

treatment of its components is an essential aim to reduce the cardiovascular risk of these subjects.

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High prevalence PF metabolic syndrome in schizophrenic patients: A review of the literature

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Schizophrenic patients have a standardized mortality rate that more than doubles the expected rate for the rest of the population. A substantial percentage of the morbidity and mortality in these patients is due to cardiovascular disease. The metabolic syndrome is highly prevalent among schizophrenics and produces a 2-4-fold increase in coronary risk. The objective of the present poster was to analyze the few reports published on the prevalence of metabolic syndrome in the schizophrenic patients and the associated sociodemographic, anthropometric, clinical and psychopharmacological variables.

Most reports concur on the high prevalence of the metabolic syndrome in schizophrenic patients and, therefore, the prevention, diagnosis and treatment of its components is essential to reduce cardiovascular risk in these individuals.

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Are European psychiatrists concerned about the physical health of their patients suffering from schizophrenia?

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Background and aims: The management of psychotic symptoms is critical to schizophrenia treatment. However, monitoring patients' physical health, in particular how this impacts life expectancy, quality of life and compliance, should be considered because of its significant influence on short and long term health outcomes.

Methods: Between June and October 2006, 54,618 European psychiatrists in 12 countries received a survey containing 10 questions addressing physical health. Responders rated areas of concern, physical health monitoring and impact of antipsychotic therapy.

Results: Among the first 3,764 psychiatrists, 84% consider physical health very important, with weight as the major concern for 63%. The top concerns in terms of impact of physical health are compliance (41%) followed by increased mortality risk (38%). While 88% say they undertake physical examination, only half do so on a regular basis. The most problematic side effects of antipsychotic treatments are weight gain (56%), metabolic impact (29%), extrapyramidal symptoms (21%) and sedation (7%), but only 1% report insomnia as an issue. When considering treatment related weight gain, 85% provide diet and lifestyle education with 55% monitoring weight, however, 66% of this intervention is unsuccessful.

Conclusions: The results show a substantial interest and awareness in the management of physical health in schizophrenia. Psychiatrists are monitoring to a certain extent but management strategies are often unsuccessful. Effective physical health programs in schizophrenia, including close monitoring and weight management, have yet to be optimized across Europe.

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Remission, functioning and treatment adherence in psychotic patients

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Introduction: In the last years a greater attention to the clinical results that result in the quality of life of the patients, surpassing the clinical concept of recovery (positive symptoms, to extend it to the long-term symptoms (remission)).

Objective: To determine the different levels of remission of negative, positive symptoms or of conceptual disorganization, evaluating the clinical and epidemiological factors related to the attainment of the remission, identifying factors of good prognosis.

Methods: 138 patients with acute psychotic episode attended in a psychiatric unit in 2004 were studied. Six months later all patients were cited for a second interview, evaluating 80 patients. Three items were evaluated: remission, compliance and functioning, utilizing remission criteria of Andreasen y cols (2005), the Drug Attitude Inventory (DAI), the Global Activity Evaluation Scale (EEAG) and the Disability Assessment Scale de la OMS (WHO-DAS).

Results: The majority of the patients (80%) obtained the psychopathologic remission. The greater remission related to high levels of performance (EEAG) and smaller values of disability (WHO-GIVE) in all the subscales of functionality (familiar, social and labor), with significant differences. The therapeutic adherence was an important factor in the remission (DAI), with high statistical meaning ($\alpha=0,000$).

Conclusions: The finds support the use of the criteria of remission and they suggest a clinically significant association among the clinical state, the levels of health and the family, labor, and social functioning. The improvement in the psychopathologic would favor the attitude of the patients toward the medication and the therapeutic fulfillment.

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Affective disorders in the elderly: Descriptive study in acute psychiatric unit for 10 years

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Introduction: More than 21% of Galician people exceed 65 years, and 10% has more than 75 years. In the last decade elderly population increased around 3%, being situated in the 21% and expecting that reach the 30% in 2050.

Objective: To determine patients over 65 years attended by emotional symptoms in a psychiatric unit in the last 10 years, evaluating the sociodemographic characteristics and analyzing biological and psychosocial factors related.

Method: Descriptive retrospective study of patients over 65 years attended in a psychiatric unit between 1996 and 2006 that received a diagnosis of Affective disorder utilizing DSM-IV and ICD-10 classification criteria.

Results: 478 patients over 65 years were obtained, of a total of patients (%), with 246 diagnosed of affective disorder (55,6%). Average age of 72,15 years, with predominance female (proportion 2:1), mainly single, divorced or widowed (55,7%). However the majority live together with their couple (41,9%) or family (31,7%), urban residence (63,4%), inactive work situation (96%), retired (48,5%) or

sick-leave (47%). The main diagnoses were Major Depressive Disorder (37%) and Bipolar Disorder (32%), 18% Distimia or Adjustment Disorder.

Conclusions: In spite of the increased rate of elderly population in the last 10 years this is not translated in a change of the profile socio-demographic, labor and clinical dates in elderly patient with affective disorder admitted in an acute psychiatric unit in our influence area, in comparison with a previous study of the years 1996-1999.

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Information technology aided relapse prevention in schizophrenia: ITAREPS

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Program ITAREPS was developed for rapid and targeted recognition of early warning signs of psychotic disorder relapse. It employs modern communication and information technology for timely intervention during initial phase of relapse. The patient and the family member participating in the project complete weekly a 10-item Early Warning Signs Questionnaire - EWSQ (Patient Version and Family Member Version). The result, 10 numbers, are sent by both of them through Short Message Service (SMS) from their mobile phones to the ITAREPS phone number. If the score in the questionnaire of the individual patient exceeds arbitrary chosen value, an ALERT message is automatically sent to psychiatrist's e-mail address. If ITAREPS signals presence of early warning signs in given patient, an Early Intervention Algorithm is recommended. Psychiatrist participating in the project have an access to his/her personal webpage that is a part of the ITAREPS website (www.itareps.com). On the personal pages psychiatrist can find a current score of the EWSQ for each of his/her patients and family members in a visual form as a line chart and a written description of a patient's clinical status during last month.

This article describes our one-year clinical experience with the development and use of an automated instrument to incorporate technology for long term detection of early warning signs of schizophrenia relapse.

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Cognitive deficits in relatives of patients with schizophrenia

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Background: Cognitive dysfunction are considered core deficit in schizophrenia. The cognitive domains more impaired are attention, verbal memory and executive function. The study of this dysfunction can be used to understand the etiology and pathogenesis of schizophrenia. Cognitive deficits have frequently been reported in the unaffected first degree relatives of schizophrenia patients.

Aim: To investigate whether cognitive deficits found in patients with schizophrenia are also found in non-affected relatives.

Method: We compared schizophrenic patients (n=31), first-degree relatives (26) and normal controls (n=22). The neurocognitive domains assessed included executive functioning, verbal memory, attention and language function.

Results: Schizophrenic patients demonstrated cognitive impairments across most domains compared with control subjects. First degree relatives were significantly impaired compared with control subjects only in attention and verbal memory; no significant differences were observed in language function. The relatives of schizophrenia patients have impairments in memory function and attention compared to controls but they are less impaired compared to schizophrenic patients. The schizophrenic patients performed on executives tasks significantly worse than either their relatives or normal subjects, but unaffected relatives did not differ from controls.

Conclusions: Cognitive deficits found in patients with schizophrenia are also found in non-affected relatives. Adult relatives of schizophrenic patients have wide but not severe cognitive impairments. The largest deficits were observed for verbal memory and attention.

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Denial of stigma

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Background: It is known that the consequences of stigmatization towards people with severe mental illness reflect themselves in a lack of self-esteem and consequently in low level of initiatives to improve one's status in the community. The burden of stigma may cause denial of participation in the stigmatized group. So far, there were few studies to compare the mentally ill patients' perception of the »other« mentally ill with the perception of future professionals in mental health services.

Method: We have compared stigmatizing attitudes of students with attitudes of patients with severe mental illness.

Results: The patients expressed higher stigmatization scores towards people with severe mental illness than the students.

Conclusion: Negative attitudes of patients with severe mental illness towards their own group present a serious problem. Actions are needed to improve their identification and reduce the perceived need for exclusion from their group.

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How to reduce discrimination of patients with severe mental illness among future doctors?

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Background: There is growing evidence of need to improve and strengthen educational programs with antidiscrimination and proper information about possibilities for recovery of mental illness. The overview of research of effective antistigma interventions prove that direct contact and personal testimonies of patients improve the discrimination attitudes among professional groups not trained in mental health and among secondary schools' students. Taking a psychiatric history is a key educational objective in psychiatric clerkship in Slovenia and students are faced with testimonies of psychiatric patients. They are however provided only with the contact with severely ill (hospitalized) patients and therefore with little chance to witness their recovery and improved functioning.

Results: The results of the presented research proved that students' fear from patients with severe mental illness is reduced, but not their stereotypes in a six months clerkship at the psychiatric hospital.