

Objective: This study investigated whether a specific planning and evaluation approach called VADO (Skills Assessment and Definition of Goals) resulted in improved personal and social functioning among patients with chronic schizophrenia.

Methods: A total of 85 patients with chronic schizophrenia were randomly allocated to the VADO-based intervention or to routine care; 78 completed the program. Interventions were carried out in nine Italian day treatment or residential rehabilitation facilities. Assessment at the beginning of the study and at the one-year follow-up included the Personal and Social Performance scale (PSP) and Brief Psychiatric Rating Scale Version 4.0 (BPRS). Clinically significant improvement was defined as an increase of at least 10 points on the PSP or a decrease of at least 20 percent on the BPRS total score.

Results: At baseline, average PSP scores in the experimental group and in the control group were 33.9 ± 8.1 and 34.0 ± 11.2 , respectively. (Possible scores range from 1 to 100, with higher scores indicating better functioning.) At six months, the score improved markedly in the experimental group (40.8 ± 10.9) and minimal change was observed in the control group (35.3 ± 11.6); the difference between groups was significant (difference of 6.9 points compared with 1.3 points; $t=2.21$, $df=81$, $p<.05$). At 12 months, the same trend was observed (difference of 12.0 points compared with 3.5 points), and the difference between groups was both statistically and clinically significant ($t=2.99$, $df=75$, $p<.01$).

Conclusions: A statistically and clinically significant improvement in functioning was observed among patients treated with the VADO approach.

P0125

First health and nutritional survey of Israeli schizophrenic patients - 2006

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Background and Aim: The first National Health and Nutrition Survey (Israeli Ministry of Health, 2004) was carried in accordance with the recommendations of the World Health Organization and the Food and Agriculture Organization. Our survey is the first stage of an ongoing process of monitoring the health and nutrition status of Israeli schizophrenic patients. The information generated from the surveys serves as a basis for the evaluation of health indicators in schizophrenic patients, the monitoring of changes over the time and the identification of sub-population groups at increased risk of morbidity.

Methods: The study was approved by the Institutional Review Board. Study population was based on a sample from the schizophrenic patient registry in Abarbanel Mental Health Center (Israel). A face-to-face interview was carried out with the sample person (30 acute and 30 chronic patients completed the interview). The questionnaire included demographic details on the subject and family, questions on health status, alcohol intake, exercise, smoking habits, eating and dieting habits, food supplementation use, knowledge and attitudes regarding nutrition, source of nutrition knowledge and "24-hour food recall".

Results: BMI of chronic patients [BMI<20.0 in 4 (13.8%) of subjects] was significantly higher than of acute patients [BMI>35.0 in 4 (13.8%) of subjects] (Likelihood ratio=12.8; $df=4$; $p<.012$), but were no differences in nutritional status (NS) and eating habits (NS).

Conclusions: The findings provide scientific data which serve decision and policy makers in the formulation of policy and planning of interventions for improvement of general health, lifestyles and nutritional status of schizophrenic patients.

P0126

Quality of life in schizophrenia: Association with global functioning, symptomatology and neurocognition

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Background/Aims: Quality of life (QOL) has been recognized as an important outcome of schizophrenia treatment. We examined whether global functional status, symptomatology and neurocognition would contribute to quality of life in patients with schizophrenia.

Methods: Eighty six stable schizophrenic outpatients (DSM-IV-TR criteria) were included. All patients were receiving antipsychotic treatment. Functioning and clinical assessment included the Global Assessment of Functioning scale (GAF), the Clinical Global Impression scale (CGI), the Positive and Negative Syndrome Scale (PANNS) and the Calgary Depression Scale for Schizophrenia (CDSS). Neurocognition assessment evaluated attentive functions, verbal memory-learning, executive functions and perceptual-motor speed. QOL has been evaluated using an objective measure (Schizophrenia Quality of Life Scale, QLS). Indices correlated with QOL ($p<0,005$) were then included in a multiple regression analysis using QOL as the dependent variable and the Bonferroni correction.

Results: QLS total score was predicted by global functioning and negative symptoms ($F=56,47$, $p<0,001$), which accounted for 57% of the variance. Social activity, intrapsychic functioning and use of objects and participation in activities domains were also predicted by global functioning and negative symptoms whereas instrumental functioning domain were predicted only by global functioning.

Conclusions: Our findings suggest that, in outpatients with schizophrenia, global functioning and negative symptoms seem to play a role on modifying QOL while neurocognition doesn't seem to have a direct impact on QOL.

P0127

Psychiatric manifestations during the course of late (tertiary) syphilis: Diagnostic dilemmas and therapeutic considerations a propos of a case report

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Introduction: Neurosyphilis results from infection of the brain, meninges or spinal cord by the spirochete *Treponema pallidum* and comprises a wide spectrum of clinical and pathological features including psychiatric symptoms. We report the case of a patient who presented with psychotic symptoms and was diagnosed with late syphilis.

Case report: A 45-year-old male with anxiety, insomnia, auditory hallucinations, delusions of persecution and mild cognitive impairment of relative recent onset was admitted to the Department of Skin and Venereal Diseases because of serological evidence of syphilis (TPHA 1:320). Upon admission treatment with olanzapine (15 mg/d) was started. Further evaluation yielded positive syphilis serology (TPHA, RPR and FTA-abs) in serum, slight cerebral atrophy in

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