thoughts that are not your own) to 18.4% (The idea that you should be punished for sins); paranoid symptoms were reported in 24% (Having ideas that other do not share) to 50.3% (Feeling that most people cannot be trusted). In linear regression analyses, younger age, single or divorced marital status, past history of a psychiatric illness, and current psychological distress (as measured by GSI score in SCL90-R) were associated with psychoticism dimension, whereas female sex, past history of a psychiatric illness, current psychological distress and recent stressful life events contributed to paranoid ideations.

Conclusions: A considerable proportion of a sample in an urban population in Iran displayed psychotic-like experiences. Correlates of these experiences are similar to those observed for psychiatric problems in general, and does not appear to be specific for psychotic spectrum.

P0225

Reducing duration of untreated psychosis (DUP) within early intervention services: Potential and pitfalls

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Background: Duration of untreated psychosis (DUP) is considered an important predictor of short-term clinical outcome. Early intervention in psychosis services aim to deliver effective intervention as close as possible to the emergence of psychosis, thereby reducing DUP and promoting early and enduring recovery.

Methodology: A literature review was conducted to explore the evolution of the concept of DUP, synthesise the evidence for its predictive value, compare instruments used to measure DUP and assess the psychometric properties of the Nottingham Onset Schedule (NOS) as a measure of DUP.

Results: Identifying time points when psychosis emerges and remits are conceptually ambiguous and clinically difficult to ascertain. Most DUP measures do not take this ambiguity into account and introduce spurious precision in DUP measurements. Mean DUP therefore varies widely between studies, from 25 weeks to over 700 weeks. The relationship between long DUP and poor outcome is also confounded by an interaction between premorbid dysfunction, insidious onset, delayed help-seeking and poor clinical course. A new instrument, the Nottingham Onset Schedule (NOS) is a relatively simple, clinician friendly scale to measure DUP and has been well-validated.

Conclusions: A standardised measure of DUP is a vital first step to allow comparisons between studies. The NOS provides a standardised and reliable way of recording early changes in psychosis and identifies relatively precise time points for measuring several durations in emergent psychosis. Early intervention services can only reduce DUP if early detection is an inherent part of the service

P0226

Acute and transient psychotic disorders: Do ICD-10 criteria identify a distinct category?

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Background and Aims: The Kraepelinian division of endogenous psychoses does not satisfactorily account for Acute and transient psychotic disorders (ATPD), which have been reported world-wide.

Methods: All patients with first-episode psychosis identified in Nottingham between 1992-1994 and diagnosed using ICD10 criteria were reassessed three years later. ATPD outcomes were compared with schizophrenia and affective psychosis. Multivariate analyses were conducted to determine whether acute onset and early remission predicted favourable outcome in first episode psychosis.

Results: Of 168 cases of first-episode psychosis, 32 (19%) received an intake diagnosis of ATPD. At three years ATPD diagnosis was stable only in women. ATPD outcomes were better than schizophrenia and similar to affective psychosis. Overall, in non-affective psychoses, favourable outcomes were a function of gender and good premorbid functioning rather than acute onset and early remission.

Conclusions: ICD-10 ATPD criteria identify a diagnostically unstable group of disorders. Acute onset and early remission per se do not independently predict favourable outcome in first episode psychosis. Alternative definitions and criteria for ATPD, including operational criteria for acute onset will be discussed.

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P0227

Acute and transient psychotic disorders: Precursors, epidemiology, course and outcome

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Background: ICD-10 delineates Acute and Transient Psychotic Disorders (ATPD, F 23) as distinct from schizophrenia and affective psychosis. We investigated the descriptive epidemiology of ATPD and predictive validity of the diagnosis, compared its three-year outcomes with affective psychosis and schizophrenia, and explored whether acute onset and early remission identify a distinct good outcome subgroup in non-affective psychoses.

Method: Between 1992-1994, all first-episode psychosis patients in Nottingham were identified and assigned an intake ICD-10 diagnosis. Patients were assessed three years later using established outcome measures and longitudinal diagnosis assigned. Multivariate analyses were conducted to determine whether acute onset and early remission predicted favourable three-year outcome in non-affective psychotic disorders.

Results: Of 168 cases of first-episode psychosis, 112 received an intake diagnosis of non-affective psychoses (F20-29) and 32 (19%) of ATPD (F23). ATPD diagnosis was stable in women over three years, but not in men. Outcomes of ATPD were better than schizophrenia and similar to affective psychosis. In non-affective psychoses, favourable outcomes were a function of gender and good premorbid functioning rather than acute onset and early remission.

Conclusion: ICD-10 ATPD criteria identify a diagnostically unstable group of disorders consisting of 'good outcome' schizophrenia, affective psychosis and a very small group of 'true' non-affective,

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non-schizophrenic acute and transient psychoses. Although ATPD have a better outcome than schizophrenia, in non-affective psychoses, acute onset and early remission do not independently predict favourable outcome over three years.

P0228

Negative symptoms and quality of life: A randomized, 196-week, double-blind study of ziprasidone versus haloperidol

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Background and Aims: To evaluate long-term treatment with ziprasidone versus haloperidol (up to 196 weeks), as assessed by PANSS negative score and and its association with quality-of-life (QLS).

Methods: The study included two treatment periods: (i) a 40-week, randomized, double-blind phase comparing ziprasidone (ZIP 80-160 mg/d given BID, N=227; ZIP 80-120 mg/d given QD, N=221) versus haloperidol (HAL 5-20 mg/d, N=151), followed by (ii) a 3-year, double-blind extension phase on the same double-blind medications (ZIP BID N=72, ZIP QD N=67, and HAL N=47, respectively). We adapted the Andreasen et al. approach to define negative symptom remission based on attainment of a score $\leq$3 (mild or less) for at least 6 months on all 7 PANSS negative symptom items. MMRM and GEE models were applied to analyze mean changes in PANSS negative, negative symptom remission rate, and QLS scores over time.

Results: In the 40-week core study, ziprasidone was associated with greater improvement in efficacy and QLS outcomes than haloperidol, but the differences were not statistically significant ($p>0.05$). However, MMRM analysis of PANSS negative and QLS scores over 196 weeks demonstrated differential treatment effects favoring ziprasidone (80-160 mg/d BID vs. haloperidol) (all $p<0.05$). Ziprasidone-treated subjects (given BID) were significantly more likely to achieve negative symptom remission (46%) than haloperidol-treated (32%) subjects ($p<0.05$) during the continuation phase; while ziprasidone given QD (46%) showed a trend to enhanced remission ($p<0.08$).

Conclusions: These findings support the potential for enhanced social and functional outcomes during long-term treatment with an atypical antipsychotic agent.

P0229

Tobacco abuse in patients with schizophrenia-first generation vs. second generation antipsychotics treated patients: Results of the clinical study

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Background: Tobacco smoking is leading preventable cause of death in the United States. High prevalence of cigarette smoking was reported among individuals with mental illnesses, and it is extremely high among patients with Schizophrenia. Aims of this paper were to establish frequency of cigarette smoking among patients with Schizophrenia and determinate the difference in frequencies of smoking among patients with Schizophrenia treated with second generation antipsychotics versus first generation antipsychotics treated group.

Methods: Study included 60 patients with Schizophrenia treated with antipsychotics for period of six months or longer. Experimental group included 30 patients treated with second generation antipsychotics, and control group included 30 patients treated with first generation antipsychotics.

Results: In this sample was 75% smokers, and out of this 46.6% consume up to 20 cigarettes per day, 40% consume 20 to 40 cigarettes, 8.8% between 40-60 cigarettes, and 4.4% consume over 60 cigarettes per day. There was no significant differences between groups of patients treated with first and second generation antipsychotics.

Conclusion: Tobacco smoking is very frequent among patients with Schizophrenia. In this study we did not found significant difference in frequency of tobacco smoking between groups of patients treated with first and second generation antipsychotics.

P0230

ITAREPS: Information technology aided relapse prevention programme in schizophrenia. A two-year mirror design follow up evaluation

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ITAREPS presents a mobile phone-based telemedicine solution for weekly remote patient monitoring and disease management in schizophrenia and psychotic disorders in general. The programme provides health professionals with home telemonitoring via a PC-to-phone SMS platform that identifies prodromal symptoms of relapse, to enable early intervention and prevent unnecessary hospitalizations. Its web-based interface offers the authorized physician a longitudinal analysis of the dynamics and development of possible prodromes. Previous one-year clinical evaluation of the programme effectiveness in 45 patients with psychotic disorder showed significant 60% decrease in the number of hospitalizations.

This work presents data from a two-year mirror-design follow-up evaluation of the programme's clinical effectiveness in 100 patients with psychotic illness.

P0231

A comparison of treatment-emergent diabetes among atypical and typical antipsychotic users

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Background and Aim: To compare the risk of treatment-emergent diabetes(TED) in schizophrenic patients treated with atypical(AAP) versus typical(TAP) antipsychotic medications.

Methods: We conducted a retrospective database analysis on episodes of care initiated after 1/1/2000 using data from the California Medicaid program. We included episodes for patients 18 years or older with schizophrenia who switched medications with a minimum

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