

less frequently with Quetiapine (QTP) when compared with the conventional neuroleptic haloperidol (Copolov D.L. et al., 2000). The aim of this study was to test the hypothesis that new atypical antipsychotic quetiapine would be effective and safe treatment for adolescents with aggressive behavior

Methods: We have conducted an open-label study with Quetiapine (Seroquel) in the treatment of aggressive behavior in adolescents. The group consisted of 5 men and 7 women. These 12 patients met ICD-10 diagnostic criteria for conduct disorders [F91]. The mean age was 17,1. Global clinical assessment was performed by clinical method and following scales: Clinical Global Impressions – Severity of Illness Scale (CGI-S) and Improvement Scale (CGI-I); Social and Occupational Functioning Assessment Scale (SOFAS-DSM-IV, 1994). The incidence of extrapyramidal symptoms was evaluated through a Rating Scale for Extrapyramidal Side Effects-Simpson-Angus Scale. Assessment of neuroleptic-induced akathisia was conducted with the Barnes Akathisia Scale (1989).

Results: The average duration of aggressive behavior prior to the beginning QTP treatment was 94 days. Adolescents had received a new atypical neuroleptic Quetiapine (25–50 mg/day) 4 weeks. Written informed consent was obtained from adolescents and their parents. The improvement rate [according to CGI and SOFAS] tended to increase with QTP treatment. There was a percentage decrease from baseline to endpoint of 63% in CGI-S scores. For all adolescents in this study QTP improved social and interpersonal functioning (SOFAS>65).

Conclusion: Our data suggest that quetiapine treatment may be effective, safe and well tolerated therapy in adolescents with aggressive behavior.

P07.20

Self-reported prodromal symptoms of adolescents attending psychiatric care

T. Suomela*, M. Heinimaa, T. Ilonen, J. Korkeila, J. Huttunen, T. Ristkari, R.K.R. Salokangas. *Department of Psychiatry, University of Turku, Finland*

Objectives: To explore the prevalence of self-reported specific and non-specific prodromal symptoms in a sample of 14–22 years old adolescents attending adolescent psychiatric services in Turku, Finland.

Methods: A short version of PROD-screen (PROD4), a screen for prodromal symptoms, was given to all new patients coming to three adolescent out-patient clinics and two adolescent psychiatric wards in Turku area between January 1, 2002 and June 14, 2001.

Results: 270 PROD-screens were filled (M=103, F=167). The most frequent symptoms reported were anxiety (79.3% of patients), depression (74.4%) and difficulties in thinking (60.7%). Decrease in functioning ability was most frequently reported in school or work performance (64% of patients). 83.3% of patients reported at least one specific symptom and 37.8% reported three or more of them. There was a positive correlation between specific symptoms and decrease in functioning ability (Pearson's $r=0.28$, $p<0.01$), specific and non-specific symptoms ($r=0.47$, $p<0.01$) and non-specific symptoms and decrease in functioning ($r=0.40$, $p<0.01$).

Conclusions: Prodromal symptoms were frequently reported in the questionnaire.

P07.21

Premorbid social adjustment and early-onset schizophrenia course

M. Kotlicka-Antczak*, A. Gmitrowicz, K. Rabe-Jablonska. *Department of Psychiatry, Medical University of Lodz, Poland*

The objective of the study was to find associations between the level of premorbid social adjustment and the schizophrenia course and symptoms.

Methods: Premorbid social adjustment (PSA) of 50 DSM-IV schizophrenics with their first schizophrenia episode in adolescence, and psychosocial functioning of 30 healthy controls were measured using the Premorbid Adjustment Scale by Cannon-Spoor. Based on multiple evaluations with PANSS the symptoms' profile and the course of schizophrenia were determined.

Results: We distinguished two groups of patients: with prominent negative and prominent positive symptoms. PSA of schizophrenics with prominent negative symptoms and a chronic schizophrenia course was significantly worse in all life periods ($p<0.001$) compared to PSA of patients with prominent positive symptoms as well as to functioning of controls. The gradual deterioration of functioning in the "negative" group was observed. PSA of patients with prominent positive symptoms and the psychosocial functioning of controls did not differ significantly.

Conclusions: The findings show that a premorbid social maladjustment is associated with a specific symptoms' profile (prominent negative symptoms) and a chronic course of schizophrenia. They suggest that schizophrenia is a pathogenetically heterogeneous disorder.

P07.22

Integrated treatment of aggressive child & adolescent inpatients

G.N. Cohen*, D. Dispenza, K. Brailier. *SUNY, School of Medicine & Biological Sciences, Buffalo, NY, USA*

A number of case vignettes reflecting a comprehensive admission process and continual multi-disciplinary team planning with subsequent changes in treatment plans will be presented. The multi-disciplinary team headed by a Child and Adolescent Psychiatrist integrates psychological models of anger management, psycho-educational token system and milieu structure with neuroleptic and mood stabilizing medicines. This model can be well elaborated on a poster or easily presented and discussed in several venues.

P08. Cognition

P08.01

Cortical connectivity disturbances in acute and chronic schizophrenia

V. Borisovna Strelets. *Institute of Higher Nervous Activity and Neurophysiology, Russian Academy of Sciences, Moscow, Russia*

The work is aimed at the study of the connections between different cortical areas in «acute» schizophrenic patients with the duration of the illness not more than two years and chronic ones. Coherence method was used to study cortical connections during performance of the cognitive task, addressed at both hemispheres simultaneously (silent counting of the hours on the imaginary clock dial). It was revealed that the «acute» patients had significantly less interhemispheric connections in anterior cortical areas than the normals in high frequency beta-rhythm. In the chronic patients the deficit of interhemispheric connections in high beta was found in all cortical regions. Obtained in «acute» patients anterior interhemispheric