Medical Faculty, Balcova, Turkey [2] *Pfizer Inc, New York, NY, USA* [3] *Noordheuwel, Krugersdorp, South Africa* [4] *Department of Psychiatry, Uludag University Medical School, Gorukle, Turkey* [5] *Sismanoglion General Hospital, Department of Psychiatry, Athens, Greece*

Background and Aims: Some patients with schizophrenia switch medications due to lack of efficacy or side effects; improvement in symptoms and side effects following a switch must be assessed.

Methods: In a 12-week, open-label, baseline-controlled, flexible dose switch study, adult outpatients with schizophrenia experiencing suboptimal efficacy or tolerability problems were switched from haloperidol (n=99), olanzapine (n=82), or risperidone (n=104) to ziprasidone (80¬−160 mg/d; dosed bid with food). The primary efficacy evaluation was the BPRS score at Week 12. Safety evaluations included change from baseline in movement disorders (SAS, BAS, AIMS), weight, prolactin, and fasting lipids levels. Statistical tests were 1-sided non-inferiority comparisons with correction for multiple comparisons (0.025/3 significance level), for the primary efficacy endpoint, or 2-sided (0.05 significance level), for secondary endpoints.

Results: BPRS scores improved significantly compared with all 3 preswitch medications at Week 12. Mean change from baseline (SD) for patients switched from haloperidol, olanzapine, and risperidone was −11.3 (16.3), −6.3 (14.2), and −9.9 (13.2), respectively ($p < 0.0001$ vs baseline). Movement disorders, measured by SAS, BAS, and AIMS, improved significantly for subjects switched from haloperidol and risperidone. Change in weight (kg ± SD) from baseline was 0.4 ± 3.97, −2.0 ± 3.99 ($p < 0.001$), and −0.6 ± 3.21 for subjects switched from haloperidol, olanzapine, and risperidone, respectively.

Conclusions: Patients switched to ziprasidone demonstrated improvement in symptoms and movement disorders, with a weight neutral effect. Ziprasidone is an appropriate switch option for patients experiencing suboptimal efficacy or poor tolerability with their current treatment.

P0145

Unitary psychosis an evidence from early psychosis

M.H. Khan [1], H.R. Chaudhry [2], M.G. Butt [2], Z. Mukhtar [3], M. Haq [4], A. Bakar [5]. [1] *Psychiatry Department, Sexual Health Institute of Pakistan, Lahore, Pakistan* [2] *Paychiatry Department, Sir Ganga Ram Hospital, Lahore, Pakistan* [3] *Psychiatry Department, AZM Hospital, Sargoda, Pakistan* [4] *Mental Health Department, Allenora, Lahore, Pakistan* [5] *Pharmachology Department, Remedies International, Lahore, Pakistan*

Introduction: Early psychosis is not a discrete disorder; rather it is mixed-up state .Different states like depression, anxiety, psychosis, obsession manifest during this period. 20% to 40% of BLIPS positive subjects eventually make transition to psychosis. Large proportion of remaining patients develops anxiety or mood disorders. During early psychosis unitary psychosis, manifest itself in forms of different psychiatric disorders.

Method: An electronic search was made at data based websites including pub med and Blackwell synergy using key words , unitary psychosis, prodrom, early psychosis .This was followed by manual and internet study of relevant articles .

Results: Cognitive deficits and defects of facial recognition were present in both schizophrenic and bipolar prodrom .In 24.2% schizo-obsessive patients reduced size of the left hippocampus was found. 84% subjects reported depressive symptoms before transition to psychosis, 73% of patient of schizophrenia starts with non-specific affective and negative symptoms. In presence of depression, probability of transition to psychosis increased from 4% to 21.7%. In 47.3% of patients, OCD occur before onset of frank psychosis.

Discussion: High prevalence of comorbidities during prodromal phase indicates that shared common factor is involved. Anxiety, depression and attenuated psychosis are integral components of early psychosis. Overlapping of bipolar and schizophrenic prodrms depicts commonality of origin of two disorders.OCD is associated with schizo-obsessive subgroup. Strong interactive relationship among different disorders could be explained on basis of unitary psychosis.

Conclusion: Presence of unitary psychosis is realized in the studies of early psychosis.

P0146

Phenomenon of loneliness in structure of apathy abulia syndrome

A.S. Kim, S.M. Karypbaeva. *Department of Medical Psychology and Psychiatry, Kyrgyz State Medical Academy, Bishkek City, Kyrgyzstan*

Phenomenon of loneliness is one of the clinical and psychological mechanisms causing development of apathy abulia syndrome.

Objectives

1. To identify a phenomenon of loneliness, levels of depression and anxiety of patients with deep psychopathological disorders.
2. To allocate the role of the phenomenon of loneliness as the differentiation factor of therapy of patients with deep psychopathological disorders.
3. To study and create differential models of therapy of patients with deep psychopathological disorders.

Material and Methods: 74 patients were surveyed at the Republican centre of mental health in Bishkek city in the age of from 16 till 60 years with deep psychopathological disorders .

- Modified UCLA scale for the evaluation of the level of the loneliness,
- Standardized Zung depression scale
- Standardized Spilberger-Hanin anxiety scale

Results: Patients with organic psychopathological disorders (F06.2) 32 people had less level of loneliness (37.8 ($P<0.01$)) in comparison with patients suffered from, schizophrenia (paranoic with apathy abulia syndrome) (57,3 ($P<0.01$)). While the intensity of hypothimic affect of patients with deep psychopathological disorders was higher (46,2 ($P<0.01$)) , then one of patients with schizophrenia. Anxious level was middle and there wasn't found any verified differences.

Conclusions

- Phenomenon of loneliness is one of the clinical and psychological mechanisms causing development of apathy abulia syndrome of patients with deep psychopathological disorders
- Phenomenon of loneliness is one of components of differential therapy of patients with deep psychopathological disorders.

P0147

Evidence for a normally functioning mirror system in schizophrenia

J. Kinross [1], V. Kumari [2], S. Frangou [1]. [1] *Section of Neurobiology of Psychosis, Institute of Psychiatry, King's College London, London, UK* [2] *Psychology Department, Institute of Psychiatry, Kings College London, London, UK*

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