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Background and Aims: Erectile dysfunction (ED) is not uncommon in male patients with schizophrenia. The illness itself and antipsychotic medications (typical and atypical) have been implicated. Hyperprolactinemia due to pituitary D2 blockade is a probable causative factor for ED but adrenergic α 1 blockade and anticholinergic activity of neuroleptic drugs in the periphery have also been involved. The availability of three phosphodiesterase-5 (PDE-5) inhibitors, sildenafil, vardenafil, and tadalafil, has altered the management of ED. The aim of the study was to investigate the role of PDE-5 inhibitors in schizophrenic patients with ED

Methods: A search was performed in MEDLINE database using the following keywords: 'erectile dysfunction', 'schizophrenia', 'phosphodiesterase-5 inhibitors'.

Results: There exist positive reports with sildenafil regarding the role of PDE-5 inhibitors in schizophrenic patients with ED, and only one double-blind, placebo-controlled study. A recent open-label study with vardenafil has confirmed the beneficial effects of PDE-5 inhibitors on patients with chronic schizophrenia.

Conclusions: PDE-5 inhibitors have been shown effective for ED in individuals with schizophrenia. However, the number of studies is small and further investigation is needed to confirm the, up to the present, positive findings.

P0108

Frequency of rehospitalisation of schizophrenia patients

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Schizophrenia is a chronic mental disease which provokes repulsion of the social and environment of the patients. Stigmatism of schizophrenia patients is one of the causes that they are hospitalised much more frequently in comparison to other categories of psychiatric patients. The aim of this work is to determine, on the basis of detailed analyses of numerous characteristics recognizable socio-demographic profile of schizophrenia patients depending on the number of their rehospitalization. The analyses comprised 60 hospitalised female SCH patients who were classified in accordance with ICD X criteria. Depending of the number of rehospitalization all patients were classified in several groups: group 2-10 rehospitalization, group 11-20 rehospitalization, group 21-30 rehospitalization, and a group which comprised patients with more than 31 rehospitalization. Except the number of rehospitalization a special attention was paid to the length of periods between two rehospitalization and the length of each rehospitalization (which was connected to certain socio-demographic characteristics of hospitalized SCH patients. This problem has been discussed in detail in this work.

P0109

Cardiovascular risk factors in a population of 25 Portuguese patients with schizophrenia

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Introduction: Now-a-days, obesity and other cardiovascular risk factors (CVRF) became a matter of concern in Schizophrenia, due to their potential relation with atypical antipsychotics. The high prevalence of CVRF in schizophrenic patients is a consensual issue, but there are only a few studies in Portugal.

Objectives: This is an observational transversal study that aims to evaluate the presence of CVRF, and to establish the relationship between these ones and anthropometric measurements evaluating global and regional adiposity, in a population of schizophrenic patients.

Material and Methods: The authors studied a population of 25 schizophrenic patients followed at our Department of Psychiatry. These instruments were used: PANSS (Positive and Negative Symptoms Scale), and a semi-structured interview, with sociodemographic data, and information about life style, medication and schizophrenia. These informations were completed according to the clinical process. The following measurements were recorded: weight, height, abdominal circumference, lipidic and glicemic values, and blood pressure.

Conclusions: The high frequency of CVRF in the population of this study confirms the importance of regular medical evaluations, in every patients with Schizophrenia, to allow early diagnosis/monitorization of CVRF. However, our results don't confirm the benefit of anthropometric measurements as screening methods, possibly due to our small sample. Curiously, we found a weak correlation between CVRF and environment factors (as medication or life style), what can reinforce the hold idea of Schizophrenic susceptibility to CVRF.

P0110

Early detection of cardiovascular risk factors in schizophrenia

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A recent Consensus of the Washington Medical Institute point that one of the main problems in Mental Health is the lack of integrated medical services in Psychiatry Departments, associated to the poor communication between general doctors and psychiatrists. At the same time, a lot of studies have showed high morbidity and mortality related to medical conditions (such as cardiovascular diseases), in some psychiatry patients, like those with Schizophrenia.

So, it would be worthwhile that all individuals with Schizophrenia were medically evaluated, in a frequent way, for the early detection and control of cardiovascular risk factors. This evaluation can be done with blood tests, but there are some anthropometric measures that can be used like screening methods, namely the Corporal Mass Index and the Abdominal Circumference.

The authors refer to recent guidelines related to these recommendations, and review some studies that compare these two anthropometric measures in their capacity to predict the existence of cardiovascular risk factors in patients with Schizophrenia.

P0111

Family history and its influence in the beginning and progress of mental disease

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Introduction: Mental disease is faced during the past years as a result of various factors, such as the participation of the family which sometimes has a negative aspect in the course of the disease.

Objective: Through the study of 15 families of the patients who live in the Residential Unit of Aspropirgos, we present the role of the family environment in the appearance and process of the disease.

Method: We observed the background of 15 patients of the Residential Unit. When they completed a month living in Aspropirgos, we completed their Personal and Social Performance Scale (PSP). At the same time, we accepted the patients' families in four weekly sessions whose goal was to explore and cope effectively with the problems that led those patients to mental disease. Patients completed the same questionnaire in their 4th and 12th month of their stay in Aspropirgos while we continued to have monthly sessions with their families.

Conclusions: Patients presented a decrease of their functionality in their 4th month in the Residential Unit (around 30%), which was accompanied by the resistance of their families in the suggestions of the therapeutic group. When 4 months were completed we put more strict limits regarding the relationships of the patients with their families, we even forbidded their contact with members who provoked the most severe dysfunction in the patient. At the end of 12 months we concluded that there was an improvement of up to 50-60% compared to patients' situation in the 4th month.

P0112

Fighting stigma in schools: Pre, Post, and Follow-up results of an educational intervention

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Background and Aims: The Greek Program against Stigma and Discrimination because of Mental Illness developed an educational intervention targeting high-school students, as part of a broader anti-stigma campaign. Educational interventions aiming to confront the stigma of schizophrenia are mostly effective in preventing the formation of stereotypes and prejudice against people with schizophrenia (PWS), when implemented in populations open to change, such as high school students. The study aims to evaluate: a) students' beliefs and attitudes towards PWS and b) the effectiveness of an educational intervention in challenging stereotypical beliefs and discriminatory attitudes towards PWS.

Methods: The intervention, a two-hour semi-structured educational program, entailed guided discussions and creative activities facilitating self-expression, such as collective drawing and role-playing. A survey questionnaire was administered before and after the intervention and at a six months follow-up, in order to identify sources of information about schizophrenia, knowledge about symptoms and treatment options and students' attitudes.

Results: High-school students hold faulty beliefs about schizophrenia, are unwilling to interact with PWS, embrace stereotypic images of violence and dangerousness about PWS and draw information about schizophrenia mainly from television. The intervention was effective in challenging negative beliefs about PWS and had a significant positive effect on attitudes toward PWS, which - although weakened - remained to a considerable degree at the follow-up measure. A differential effect of students' demographic characteristics and previous contact with PWS was also found.

Conclusions: Further implementation of the educational intervention is strongly suggested, as its anti-stigma purposes have, so far, attained encouraging results.

P0113

Duloxetine for major depressive episodes in the course of psychotic disorders: A prospective clinical trial

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Background and Aims: Patients with psychotic disorders often suffer from intercurrent major depressive episodes (MDEs). Case reports suggested successful antidepressive treatment with duloxetine, a selective dual reuptake inhibitor of serotonin and norepinephrine (SSNRI). We initiated this open prospective clinical trial in order to evaluate efficacy, safety and tolerability of this approach.

Methods: Patients with a psychotic lifetime diagnosis suffering from mildly severe MDEs were treated with duloxetine over a period of 6 weeks. We evaluated effects on mood, monitored the psychotic psychopathology and assessed side effects, basal clinical and pharmacological parameters.

Results: Twenty patients were included and experienced a significant improvement of their MDE during the observation period (CDSS: Calgary Depression Scale for Schizophrenia, HAMD: Hamilton Depression scale). Psychotic positive symptoms remained stably absent while negative syndrome and global psychopathology considerably improved (PANSS: Positive and Negative Syndrome Scale). In general, the treatment was well tolerated, serum prolactin levels stayed unchanged, but pharmacokinetic interactions with a number of antipsychotic agents were observed.

Conclusions: This open prospective evaluation revealed antidepressive efficacy of duloxetine in patients with co-morbid psychotic disorders. With regard to the psychotic disorder, the treatment appears to be safe and well tolerable. Further investigations should involve a randomized control group.

P0114

Efficiency of psychoeducational programs in schizophrenia patients

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Objective: The objective of the given research is an influence of psychoeducational program on an observance of the supporting therapy regimen; on a number of recurrent hospitalizations; on a social adaptation.

Method: 92 patients were examined in 6 and 12 months after the discharge by interviewing. The comparison group was 50 patients, with an age, a duration of the disease and a sex, similar to the basic one, but not taking part in psychoeducational program.

Results: As a result of the psychoeducational programs, the schizophrenia patients have following changes. The observance by the patient of the supporting therapy during all catamnestic supervision was improved. The number of recurrent hospitalizations of the patients within a year was reduced. There is a statistically authentic positive dynamics in the field of productive relations during all catamnestic supervision. As against it, in the field of interpersonal relations the reliable positive changes in the basic group were observed only in 6 months after the discharge from a hospital, at examination