In the present study the efficacy of this rehabilitation program was investigated in 58 subjects with chronic schizophrenia or schizoaffective disorder. Patients were recruited in three Mental Health Departments located in the South of Italy and randomly allocated to one of two rehabilitation programs: SSANIT or Usual Rehabilitation Activities (URA) of each department. The active treatment phase lasted 6 months.

At the end of treatment a significant improvement of psychosocial functioning (global psychosocial index, participation in family life and availability to work) was found in the SSANIT but not in the URA group; furthermore a worsening of the negative dimension was observed in the URA, but not in the SSANIT group.

According to our findings, the SSANIT program is more effective than the rehabilitation activities usually implemented in Mental Health Departments (e.g. carpentry and decoupage).

P0194

Profile of patients under involuntary outpatient treatment in the province of Gipuzkoa (Basque Country, Spain)

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Background and Aims: IOT is a court-ordered treatment in the community. It is used to ensure therapeutic compliance in some patients with severe mental illness. It was proposed for patients with no awareness of illness, high risk of relapse, disrupting behaviour and hospitalization. IOT is being used in the province of Gipuzkoa (Basque Country, Spain) since 1997.

Our objective was to assess the epidemiological and clinical characteristics of the outpatients under involuntary treatment in our province.

Methods: This is a retrospective study of the patients under IOT in the province of Gipuzkoa during October 2007 (n=87). The following variables were considered: sex, age, work and living situation, drug abuse, violent behaviours and number of previous hospitalizations.

Results: Gender: male 70.2%; female 29.8 %. Age average: 39.5 (SD 9.6). Living situation: with relatives: 58.7%; alone 20%; in couple: 14.7%; institution: 6.7%. Work situation: inactive 60.8%; protected work 7.8%; incapacitated 3.9%; retired 2%. Diagnosis: schizophrenia 57%; delusional disorder 16.5%; bipolar disorder 8.9%; personality disorder 8.9%; schizoaffective disorder 5.1%; other 3.8%. Drug abuse: none 42.3%; multiple drugs abuse 31%; cannabis 9.9%; amphetamines 1.4%; opiates 1.4%. Violent behaviours: none 39.7%; violence against relatives 37%; violence against others 16.4%; autoaggression: 4.1%; both: 2.7%. Average of previous incomes: 3.79 (SD 3.8).

Conclusions: The most common profile of individuals under IOT in Gipuzkoa was a middle-aged male, affected by a psychotic disorder, drug abuser, with frequent violent behaviours.

P0195

Memory impairments in first episode schizophrenia and their relationship to the duration of untreated psychosis

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Background: Cognitive dysfunction represents an essentials feature of schizophrenia. Patients with schizophrenia have substantial memory deficits.

Aims: To examine memory deficits in first episode schizophrenia, characterise the nature of impairment and specify the relationships with the duration of untreated psychosis.

Method: 40 first episode schizophrenia patients admitted to the Second Psychiatric Clinic Cluj, Romania and 50 healthy controls were assessed with memory tests from CANTAB battery (Spatial Working Memory, Paired Associates Learning and Spatial Span) and with Rey Auditory Verbal Learning Test. The Positive and Negative Syndrome Scale (PANSS) was used to quantify symptom severity.

Statistical analysis: Results were analysed using SPSS 12 applying ANOVA, ANCOVA, chi square test and Pearson correlations. Duration of untreated psychosis was log10 transformed to reduce skew.

Results: First episode schizophrenia patients scored significantly poorer then healthy subjects on all memory tests. Spatial working memory was impaired due to inadequate strategy use. Worse performance correlated with longer duration of untreated psychosis.

Conclusions: Impairments in memory are already present in first episode schizophrenia patients.
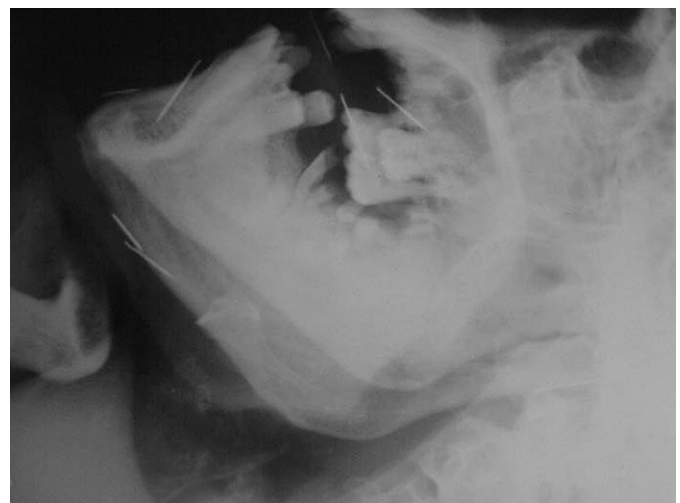
P0196

Report of schizophrenic patient who had inserted continiously several needles in various parts of his body

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Introduction: In schizophrenic patients ,Self − mutilation may have unusual manifestations . Inserting needle in to various parts of body is one of the rare type of self mutilating behavior .. Case presentation : The patient is a 40 years old man with chronic paranoid schizophrenia who is living in the state hospital since 20 years ago. The patient stuck several needles in to his body especially various anatomical region of his face and genitalia .Other forms of self mutilation such as ingestion of thermometer and self injection of aubergine juice were observed in him.

Conclusion: To our knowledge it is one of uncommon self mutilating behavior in a single case. He had inserted needles into parts which he heard hallucinatory voices from them. Other reasons were discussed.

P0197

Combined application of psychotropic drugs in schizoaffective disorder

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Thirteen years ago the clinical symptoms of the patient has begun as depression. Main symptoms was the psychomotor retardation, fatigue, markedly diminished interest in all and mutizmus. At this time the diagnosis was Major Depressive Disorder, the therapy were changed antidepressant drugs (fluvoxamine, fluoxetine after paroxetine), and the patient's symptoms resolved -, but the recovery was slow. Later − years after − her depressive symptoms were resumed again, but joined psychotic symptoms. So the therapy consisted of antidepressant and − temporary - antipsychotic medication (haloperidol). The remission was total too, but brief : just the main symptoms were the alogia, affective flattening, lack of emotional rezonance, severe insomnia, depressed mood and delusion symptoms. Longitudinal the diagnose became Schizoafffective Disorder. We must changed the antidepressant drugs four times (sertraline, venlafaxine, bupropion and after duloxetine) , and the antipsychotics three times (risperidone, amisulpride and finally olanzapine) by the time the symptoms disappeared. We saw, that a psychotic disorder might start with mild affective symptoms as a differential diagnostic problem, and the psychozis fulfill for many years.

P0198

Pellagra psycosis: Clinical case and revision

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Introduction: We present the case of a psychotic patient with a previous diagnosis of pellagra, admitted to an acute care unit of Miguel Bombarda Hospital, Lisbon. Pellagra is a systemic disease caused by niacin deficit; its clinical presentation is revised, taking into account psychiatric disease.

 Objectives: We will focus the following items:
 - definition of pellagra and description of its main clinical symptoms
 - historical issues of psychiatric symptoms of pellagra
 - pellagra psychosis − evolution of classifications
 - neuropsychiatric features of pellagra
 - diagnosis, treatment and outcome of psychiatric illness of pellagra
 Methods: Medline Research. Bibliography revision.
 Results/Conclusions: Clinical presentation of pellagra includes gastrointestinal, dermatological and neuropsychiatric symptoms.

 The first description of pellagra dates back to 1863. In the beginning of the 20th century, approximately 30% of admissions in psychiatry were due to this disorder, which was included in the first classification of mental illness of the American Psychiatric Association.

 Pellagra psychosis should be diagnosed in a patient with typical symptoms and signs of pellagra and psychotic symptoms which respond to treatment with niacin.

 Pellagra is currently a rare disorder, but the diagnosis should be taken into account in alcoholic patients, undernourished, with anorexia nervosa or tuberculosis treated with isonyazid.

 With proper treatment, there is a complete recovery.

P0199

A simulation model to estimate the coronary heart disease risk in schizophrenic patients treated with second-generation-antipsychotic drugs: A Spanish perspective

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Objective: To describe a generalizable stochastic-simulation model for schizophrenia treatment related with the cardiovascular associate risk of SGA.

 Methods: A model to simulate the expected 10-year occurrence of all-type cardiovascular events (CVE) in a hypothetical cohort of 100.000 patients with schizophrenia treated with SGA drugs in Spain was developed. The model considered, as a baseline health state, out-patient treated with SGA with characteristics of patients enrolled in the CLAMORS study; a cross-sectional study in schizophrenia spectrum disorders aimed to ascertain prevalence of metabolic syndrome in such patients together with CHD. Three other states were considered: suffering a CVE, death due to CVE and death due to other causes. The CVE risk for each SGA drugs was estimated through a locally-adjusted Framingham risk equation. Treatment outcomes were simulated using the expected mean change of the cardiovascular (CV) risk factors from the CATIE clinical trial. Death by CVE or others causes were estimated from published literature.

 Results: The 10-year rate of CVE following SGA treatment was 0.181, 0.179, 0.176 and 0.172 for olanzapine, quetiapine, risperidone and ziprasidone, respectively. Relative risk was calculated relative to no-treatment, and the corresponding values were 1.03, 1.02, 1.00 and 0.97. The total estimated CVE were 25,269 events; 25,157; 24,883 and 24,514, respectively.

 Conclusions: A generalizable, flexible model was developed through stochastic simulation of the CV risk for SGA drugs. The estimated clinical outcomes suggest different levels of CVE risk for each SGA drugs. Ziprasidone showed the lower rate with no association with increased risk for CHD.

P0200

Yalom's therapheutic factors in the long-term, psychodynamic, outpatient group psychotherapy with psychotic patients

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Therapeutic factors in group psychotherapy could result with symptomatic, behavioral, and personality changes. According to Yalom (1985), therapeutic factors are: instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal input, interpersonal output, group cohesiveness, catharsis and existential factors. Their importance varies during group process.

 Although therapeutic factors of group psychotherapy with nonpsychotic patients are well investigated, there are few studies regarding group psychotherapy with psychotic patients.