

Analyzing pathways to CMHCs we find that 16 (29%) subjects have been referred by hospital wards, 11 (20%) by their family, 10 (18%) by the General Practitioner, whereas 5 (9%) by themselves.

Conclusion: Notwithstanding the small size of the identified sample, this study seems to confirm the main characteristics of subjects at first contact for psychotic disorder reported in literature.

P0208

Comorbidity of substance abuse and early psychosis in Bologna

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Introduction: The international literature underlines an high rate of comorbidity between early psychosis and substance abuse associated to poor outcomes.

The aims of the present study are to evaluate the rate of substance abuse among subjects at first contact for psychotic disorder with one of the three Community Mental Health Centers (CMHC) of Bologna Ovest and to consider its influence on the course of the disease.

Method: A retrospective study was conducted on subjects aged between 18-30 years with ICD-10 F2 (schizophrenia, schizotypal disorder and delusional disorder) diagnosis at first contact with a Bologna Ovest CMHC over a five-year period (January 2002- December 2006).

The sample was investigated about the presence of 'Substance Abuse' according to ICD-10 criteria. A 1-year follow-up assessment was performed.

Results: Among the 56 patients recruited, 26 (46%) meet the ICD-10 criteria for 'Substance Abuse' (Abusers). Cannabis is the most frequently used substance (88%). Psychosis appears 1,1 year before among Abusers compared to Non-Abusers. At 1-year follow-up the 46% of Abusers works or studies compared to 67% among Non-Abusers. Moreover hospital admission concerns the 31% of subjects among Abusers and only the 17% of Non-Abusers group.

Conclusions: This study confirms the high rate of substance abuse among subjects with early psychosis reported in literature and suggests its potential negative influence on the course of psychotic disease. To improve the prognosis of patients with psychotic disorder and concurrent substance abuse it seems necessary promoting an integrated intervention between the CMHCs and the Addiction Services.

P0209

Neurocognitive functions as endophenotypes in schizophrenia and bipolar disorder

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Background: Cognitive dysfunctions have been well established in patients with schizophrenia (SZ). Recent studies also showed persistent cognitive impairments in patients with bipolar disorder (BD) in all phases of the disorder including the remission phase. Specific cognitive domains have been considered as candidate endophenotypes in SZ and BD. The aim of this study was to investigate the diagnostic specificity of neurocognitive deficits BD and SZ patients during a stable phase of the illness.

Methods: 40 patients with schizophrenia (20 female, 30.4 ± 8,1 years) were compared with 40 bipolar patients (27 female, 34.7 ± 10.4 years) and 43 healthy volunteers (24 female, 34.7 ± 8.7

years). Executive functions (WCST), attention (CPT), immediate and delayed verbal memory (VLMT) and verbal fluency (RWT) were assessed. Differences in neurocognitive functions between diagnostic groups were analysed for each domain by analyses of covariance (ANCOVA analysis with age, education, IQ, gender and medication as covariates).

Results: SZ and BD patients performed worse than control subjects in the WCST ($p < 0.001$), VLMT ($p < 0.01$) and in the CPT ($p < 0.03$). There was no significant difference in the WCST and VLMT between SZ and BD patients. However, in the CPT, SZ patients showed a significantly greater impairment than BD patients ($p < 0.001$). In BP patients deficits in the CPT were associated with the number of illness episodes.

Conclusions: The findings are comparable to previous results suggesting that the specific profile of the deficits seems to differ between the diagnosis, while the same underlying domains describe neurocognitive functioning in both groups.

P0210

Toxic abuse and therapeutic non-fulfilment of psychotic disorders

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Introduction: A higher prevalence of toxic substances consumption is considered to be under schizophrenia states. These patients are also considered to have a higher possibility than general population of developing different disorders due to the use of substances being the risk above 3 regarding alcohol, 5 for cannabis, 6 for opiates, and 13 for cocaine. Two hypotheses were used for explaining this comorbidity: for alleviating its symptomatology and the adverse effects of the antipsychotic treatment, and on the other hand, the use of toxic substances as causal and predisposing effect of psychotic episodes in patients with personal vulnerability.

Objectives: Sociodemographic description of patients diagnosed as having psychotic disorders with abuse of toxic substances. Establishment of connections between the toxic substance consumption and development of his/her mental disorder.

Methodology: Open retrospective study of two years in which patients diagnosed as having schizophrenia admitted into the University Hospital in Valladolid, Spain: consumers/no consumers. Scales (SAPS, SANS). Hospital Reports (sociodemographic and clinical data).

Results: Preliminary results show the prevalence of the schizophrenic patients with toxic abuse. Predominance of young males that had their first admissions into hospital at very early ages and a higher frequency of hospital readmissions. Likewise in this group positive symptomatology shows a higher predominance and a higher connection with affective disorders. These patients show a better pre-morbid adaptation, a higher frequency of violent and impulsive behaviours, treatment guidelines with higher doses and higher frequency of resistance to treatment. The order consumption of toxics is tobacco, alcohol, cannabis, cocaine, stimulants, and opiates. However it is not rare to find consumption of multiple drugs.

P0211

Correlation of lipid peroxidation, total antioxidant capacity and thiol groups in schizophrenia and normal subjects

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