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S50.03

First Episode Psychosis: Primary care experience and implications to service development

M. El-Adl, J. Burke, K. Little. *Northamptonshire Healthcare NHS Trust, Northampton, United Kingdom*

Background: First episode psychosis (FEP) studies show that average time between onset of symptoms and first effective treatment is often one year or more¹. This long duration of untreated psychosis (DUP) is undesirable for various reasons:

- Early treatment helps minimise the risk of serious consequences^{2,3}
- Shorter DUP is associated with better clinical response.⁴
- Early results suggest that early intervention in psychosis (EIP) service is more cost effective than generic services.⁵

The attitude to treatment of ‘Psychosis’ has recently changed from focusing on severe and enduring mental illness to include early intervention.¹⁰ New terms appeared including duration of untreated psychosis (DUP) from onset of positive psychotic symptoms until starting treatment and duration of untreated illness (DUI) from onset of prodrome until starting treatment.¹¹

Aim: To access the local Primary Care experience of FEP before developing the local EIP service.

Method: A confidential questionnaire consisted of 8 questions sent by the Clinical Governance Support Team (CGST) to all Northamptonshire GPs requesting response within 3 weeks.

Main results: Response rate is 43% (123 GPs responded out of 284). GPs are less likely to start treatment of FEP. FEP are less likely to ask for a psychiatric referral but more likely to accept if offered by GP. 53% of GPs tend to refer all FEP cases to psychiatric service & 43% only refer those who request/accept referral. 74% of GPs agreed that EIP service was needed, 21% were unsure The likely causes of delayed referral of FEP by GPs: Patients disengaging, stigma, difficulty accessing psychiatric service, carers’ lack of knowledge and diagnostic uncertainty.

Conclusion: FEP patients are less likely to ask for referral to psychiatric service but likely to accept if offered. The likely causes for FEP delayed referral to psychiatric service: patients disengaging, stigma, carers’ lack of knowledge, service is difficult to access or inappropriate and diagnostic uncertainty. GPs need to be adequately informed about EIP & their important role to achieve this.

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S50.04

The wheel of compliance in schizophrenia

A. Shoka. *North Essex Mental Health Partnership NHS Trust, Clacton and District Hospital, Essex, United Kingdom*

Successful treatment of most chronic illnesses has been complicated by the difficulty in taking medication continually over an extended period of time. Partial or non compliance is not a unique problem for most psychiatric disorders, however, for psychotic disorders, the estimated rate of non-compliance may be as great as 80%.

Compliance is not an all or nothing phenomenon, patients are often “partially compliant” . Compliance is best understood in a dimensional rather than categorical way. Non-compliance can be either overt or covert. There has always been a discrepancy between level of estimation of compliance among patients and clinicians with tendency to either over or under estimate the magnitude of the problem.

Non-adherence in schizophrenia is a major preventable cause of morbidity with significant personal, social and economic costs. Compliance is of a particular importance in those patients who are experiencing their first psychotic or bipolar episode.

Up to 80% of patients with schizophrenia fail to comply with their medication regimen at some point during the course of their treatment. Early warning signs of such partial compliance may be confused by some clinicians with non-response to treatment and may result in switching to alternative oral antipsychotic medication, adding adjunctive medication or even worse in the form of relapse or hospitalization.

There are some effective and comprehensive strategies which can improve adherence to medication ranging from psycho-education to relapse prevention and the specific compliance therapy. Depot antipsychotic medication has several advantages over oral medication though they still have an image problem.

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S51. Symposium: WHY LONG-TERM MEMORY IS A KEY FEATURE OF SCHIZOPHRENIA

S51.01

Autobiographical memory: What have we learned from brain imaging studies

P. Fossati^{1,2}. ¹ *CNRS UMR 7593 and Department of Psychiatry, Paris, France* ² *GH Pitié-Salpêtrière, Paris, France*

Autobiographical memory retrieval (AMR) engages a set of processes including episodic and semantic memory, visual imagery, self-reflection, emotion, and executive functions. Neuroimaging studies have shown that a large left lateral and medial neural network is associated with AMR: hippocampus and parahippocampal regions, temporo-parietal junction, retrosplenial cortex, medial and lateral prefrontal cortex. Among this neural network two regions have been the main focus of interest: the hippocampus and the medial prefrontal cortex (MPFC).

Classical models suggest that the hippocampus contributes temporarily to the consolidation of memory. Long-term remote memories could be accessed directly via the neocortex and independently of the hippocampus. Neuroimaging findings support an alternative model and suggest that medial temporal structure binds neocortical representation into a memory trace. The activation of hippocampal region may be independent of age of acquisition of the event but may depend on the vividness, amount of detail and emotionality of the event recalled.

Autobiographical memory and the self are closely linked. Numerous imaging studies have implicated the MPFC in self-referential processing during AMR. The MPFC could be related to the retrieval of personal semantic knowledge as well as episodic personal knowledge. The MPFC is also involved in emotion regulation, social cognition and theory of mind. Taken together these findings suggest that within the AMR network, MPFC and hippocampus are good brain targets for understanding the pathophysiology of schizophrenia.

S51.02

Evidence of long-term memory impairment in schizophrenia

J.M. Danion. *Strasbourg, France*

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S51.03

Long-term memory and visuospatial navigation

A.A. Ledoux¹, F.L. Rousseau². ¹ *School of Psychology, University of Ottawa, Ottawa, ON, Canada* ² *Schizophrenia Program, Royal Ottawa Mental Health Center, Ottawa, ON, Canada*

Background and Aims: Long-term memory is normally assessed with traditional measures such as the Wechsler memory scale. However, these measures might not fully capture individuals' daily experiences. Long-term memory system has three separate information components: 1) encoding; 2) storage; and 3) retrieval. These three processes are thought to occur in the hippocampal formation. One of the main functions of the hippocampus is to construct and maintain spatial maps of the environment. In fact, when the hippocampus is selectively lesioned, humans present severe spatial memory deficits. The right hippocampus is involved in allocentric object location memory (objects that are part of the environment) and finding one's way through complex environments. This part of the hippocampus is activated during physical navigation. The left hippocampus is activated during the retrieval of memory of navigation. It seems that the visuospatial model requires the encoding, binding and retrieval of an event and its context. Given these findings, visuospatial navigation tasks likely explore long-term memory. In fact, visuospatial navigation can be considered as a valid surrogate for long-term memory and a good probe to activate the hippocampal formation. Neuroimaging studies have greatly improved the literature by providing confirmatory evidence that the hippocampus, together with the parahippocampal and posterior parietal cortices, are engaged in visuospatial

navigation. Further, there is evidence from neuroimaging studies that the hippocampus is involved during complex navigational situations. The usefulness of visuospatial navigation as a measure of long-term memory will be discussed.

S51.04

Exploring long-term memory and the hippocampus using functional magnetic resonance imaging

J.L. Phillips. *University of Ottawa Schizophrenia Research Unit, Institute of Mental Health Research, Ottawa, ON, Canada*

During the past few decades, the schizophrenia cognitive literature has focused mainly on executive functions, a cluster of cognitive brain functions involved in attention, planning, sequencing, decision making, initiating and inhibiting behaviors which are associated with the prefrontal cortex. Emerging evidence, however, indicates that long-term memory, associated with the temporal lobes, is an equally, if not more salient feature of the impaired cognitive profile of schizophrenia. Evidence of impaired encoding relative to spared post-encoding, and an apparent dissociation between the levels of impairment of explicit and implicit memory processes, provides further indication that the long-term memory deficits of schizophrenia are mediated primarily by the medial-temporal lobes rather than other cortical structures. Functional magnetic resonance imaging (fMRI) has been used to investigate the neurobiological basis of long-term memory deficits. Data from these studies have confirmed the role of the frontal, medial and inferior temporal regions in the memory dysfunctions observed in patients. Further, research suggests that memory strategies used by individuals with schizophrenia might be impaired as a result of the disturbance of the functional connectivity of prefrontal and temporal-limbic structures. In order to identify the unique contribution of the temporal lobes to the long-term memory deficit of schizophrenia, fMRI studies must focus on memory tasks which specifically elicit activation in this brain region.

S51.05

The clinical implications of the long-term memory impairment of schizophrenia

P. Boyer. *Ottawa, ON, Canada*

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W16. Workshop: IMPULSE CONTROL DISORDERS: ASSOCIATION WITH OBSESSIVE COMPULSIVE DISORDER AND IMPULSIVITY

W16

Impulse control disorders: association with obsessive compulsive disorder, addiction and impulsivity

I. Iancu¹, K. Lowengrub², P.N. Dannon³, G. Anholt⁴, C. Alter⁵.
¹ *Department of Psychiatry B, Beer Yaakov Hospital, Beer Yaakov, Israel* ² *Rehovot Community Clinic, Rehovot, Israel* ³ *Tel Aviv University, Tel Aviv, Israel* ⁴ *Department of Clinical Psychology, University of Amsterdam, Amsterdam, The Netherlands* ⁵ *Hôpital Paul Brousse, APHP Villejuif, Villejuif, France*