

" It could be improve the connections between young psychiatrist from different country to can learn more about the diversity and richness of the current training of psychiatrist throughout Europe.

## Free Communications

### FC01.01

Impact of audit and feedback on antipsychotic prescribing in schizophrenia

A.J. Wheeler<sup>1</sup>, V. Humberstone<sup>2</sup>, E. Robinson<sup>3</sup>, J. Sheridan<sup>4</sup>, P. Joyce<sup>5</sup>. <sup>1</sup>CRRC, Waitemata DHB, Auckland, New Zealand <sup>2</sup>Adult Mental Health Services, Counties Manukau DHB, Auckland, New Zealand <sup>3</sup>Section of Epidemiology and Biostatistics, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand <sup>4</sup>School of Pharmacy, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand <sup>5</sup>Department of Psychological Medicine, University of Otago, Christchurch, New Zealand

**Objective:** Examine impact of audit and feedback on antipsychotic prescribing in schizophrenia over 4.5-years.

**Methods:** Clinical files in three outpatient psychiatric services in Auckland, New Zealand were reviewed at two time-points (March-2000;October-2004). After the first audit, feedback was provided to all three services. Baseline prescribing variations between services were found for antipsychotic combinations and atypical prescribing, in particular clozapine. In two services audit and feedback continued with two interim reviews (October-2001;March-2003). Specific feedback and interventions targeting clozapine use were introduced in both services. No further audit or feedback occurred in the third service until the final audit. Data were collected (patient characteristics, diagnosis, antipsychotic treatment) and analysed at each audit.

**Results:** Three prescribing variables (antipsychotic monotherapy, atypical and clozapine use) were consistent with practice recommendations at the final audit (85.7%, 82.7% and 34.5% respectively) and had changed in the desired direction for all three services over 4.5-years. At baseline there were differences between the three services. One service had baseline prescribing variables closest to recommendations, was actively involved in audit, and improved further. The second service, also actively involved in audit had baseline prescribing variables further from recommendations but improved the most. The service not involved in continuing audit and feedback made smaller changes, and atypical and clozapine use at endpoint were significantly lower despite at baseline being comparable to the service which improved the most.

**Conclusions:** We found high intensity audit and feedback was an effective intervention in closing the gap between recommended and clinical practice for antipsychotic prescribing.

### FC01.02

Exploring the neural substrate of the vulnerability to first episode psychosis using fMRI

M.M. Picchioni<sup>1</sup>, P. Matthiasson<sup>1</sup>, M. Broome<sup>2</sup>, S. Weinstein<sup>3</sup>, V. Giampietro<sup>4</sup>, M. Brammer<sup>4</sup>, S. Williams<sup>5</sup>, P. McGuire<sup>1</sup>. <sup>1</sup>Section of Neuroimaging, Kings College London, Institute of Psychiatry, London, UK <sup>2</sup>Health Services Research Institute, Warwick University, Coventry, UK <sup>3</sup>Department of Psychiatry, University of British Columbia, Vancouver, BC, Canada <sup>4</sup>Brain Image Analysis Unit, Kings College London, Institute of Psychiatry,

London, UK <sup>5</sup>Neuroimaging Research Group, Kings College London, Institute of Psychiatry, London, UK

**Background and Aims:** Object working memory performance is abnormal in the early stages of schizophrenia. Such tasks recruit frontal and temporal cortices, possible sites of progressive change over the early illness course. We wanted to clarify if functional changes can be detected in the early stages of schizophrenia, to identify their anatomical location and their relationship to the stage of illness using a functional object working memory task in which the length of memory delay was manipulated.

**Methods:** 40 subjects contributed: 10 first episode psychosis (FEP) patients, 16 with an at risk mental state (ARMS) and 14 healthy controls. We collected functional MRI data while the subjects performed a version of the delayed matching to sample (DMTS) task from the Cambridge Automated Neuropsychological Test Battery (CANTAB).

**Results:** Behaviourally there was a trend to a group by delay interaction, the two patient groups making more errors at longer memory delays. At successful recognition a main effect of group was detected in the medial temporal lobe bilaterally, while a main effect of delay was detected in the left medial temporal lobe. At each length of memory delay the patient groups showed consistently greater activation of medial temporal regions when performing the task accurately.

**Conclusions:** Both ARMS & FEP groups showed greater activation than controls in the medial temporal cortex across all lengths of memory delay. These differences were not related to poorer task performance, but suggest an inefficiency mechanism that may correlate with the vulnerability to psychosis rather than psychosis per se.

### FC01.03

Improving quality of life for persons with schizophrenia: A multidisciplinary approach

D.J. Corring<sup>1,2</sup>. <sup>1</sup>Psychosis Program, Regional Mental Health Care London/St. Thomas, St. Joseph's Health Care London, London, ON, Canada <sup>2</sup>Department of Psychiatry, Schulich School of Medicine & Dentistry, University of Western Ontario, London, ON, Canada

**Background and Aims:** The concept of quality of life has been a topic of increasing interest in the mental health field for more than two decades. Several instruments have been developed to measure quality of life for individuals living with mental illness; however, the majority of these instruments fail to measure quality of life from the client's perspective. This presentation will present results of a qualitative study that explored what individuals diagnosed with schizophrenia and other severe and persistent mental illnesses perceived as important to improving their quality of life.

**Methods:** In-depth interviews and focus groups were used to collect data from more than 50 individuals.

**Results:** Analysis of the data resulted in the identification of two overarching themes, four domains, several sub components and enablers and barriers to achieving their desired goals. Themes associated with fear of symptoms and stigma were prevalent throughout the data with domains focusing on the challenges of managing the symptoms of the illness, the importance of relationships with a wide range of persons, the acquisition of meaningful occupation and the rebuilding of self esteem.

**Conclusions:** A discussion of the implications for practice will include the roles that the various professionals can play in assisting individuals in achieving their desired quality of life, as well as the relationship of quality of life with the concepts of recovery, client centered practice and psychiatric rehabilitation.

**FC01.04**

Psychiatrists' attitudes to antipsychotic depot injections (II): Changes over 5 years

M.X. Patel<sup>1</sup>, I.B. Chaudhry<sup>2</sup>, N. Husain<sup>2</sup>, S. McLaughlin<sup>3</sup>, P. Cunningham<sup>4</sup>, A.S. David<sup>1</sup>, P.M. Haddad<sup>4</sup>. <sup>1</sup>*Psychological Medicine, Institute of Psychiatry, London, UK* <sup>2</sup>*University of Manchester and Lancashire Care NHS Trust, Blackburn, UK* <sup>3</sup>*University of Manchester, Manchester, UK* <sup>4</sup>*Bolton, Salford and Trafford Mental Health NHS Trust, Salford, UK*

**Background:** Previously, when only typical antipsychotic depot injections were available, some clinicians perceived depots as having an “image” problem despite them being associated with reduced rates of rehospitalisation when compared to tablets. This study investigated psychiatrists' attitudes and knowledge concerning depots (typical and atypical) and whether they had changed over time.

**Method:** Cross-sectional postal survey of consultant psychiatrists working in NorthWest England. A pre-existing questionnaire on clinicians' attitudes and knowledge regarding depots was updated. Results were compared with a former sample (SouthEast England, 2001: N=143).

**Results:** The sample comprised 102 consultant psychiatrists (response rate 71%). Depot use over the past 5 years had: decreased (50%), not changed (27%), increased (23%). Psychiatrists with decreased depot use had significantly lower scores for the side effects knowledge subscale than those who had unchanged or increased rates of depot use (mean 51.5% vs 54.8%,  $p=0.029$ ). When compared to psychiatrists sampled five years previously, our current participants had more favourable patient-focussed attitudes (63.5% vs 60.4%,  $p=0.034$ ); other subscales did not differ. Item-by-item analysis revealed specific changes over time including significantly less respondents regarding depots as: (i) compromising patient autonomy (mean 0.99 vs 1.28,  $p=0.036$ ); being stigmatising (1.88 vs 2.42,  $p=0.002$ ); being old fashioned (1.49 vs 2.04,  $p=0.002$ ).

**Conclusions:** During the period that an atypical antipsychotic depot has been available, and depot prescribing rates have reduced, some attitudes have changed. These mainly encompass aspects regarding the patient rather than the depot injection and include reducing concerns about stigma and autonomy although concerns about patient acceptance continue.

**FC01.05**

Schizophrenia: What do we know from functional magnetic resonance imaging?

M. Van den Noort<sup>1</sup>, P. Bosch<sup>2,3</sup>. <sup>1</sup>*Department of Biological and Medical Psychology, University of Bergen, Bergen, Norway* <sup>2</sup>*Nijmegen Institute for Cognition and Information, Radboud University Nijmegen, Nijmegen, The Netherlands* <sup>3</sup>*GGNet, Groenlo, Winterswijk, The Netherlands*

**Background and Aims:** In this study, a summary of the main functional Magnetic Resonance Imaging (fMRI) findings in the field of schizophrenia will be given in order to get a better understanding of this disorder.

**Methods:** The authors conducted an extensive literature review on fMRI and schizophrenia, using PubMed, the internet in general, and research contacts in order to avoid important literature to be left out.

**Results:** In general, fMRI research on schizophrenia has demonstrated widespread deficits affecting a range of cognitive functions distributed throughout the brain. In addition, schizophrenia is associated with frontal and temporal brain dysfunction (e.g., Van den Noort & Bosch, 2008). This dysfunction is thought to be irreversible, or even

worsen over time; even when optimal treatment is given (Lund et al., 2002). However, it is important to note that there is a degree of inconsistency in reported findings, and a pattern of brain dysfunction that would serve as a biological trait marker or predict treatment response has not emerged to date (e.g., Van den Noort & Bosch, 2008).

**Conclusions:** In this study, it was found that patients with schizophrenia show widespread deficits affecting a range of cognitive functions distributed throughout the brain, but there is a degree of inconsistency in reported findings. Although the development of fMRI has provided the technological advance necessary to examine schizophrenia; the scientific challenge will be to incorporate this technique appropriately through prudent experimental design (e.g., Honey & Bullmore, 2002).

---

## Symposium: Network research in schizophrenia - A perspective for future research?

---

**S42.01**

How to run network research: Experiences from the German Research Network on Schizophrenia (GRNS)

W. Woelwer, W. Gaebel. *Department of Psychiatry, University of Duesseldorf, Duesseldorf, Germany*

**Aims:** To present basic principles and requirements of a network consisting of research institutions and routine care facilities, which aims at the improvement of treatment and care in schizophrenia.

**Methods:** The concept, structure and the management of such a network will be exemplified by the German Research Network On Schizophrenia, which is funded by the German Ministry of Education and Research (BMBF).

**Results:** The experiences so far make very clear, that it requires carefully tuned projects, an efficient and well-financed network management, acceptance and dissemination of the network idea within (and outside) the network as well as collateral political measures to improve the research environment to incorporate single research projects and single institutions, researchers or clinicians into a network.

**Conclusions:** These general conditions fulfilled, network research is a clever strategy to bundle competence (horizontally and vertically) and to improve treatment and care of psychiatric patients.

**S42.02**

Experiences from Danish network projects

M. Nordentoft. *Copenhagen University, Faculty of Health Sciences, Psychiatric Center Bispebjerg, Copenhagen, Denmark*

Research in interventions in schizophrenia spectrum disorders in Denmark has taken place in a loose network, which during the years have grown in size and had become increasingly organised. The randomised clinical trial: OPUS: Early Intervention in First Episode Psychosis was the first large two-site trial which took place in Copenhagen and Aarhus. Thereafter came the randomised clinical trial: NEUROCOM, Neurocognition and competence in schizophrenia which is also a two-site project. Evaluation of the effect of assertive community treatment in a quasi-experimental design in three cities is another example.