher than the mean knowledge gain of 6.5 of all patients (n.s.).

**Conclusions:** Monotherapy with atypicals was only possible among 40 %. Psychoeducation is efficient for severely ill patients with combined therapy as well. Amisulpride monotherapy showed a knowledge-gain higher than the average atypicals. For patients with high expectations concerning rehabilitation, a monotherapy with amisulpride seems to be useful.

### P0074

Caregivers in the treatment of management

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Through the process of dehospitalisation, the number of in-patient beds in all psychiatric hospitals in the western part of the world has been reduced to 10-20% of those at the beginning of the 20th century. Though outpatient services have expanded to a high degree, the main burden of the psychosocial treatment still fell upon relatives. Most of these nursing families were poorly informed regarding their new duties. Thus many families were overstrained and not able to fulfill their function as "co-therapists"

Because of the prevalence of overstrained families with dysfunctional behaviour, the EE-concept was developed in the sixties (Brown et al 1964). Through family therapeutic interventions, relatives were systematically educated and integrated into long term rehabilitation concepts. In this way, the stigma of the "HEE"- relatives was changed (Bebbington et al 1994; Schulze-Mönking 1994; Möller-Leimkühler 2008). In the meantime, the engagement of family members can be viewed as an important resource and not merely as a stress factor which is to be reduced (Pitschel-Walz, Bäuml et al 2001). In this context, psychoeducation is a very effective measure to inform family members of the background of the illness and the most important treatment elements. So they learn to have better communication with less stress and more helpful interactions. Through the establishment of a worldwide network, relatives are encouraged to cooperate with professionals and politicians to improve the living conditions of their patients. In this lecture, the historical background and actual findings concerning the empowerment of the relatives will be presented.

### P0075

Delay of left hemisphere in processing information in schizophrenia?

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**Background:** Several neuroimaging studies have shown impaired microstructural integrity of corpus callosum in schizophrenia, which may support inter-hemispheric misconnection. However, functional connectivity has rarely been investigated in schizophrenia.

**Objectives:** To explore inter-hemispheric communication in a sample of patients with schizophrenia in comparison to healthy controls.

**Methods:** Twenty-five patients with schizophrenia and forty-one healthy controls were studied. Subjects were asked to press a key with the index-finger of their right or the left hand as quickly as possible following appearance of either a single or a double stimulus. Two measures were calculated: the difference between manual reaction times (RT) after the presentation of single stimuli to the ipsilateral (uncrossed response) or contralateral (crossed response) visual hemifield (the so-called Poffenberger Paradigm), as a measure of interhemispheric transfer time (ITT), and the difference between double and single stimuli (the Redundant Target Effect, RTE), as a measure of interhemispheric integration.

**Results:** Overall, patients with schizophrenia responded faster with the left than with the right hand (Paired sample t-test  $p = 0.019$ ). Importantly, in schizophrenics there was no group difference in ITT but there was a significantly enhanced RTE.