

Results: Sexual dysfunction occurred in majority of patients. Patient with sexual dysfunction reported significantly lower ratings on global quality of life.

Conclusions: People with schizophrenia report high rates of sexual dysfunction. The overall importance of sexuality in the lives of patients with schizophrenia is suggested by significant inverse relationship between sexual dysfunction and global quality of life ratings.

P0215

Dissociation in patients with schizophrenia: Relationships with childhood trauma and psychotic symptoms

I. Schafer, B. Reitemeier, L. Langer, V. Aderhold, T. Harfst.
University of Hamburg, Department of Psychiatry, Hamburg, Germany

Background and Aims: Only few studies have investigated the relationship between childhood trauma and dissociative symptoms in patients with schizophrenia spectrum disorders. Moreover, most of the existing studies did not pay attention to potential relationships between dissociation and psychotic symptoms.

Methods: We examined 103 consecutively admitted patients with schizophrenia spectrum disorders using the Childhood Trauma Questionnaire (CTQ), the Dissociative Experiences Scale (DES) and the Positive and Negative Symptom Scale (PANSS). Relationships between dissociative symptoms, childhood trauma and psychotic symptoms were examined at admission (t0) and when patients were stabilised (t1).

Results: The DES mean score decreased significantly between t0 and t1 ($M=20.1$ vs. $M=14.5$). When patients were stabilized, sexual abuse, physical abuse, emotional abuse and the CTQ total score were significantly correlated with the DES total score ($r=.36^{**}$, $r=.20^*$, $r=.28^{**}$, and $r=.32^{**}$) and different subscales of the DES, most strongly with the amnesia subscale. The amnesia subscale of the DES also showed significant correlations with physical neglect ($r=.28^{**}$). At t1, positive symptoms as measured by the PANSS were correlated with the depersonalisation subscale of the DES ($r=.24^*$). No relationship existed with negative symptoms.

Conclusions: Our results confirm the relationships between childhood trauma and dissociation in patients with schizophrenia spectrum disorders. Furthermore, they suggest a relationship between dissociation and positive, but not negative psychotic symptoms.

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Magnetic resonance imaging of the frontal lobe in twins with schizophrenia

A. Schmechtig, M. Picchioni, U. Ettinger, V. Kumari, K. Matsumoto, N. Van Haren, N. Marshall, M. Hall, K. Schulze, T. Touloupoulou, N. Davies, T. Ribchester, S. Williams, P. McGuire, R. Murray.
Institute of Psychiatry, King's College London, London, UK

Background and Aims: Neurocognitive and functional neuroimaging studies point to frontal lobe abnormalities in schizophrenia. Molecular and behavioural genetic studies suggest that the frontal lobe is under significant genetic influence. We carried out structural magnetic resonance imaging (MRI) of the frontal lobe in monozygotic (MZ) twins concordant or discordant for schizophrenia and healthy MZ control twins.

Methods: The sample comprised 21 concordant pairs, 17 discordant affected and 18 discordant unaffected twins from 19 discordant pairs, and 27 control pairs. Groups were matched on

sociodemographic variables. Patient groups (concordant, discordant affected) did not differ on clinical variables. Volumes of superior, middle, inferior and orbital frontal gyri were calculated using the Cavalieri principle on the basis of manual tracing of anatomic boundaries. Group differences were investigated covarying for whole-brain volume, gender and age.

Results: Results for superior frontal gyrus showed that twins with schizophrenia (i.e. concordant twins and discordant affected twins) had reduced volume compared to twins without schizophrenia (i.e. discordant unaffected and control twins), indicating an effect of illness. For middle and orbital frontal gyrus, concordant (but not discordant affected) twins differed from non-schizophrenic twins. There were no group differences in inferior frontal gyrus volume.

Conclusions: These findings suggest that volume reductions in the superior frontal gyrus are associated with a diagnosis of schizophrenia (in the presence or absence of a co-twin with schizophrenia). On the other hand, volume reductions in middle and orbital frontal gyri are seen only in concordant pairs, perhaps reflecting the increased genetic vulnerability in this group.

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Co-occurrence of childhood trauma and adult psychosis: A picture of co-morbidity

A. Schneeberger^{1,2}, K. Muenzenmaier^{1,2}, D. Castille^{3,4,5}, B. Link^{4,5}.
¹Montefiore Medical Center, Bronx, NY, USA ²Albert Einstein College of Medicine, Bronx, NY, USA ³New York State Office of Mental Health, New York, NY, USA ⁴Columbia University Department of Epidemiology, New York, NY, USA ⁵New York State Psychiatric Institute, New York, NY, USA

Introduction: The deleterious effects of childhood trauma are widely known and documented in community samples. Recent studies have shown higher rates of childhood traumatic events in the psychiatric population. These studies suggest that men and women who have experienced childhood trauma and who have severe psychiatric symptoms reliably report their own experiences.

Methods: Men and women, ($n=184$) between the ages of 18-65 years with a history of serious mental illness, capacity to give informed consent, and either English or Spanish fluency, were recruited from various outpatient clinics in New York City. Concepts measured focused on the themes of abusive experiences (psychological abuse, physical abuse, sexual abuse, and witnessing domestic violence) and dysfunctional household environment (substance abuse, mental illness, criminal imprisonment of family member). Data were analyzed in SPSS 13.0 using basic descriptive statistics and linear regression models.

Results: Men (70 or 67.3%) reported nearly twice the rate of physical abuse (30.9%) reported by females ($P<.001$). Of the men and women in the sample, 26.8% reported having had the childhood experience of sexual and physical abuse. A very small percentage of the sample population reported sexual abuse without accompanying physical abuse (11.6%). Psychiatric co-morbidity was assessed with different screening methods including positive and negative psychotic symptoms, PTSD, dissociative symptoms and affective disorders.

Conclusion: The results suggest a close interaction between repetitive childhood trauma and the complexity of symptoms. A re-conceptualization of the diagnostic criteria as complex PTSD is needed to explain this phenomenon.