Results: 178 patients were randomized. 144 patients completed the study (80.9%). The relapse rate was 33.7% (30/89) for the maintenance group and 66.3% (59/89) for the placebo group (log-rank test, chi-square=13.328, p<0.001). Relapse was not related to age or gender. Other significant predictors of relapse include medication status, pre-morbid schizotypal traits, verbal memory and soft neurological signs.

Conclusions: There is a substantial risk of relapse if medication is discontinued in remitted first-episode psychosis patients following one year of maintenance therapy. On the contrary 33.7% of patients discontinued medication and remained well.

Acknowledgement: This study was supported by an investigator-initiated study award from AstraZeneca and the Research Grants Council, Hong Kong (Project number: 765505).

P0094

Weight gain as a marker of evolution to patients with multiple episodes schizophrenia and atypical antipsychotic treatment

A. Chimorgiachis, D. Marinescu, M. Pirlog. *University of Medicine and Pharmacy of Craiova, Craiova, Romania*

Background and Aims: Atypical antipsychotics (AAP) are associated with adverse effects such as weight gain and the metabolic syndrome. Weight gain is an important marker to control while using AAP. Our study shows the existent correlations between weight gain, the decrease of neuroprotection and cognitive impairment.

Methods: A retrospective study on 16 patients, 10 women and 6 men, diagnosed with schizophrenia (DSM-IV) and multiple episodes (>5 episodes in 3 years) being under treatment with typical antipsychotics (minimum 3 cures, more than 6 months each) and to whom was imposed the switch to atypical antipsychotics because of the poor therapeutical respondence. None of the patients presented EPS of whose intensity to necessitate this switch. After the initiation of the AAP therapy they presented a significant weight gain (>15% of the ideal weight in the first 12 months).

These patients were monitorized for:

- social distress factors;
- the cognitive evaluation using California Verbal Learning Test;
- neuroimagistic evaluation (CT);
- PANSS.

Results: All the patients presented a high familial and social distress factors, cognitive impairment and neuroimagistic modifications in cortical areas and ventricular enlargement. On the PANSS scale observing a decrease in intensity of the positive symptoms, and an insignificant modification of the negative symptoms.

Conclusions: The significant weight gain during the first year after the switch to AAP to these patients, can serve as a marker for neurostructural changes, neuroimagistic monitorization being obligatory at the moment of the decision of switching from a typical to an atypical antipsychotic.

P0095

Distinctive features of post-schizophrenic depression

V. Kenchadze [2], E. Chkonia [1]. [1] *Asatiani Psychiatry Research Institute, Tbilisi, Georgia* [2] *Tbilisi State Medical University, Tbilisi, Georgia*

Since depressive symptoms (SDS) are prevalent under-recognized and clinically important problems in patients with schizophrenia, the pattern of symptoms and associated features of depressive symptoms, as well, as inclusion of psychopathology and neurodynemic variations in personality structure of patients with chronic schizophrenia deserve more investigation.

We aimed to identify clinical and experimental-psychological features of post-schizophrenic depression. The longitudinal study has been designed to investigate patients with paranoid schizophrenia. As a result of the careful clinical and psychological analyses due to psychopathology we defined four types of depression. From which two types of depression – agitated and asthenic prevailed in active phase of schizophrenia and remained two hypochondriac and apathyc mainly occurred during stabilization. This finding would have prognostic value.

Furthermore, we examined personality changes leaded by cognitive symptoms and specified psychopathological and neurodynamical input in alteration of personality structure with word association experiment by A.D. Zurabashvili. As the semantics of trigger words became more complex the qualitative impairment deepened. Lower pathological associations have overcome scanty logical thinking and fluctuation of latency time with thought blocking became prominent.

SSRI (Fevarin, Rexetin) appeared especially effective in treatment of certain type of post-schizophrenic depression.

P0096

Verbal memory characteristic of patient with paranoid schizophrenia and their first degree relatives

E. Chkonia [1], A. Kezeli [2], L. Tsverava [1]. [1] *Tbilisi State Medical University, Tbilisi, Georgia* [2] *Beritashvili Physiology Institute, Tbilisi, Georgia*

The cognitive deficits associated with schizophrenia have received increasing attention as potential endophenotypes of the disorder that could potentially discriminate relatives of patients from controls. Endophenotype that is inherited and state – independent should be found in affected family members as well as in nonaffected family members at a higher rate than in the general population.

The current study has attempted to characterize the prevalence, degree and nature of verbal memory deficit in schizophrenia and aimed to study verbal memory task performance in patient with paranoid schizophrenia and their first degree relatives in order to identify, trait cognitive marker of the disorder. Due to this we had studied, whether nonpsychotic relatives of schizophrenic probands had an elevated risk of deficits in cognitive functioning, and, which specific factors such as gender, age, education, illness duration, diagnosis and psychopathological symptoms influenced the tests performance.

Schizophrenia patients showed significant impairment of the verbal memory in all domains. In contrast, their first degree relatives having the same education level as the patients did not differ considerably from healthy controls. These results indicate that, probably, the deficiency of explicit verbal memory is not associated with the diathesis for schizophrenia.

As the test performance did not correlate with severity of symptoms and medication this finding cannot be attributed to the distractibility due to active psychotic symptoms, or treatment effects. Impaired performance on the CVLT task, a measure of explicit verbal working memory, appears to be associated with the cognitive deficits due to the disorder itself.

https://doi.org/10.1016/j.eurpsy.2008.01.762 Published online by Cambridge University Press