

CT and discrete aneurysmatous dilatation of the aortic arch by heart ultrasonography. CSF findings did not satisfy laboratory criteria for the confirmation of diagnosis of active neurosyphilis. Late (tertiary) syphilis with beginning cardiovascular involvement was diagnosed and treatment with benzathin penicillin was administered. Six months later he was readmitted for a follow-up examination. Psychiatric symptoms were improved.

Conclusion: Although quite rare today, neurosyphilis should be considered in the differential diagnosis of patients with psychotic symptoms and positive syphilis serology, as the appropriate treatment depends on early and accurate diagnosis. Moreover, given the wide use of antibiotics, abortive cases of neurosyphilis with atypical presentation forms must also be considered. Finally, this case suggests that in addition to the appropriate antibiotics, treatment with antipsychotics seems to be effective in controlling psychiatric symptoms emerging in the course of late syphilis.

P0128

A study of comparison of components of insight in patients with schizophrenia and bipolar affective disorder in remission phase

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A cross sectional study was conducted to examine the nature of insight in schizophrenia and bipolar disorder as well as compare it between the two disorders. Forty patients with schizophrenia and forty patients with bipolar disorder matched on age, age of onset of illness and duration of illness, were recruited consecutively from the outpatient clinic of a psychiatric hospital. The patients had to be clinically stable on follow-up treatment for at least three months. Insight was measured using Schedule for Assessment of Insight- Extended Version (SAI-E) and Scale of Unawareness of Mental Disorders (SUMD). Both schizophrenia and bipolar disorder had modest level of insight as measured on both the instruments. There was no qualitative difference in insight between the two disorders. However, patients with bipolar disorder had significantly better awareness of illness than patients with schizophrenia. This was evident on both the instruments that showed significant concordance on the items of insight for both the disorders.

P0129

Working memory dysfunction as phenotypic marker of schizophrenic and bipolar affective psychoses: Common and differential abnormalities in brain activation

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Background and Aims: Working memory dysfunctions are considered to be promising intermediate phenotypes, i.e. biological markers, which may help to discover genetic and pathophysiological factors involved in the pathogenesis of schizophrenic and affective psychoses. However, little is known about the possible role of these brain dysfunctions for differential diagnosis, for instance between schizophrenia and bipolar affective disorder. In the present study we directly compared brain activation during verbal working memory task performance in matched groups of schizophrenic and bipolar patients as well as healthy controls.

Methods: 12 schizophrenic patients, 14 bipolar patients and 14 healthy controls underwent fMRI during a delayed matching to sample task requiring the maintenance of verbal information in working memory. Data were preprocessed and statistically analyzed using standard procedures as implemented in SPM2.

Results: Both schizophrenic and bipolar patients exhibited significantly increased activation in bilateral dorsolateral prefrontal cortex and in right intraparietal cortex. Abnormal hyperactivations that were unique to either schizophrenia or bipolar disorder were found in bilateral caudate nucleus and the right amygdala, respectively.

Conclusions: Compatible with findings from genetic research into the pathogenesis of schizophrenia and bipolar disorder, the present data show both similarities and significant differences between these two diagnostic categories regarding the patterns of abnormal brain activation that may underlie verbal working memory deficits in these patients.

P0130

Grey matter correlates of skin conductance levels in patients with schizophrenia and healthy volunteers: A voxel-based morphometry (vbm) study

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Electrodermal activity has been considered as a potential source to identify subgroups of schizophrenics. However, the neural mechanisms that are the base of the electrodermal responsiveness in schizophrenia are not well-known. The present study aimed to determine if schizophrenic patients with different skin conductance levels (SCL) show differences in grey matter (GM) volume estimated through VBM. Thirty-four schizophrenic patients paired with healthy volunteers, matched according to sex, age, handedness, socio-economic status and years of education, were selected. All patients were using anti-psychotics, and were included only when their score in the BPRS was lower than “present in mild degree” in all the scale items, except for negative symptoms. The electrodermal activity was measured during five minutes at rest and in comfortable conditions. Three groups were obtained, according to the electrodermal level: control, schizophrenic with normal SCL and schizophrenic with low SCL. MRI was performed with a Siemens Magnetom 1.5T imaging system. The optimized VBM protocol was implemented within MATLAB 7.0 (Mathworks Inc.) through Statistical Parametric Mapping 2. Compared to controls, schizophrenic patients presented abnormalities in regional GM volume in superior and medial frontal lobes, paracentral lobule, cingulate, transverse temporal, insula, precuneus and occipital lobe. Regarding the schizophrenia groups, it was observed that the low SCL group presented smaller regional GM density in the right superior frontal lobe and in the right anterior cingulate. Accordingly, these results suggest that these brain areas may be involved in the modulation of SCL in schizophrenia and could be altered in a subgroup of patients.

P0131

Plasma concentrations of aminoacids in chronic non-refractory schizophrenia and their first-degree relatives compared to refractory schizophrenia and their first degree-relatives