

far by using acupuncture in schizophrenia, sleep disorders as well as the combination of these disorders.

Methods: Authors out of different backgrounds contributed their knowledge to the book. This resulted in a very broad theory on schizophrenia and its relation to sleep disorders. Results out of fMRI studies as well as case reports were included. Furthermore, there was an emphasize on the role of neurotransmitters within schizophrenia, sleep as well as acupuncture.

Results: In studies that have been conducted so far, a reduction in antipsychotic doses was possible during times of acupuncture treatment, resulting in less side effects and more compliance to treatment. Furthermore, a reduction in side effects was seen, since acupuncture actively works upon side effects such as headache, dry mouth etc.

Conclusions: More than enough basis was found for further research into this promising new field of treatment in schizophrenia and sleep disorders.

P0084

Late factors of schizophrenia diagnosis

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Schizophrenic patients pass by a prodromic phase with non specific signs until the installation psychotics signs creating the request of cares.

The delay diagnosis has an impact on the quality of the therapeutic and the prognostic.

The objective of our study is to identify factors implied in the delay diagnosis of the schizophrenia and also to determine the length of the period of non treatment.

It is a prospective study on a sample of schizophrenics with the first hospitalization to the Academic Psychiatric service of Marrakech since January 2007.

We have 60 patients valued by a hétéro questionnaire, the mini-DSM IV diagnosis scale and the PANSS.

The middle age of patients is of 28, 5 years with a predominance masculine of 86.7%. 90% of patients were unmarried and the majority (80%) without profession; 35% of patients have a low school level

These patients consulted for the first time: generalist (1, 7%), traditional healer (6, 7%), psychiatrist and healer (18, 3%) or a psychiatrist (28, 3%) in all these cases the diagnosis of schizophrenia has not been made; 40% of patients never consulted.

The middle length between the beginning of symptoms and the establishment of the diagnosis is 50 months+ 24 (min: 7, max:320)

The delay diagnosis of the schizophrenia is bound to several factors: medical, socioeconomic and cultural.

An improvement of socioeconomic conditions, the sensitization of the population on schizophrenia and the creation of continuing education programs for professionals' health will contribute to a precocious treatment

P0085

Cognitive and social rehabilitation in schizophrenia: The SAARP module

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Background and Aims: Many studies have examined the potentially beneficial role of social and cognitive rehabilitation in patients suffering from schizophrenia. Schizophrenia is a frequent and severe disorder in spite of the new medication. Cognitive rehabilitation improved by antipsychotic treatment could promote psychosocial processing rehabilitation.

Methods: The use in our department of the SAARP module (Social Abilities and Autonomy Reinforcement Program) confirm these data. This program has been made to manage patients towards a high level of self-sufficiency.

Results: The first aim is to look for solutions for concrete problems in daily life to help patients to realize personal plans. It develops self-esteem and responsibility for patient. It allows a personal realisation and an active social life. This instrument have to be an easy access, for all the staffs wishing for the well-being for patients with schizophrenia.

Conclusions: This study investigates the relationship of neurocognitive functioning and social functioning in patients with program as compared to patients without program. We targeted several domains of SAARP that have been associated with quality of life, and also tested whether the effects of SAARP were related to the age.

P0086

Delirious profile of Moroccan schizophrenics

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The delirium in the schizophrenia can be polythematic, and some delirious thematics are widespread in some cultures, and triggered sometimes by specific events.

The aim of this study is to identify the delirious profile of Moroccan schizophrenics, and precise themes of the delirium and their relationship with religious, social and toxic events .

It is a retrospective study , taking schizophrenic patients hospitalized in the academic psychiatric unit of Marrakech, valued by an hetero questionnaire (60 patient recruited currently)

The middle age of patient is 29 years, with a masculine predominance of 91.7%, 83.3% of patients are unmarried and 21.7% are illiterate .

95% of patients are paranoid schizophrenics, the middle length of disease's evolution is 64.4 months and the length of the recent episode is 10. 10 weeks.

Events triggering has been recovered in 70% of cases: 11.7% are religious events, 3.3% social, and 61.7% toxic events.

The mystical theme in relation with God was present in 6.7% of patients , and with a divine mission in 23.3%. The megalomaniac theme in relation with the king recovered in 8.3%, in relation with richness in 15%.

Patients are persecuted by indicated persecutors in 88.3%; 40% of patients felt enchanted and 11.7% possessed by diabolic strengths. The hallucinatory mechanism is recovered in 98.3% of patients, the intuitive mechanism in 51.7% and interpretative in 15%.

The delirious profile depends on the culture and the adherence to the delirium is reinforced by cultural, social and religious beliefs and events.

P0087

Left temporal hypoperfusion with impaired lexical access in schizophrenia: A case report