not ziprasidone exhibited sustained weight gain and deleterious metabolic effects.

P45.35

Patient knowledge about schizophrenia and treatment compliance

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Patient non-compliance is the main cause of relapses in schizophrenia, responsible for at least half of rehospitalizations. The aim of the study was to evaluate patient compliance with pharmacotherapy in the six months prior to schizophrenic relapse. The second step was a determination of the relationship between treatment compliance and patient knowledge about the disease. Studied group was composed of 60 patients with the diagnosis of paranoid schizophrenia (according to DSM-IV) admitted to psychiatric departments due to relapse. Data were collected by constructed questionnaires. Detailed information about the compliance with pharmacotherapy was obtained from patients, their families and doctors. Medical documentation was revised. Patient knowledge about schizophrenia was examined after mental state stabilization. 51.7 % of participants did not comply properly with the pharmacotherapy in the six months prior to relapse. Patient knowledge areas important for a proper treatment compliance, based on the comparison of groups with good and poor compliance, are the following: causes of the disease, the everyday health-promoting habits, patient–doctor cooperation and the pharmacotherapy rules.

P45.36

Neuropsychological function in schizophrenia

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Neuropsychology is the scientific study of the relationships between brain functions and behavior. In the neuropsychological domain within the HUBIN project data from patients and healthy controls are collected, concerning fundamental psychological functions such as attention, learning and memory, as well as more complex functions such as planning, problem solving and behavior control: executive functions. The first aim of this domain is the collaboration with other projects within HUBIN (genetics, MRI, and others) in order to collect neuropsychological data in patients and controls, which then will be analyzed in relation to genetic, brain morphological and other data from the different projects. Data are mainly the results from psychological tests. Patients with schizophrenia are known to exhibit different types of neuropsychological impairments, which has been shown to be more important for functional outcome than symptom type and symptom intensity during the psychotic episodes. The clinical importance of neuropsychological function thus is well established. Neuropsychology also contributes to the theoretical understanding of the emergence of psychotic symptoms, within the framework of the vulnerability-stress-model, where neuro-psychological impairments are regarded as factors of vulnerability. The results from patients and controls in standardised neuropsychological tests of attentional, cognitive and executive functions will be presented and relationships with other data domains in the HUBIN data base will be discussed.

P45.37

Gender and clinical symptoms in schizophrenia

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Objective: There is evidence that the presentation and clinical course of schizophrenia differs between men and women. The aim of this study is to address the question of whether there are gender differences in clinical symptoms and functioning among first-admitted (FA) or relapsed (RE) acute schizophrenic inpatients.

Methods: Twenty-eight FA (1 7 men, 1 1 women) and fifty-two RE (3 3 men, 19 women) schizophrenic patients consecutively admitted at Eginition Hospital, Athens, were included in the study. All patients were diagnosed on the basis of DSM-IV criteria. Patients were assessed on admission using the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning Scale (GAF). There were no statistically significant differences between men and women schizophrenics regarding age, education, employment status, reason of admission and duration of illness.

Results: Men and women FA schizophrenics were differentiated in that women schizophrenics more often presented with passive-apathetic social withdrawal (45% vs 12%, $p<0.05$). There were no significant differences between male and female FA or RE acute schizophrenic inpatients regarding the severity of positive, negative or general symptoms, the frequency of symptoms or the level of functioning.

P45.38

Plasma concentrations of amino acids in chronic schizophrenics

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Objectives: Peripheral amino acid changes have been reported in schizophrenia, but results are not consistent. We measured serum levels of different amino acids in schizophrenic patients before and after clozapine treatment.

Methods: Eleven neuroleptic resistant schizophrenics and 11 age- and sex- matched healthy controls were included in the study. Patients were treated with clozapine (mean + SD daily dose 318 + 130 mg). Aminoacid plasma levels were measured by high-performance liquid chromatography.

Results: Schizophrenic patients exhibited significantly higher levels of serum aspartate, glutamate, isoleucine, istidine and tyrosine, significantly lower concentrations of serum asparagine, tryptophan and scrine. In patients, the ratio between tryptophan and large neutral amino acids (LNAA) was significantly lower than in matched controls, whereas the tyrosine/LNAA ratio did not differ significantly. Moreover, 12 weeks clozapine administration significantly reduced serum levels of glutamate without affecting other amino acid concentrations.

Conclusions: These data show changes in serum amino acids that may influence central serotonergic, dopaminergic, and glutamatergic transmission in neuroleptic-resistant schizophrenics.

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