

Negative symptoms in psychosis are disabling and distressing. This is an area of substantial unmet medical need. Long term group work for patients with psychosis has important short and long term effects on positive and especially negative symptoms of psychosis. It improves the quality of life, compliance with treatment, social functioning and reduces the stigma of psychosis.

Objective: Four years of group work for outpatients with psychosis and its influence on various aspects, especially on negative symptoms in psychosis were evaluated.

Methods: A small group of 6 to 8 medicated patients is run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications is used. Patients should be intrinsically motivated and well prepared for group work.

Results: Better control and differentiation of the psychotic symptoms, emotions and improved social functioning were observed. Group situation affects and improves the negative symptoms of psychosis through several important group therapeutic factors €“ instillation of hope, universality, altruism, group cohesiveness, which has developed very slowly. Group members were able to manage transient worsening of their psychosis in an outpatient care.

Conclusions: With its progression of group work, we observed more honest and open conversation about symptoms and real life problems. The most frequent topics discussed were: psychotic symptoms, at the beginning mostly positive symptoms of psychosis, later on, with the progression of therapy members started to talk about the negative symptoms, interpersonal relations and stigma of psychosis.

P0070

The importance of long term group therapy for diminishing the stigma of patients with psychosis

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Objectives: The stigma attached to mental illnesses is the main obstacle to better mental health care and to better quality. It affects the priority which is given to the development of mental health services and makes the discipline less attractive than others to the medical graduate in search for career. It prevents timely contact of the person suffering from a mental illness with mental health services and makes rehabilitation exceedingly difficult.

Psychosis is a highly stigmatised condition. Our clinical experience with long term groups of patients with psychosis have shown that long term group therapy has an important destigmatising role.

Methods: A small group of 6 to 8 medicated patients is run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications is used.

Results: In the early phases of group work stigma was manifested as drop-out of at least two members. With the development of group cohesiveness the group started talking about stigma. A feeling of universality in group work is often a fundamental destigmatising step.

Conclusion: Patients fear that their symptoms could be unique. Talking about the psychotic symptoms and feelings helps to differentiate them. Improved control over the problems and their life has an important destigmatising power. Group therapy has a destigmatising role through several group therapeutic factors, especially feelings of

universality, altruism and group cohesiveness. Subsequently, patients with psychosis start using their healthier parts and experience less stigma.

P0071

Suicide attempts of schizophrenia patients: A case-controlled study in tertiary care

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Background: schizophrenia is one of the mental illnesses with the highest risk of suicide, with very high rates of suicide attempts and suicidal ideation. However data regarding suicide attempts by schizophrenia patients is scarce. In this study a large sample of schizophrenia patients who had attempted suicide was characterized.

Method: a fifteen year retrospective analysis of all records of adult patients suffering from schizophrenia admitted to our center was conducted. The index group (N=1094) was comprised of patients who had attempted suicide; the comparison group (N=1094) was comprised of the next admission of a patient suffering from schizophrenia who did not attempt suicide prior to hospitalization.

Results: the index group consisted of 380 women and 714 men, with a mean age of 39.6 + 12.9 years. The comparison group consisted of 302 women and 792 men, with a mean age of 42.9 + 13.7 years. Four variables were identified as significantly differentiating between groups: Patients who had attempted suicide were younger (39.6 vs 42.9 years; p = 0.00), had a higher percentage of females (34.7% vs 27.6%; p = 0.00), with increased rates of co-morbid physical illness (27.5% vs 20.4%; p = 0.00) and with a higher rate of substance abuse (32.1% vs 12.4%; p = 0.00).

Conclusions: this study brings attention to some significant factors associated with attempted suicide amongst schizophrenia patients, especially physical co-morbidity and substance abuse. In order to decrease adverse outcomes in this group of patients these variables should be addressed in risk assessment schemes.

P0072

SMS in the outpatient treatment of schizophrenia: Feasibility and acceptance

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Background: In schizophrenia treatment-compliance is a strong predictor of outcome, it depends on a longer lasting therapeutic alliance. SMS (Short Message Service) sent via mobile phones is an adequate tool to establish therapeutic contingency as was shown in a study on bulimia. This programme compliments outpatient treatment and is based on an exchange of SMS-messages between patient and therapist. On a weekly basis, patients supply information on subjective well-being, sleep, social contacts, and attitude towards medication. The patient's status is then rated as improved, deteriorated, or unchanged compared to the previous week and an adequate feedback message is sent. The study aimed at assessing feasibility and acceptance of this intervention in schizophrenia patients.