

**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.

## P008

A long term group for patients with psychosis - the personal view of a resident of psychiatry

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**Objective:** Group psychotherapy for patients with psychosis is a task which evokes considerable anxiety and poses significant difficulties for the psychotherapist. I have started to work in a co-therapeutic pair in outpatients long term group for medicated patients with psychosis as a psychiatric resident.

**Methods:** A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, non-structured conversation and clarifications is used.

**Results:** From the beginning I felt insecure, stigmatised, anxious and under the impression, that psychotherapy does not work for patients with psychosis. During last three years, I have developed more empathy, interest and understanding and less anxiety for patients with psychosis.

**Conclusion:** Working in group has been important, both, as a personal and professional experience. Listening to patients and trying to understand them has improved my understanding of psychosis in a broader sense. Now, I strongly believe that patients with psychosis can benefit from modified psychotherapeutic work in a long term. Personally, with the help of the group, I have become more honest and open and less manipulative person and less stigmatised of being the psychiatrist.

## P009

Neuropsychological remediation in schizophrenia

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85% of schizophrenic patients exhibit severe cognitive deficits (Palmer 1997; Kremen 2000) that are related to functional outcome (Green, 1996) and do not respond well to medication.

25 schizophrenic patients, treated with atypical antipsychotics for more than 6 months, underwent during one year, twice a week, a computerized neuropsychological remediation program using the software Rehacom (Hasomed).

Patients performances are measured before and after treatment (WAIS III, WCST, Stroop, fluencies) and compared to standardized mean scores (matched for age and socio cultural level).

Treatment significantly improved global cognitive and executive functioning. WAIS scores at the different subtests are more homogeneous; this latter result may help schizophrenic patients to adjust themselves to real life conditions.

## P010

Effect of clozapine and olanzapine on cortical excitability in schizophrenia

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Cortical excitability is modified in schizophrenia [1] but the effect of antipsychotic drugs has been disputed. In particular, patients receiving olanzapine and risperidone showed less cortical disinhibition compared to untreated schizophrenic subjects [2]. However, despite the observed increase, the Resting Motor Threshold (RMT) remained inferior to the RMT in normal controls, and the Transcallosal Conduction Time (TCT) did not change.

There is no comparative study of the effect of clozapine, an effective antipsychotic with proconvulsant properties.

We studied cortical excitability by transcranial magnetic stimulation in stabilized schizophrenic patients treated by clozapine (n=10), olanzapine (n=10) compared to healthy volunteers (n=10).

The aim of this study was to extend previous research into inhibitory deficits in schizophrenia and to compare the effect of clozapine and olanzapine on neurophysiological parameters such as RMT, Intracortical Inhibition (ICI), Intracortical Facilitation (ICF), Cortical Silence Period (CSP) and Transcallosal Inhibition (TI).

In clozapine treated patients, the RMT and ICI were significantly lower (p<0.05) compared to olanzapine treated and healthy subjects. TCT was longer in schizophrenic patients without difference in treatment subgroups.

**Conclusion:** The trend toward normalization of RMT and ICI with antipsychotic treatment seems to be independent of the magnitude of therapeutic effect.

## References

- [1] Alvaro Pascual-Leone. *Biol Psychiatry* 2002;25(52):24–31.
- [2] Paul B. Fitzgerald. *Psychopharmacology* 2002;162:74–81.

## P011

The lactate provocation test to investigate the relationships between panic attacks and delusional disorder: A two case report

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**Background and aims:** It was suspected that the delusional disorders of bewitchment and devil persecution of two female patients (41 and 40 years old) could be the consequence of an erroneous interpretation of the sensations induced by panic attacks, as several authors have previously suggested. Both patients had schizophrenia spectrum antecedents (Patient A was suffering from a schizo-affective disorder, Patient B had a schizotypic disorder and an antecedent of brief hallucinatory episode). Thus these individuals had some tendency

toward psychotic thinking. The interest of this case report stems from the manner in which we tested our clinical hypothesis.

**Methods:** The patients agreed to the use of a lactate provocation test in double-blind, placebo-controlled conditions during four randomized sessions on consecutive days (two with lactate and two with placebo). The active lactate test used a 0.5 molar racemic lactate sodium 10 ml/kg solution, infused in 20 minutes.

**Results:** Neither patient displayed panic symptoms during the placebo sessions whereas patient A developed two full-blown panic attacks during the active lactate sessions and patient B developed one subthreshold and one moderate panic attack during the active lactate sessions. The results of these investigations led to a specific cognitive therapeutic treatment of the delusional convictions in patient A.

**Conclusion:** The results of this investigation, at least in patient A, strongly support our clinical hypothesis about a possible relationship between panic disorder and delusional disorder in some cases.

## P012

The assessment of adherence using a questionnaire in patients suffering from schizophrenia

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**Background and aims:** Therapeutic adherence is a key issue in patients suffering from schizophrenia. The possibility of psychotic relapse is increased by the omission of medication. Relapses decrease the chance of favourable prognosis of the disorder, and this leads to further hospitalization, which entails increased social expenses. Unfortunately, medication omission, or non-compliance, is very frequent in patients with schizophrenia. Good compliance develops as a result of an interaction among multiple factors affecting the physician, the patient and his/her relatives. The objective was to define principal factors which affect compliance in persons with schizophrenia.

**Methods:** A survey was conducted using a self-rated questionnaire to assess compliance in patients, their relatives and their physicians. Subjects participated from various geographical areas of the country in order to make a sample representative.

**Results:** 909 schizophrenic patients, 73 physicians and 423 relatives participated in this study. Forty-one percent of patients indicated non-compliance by their own decision. The analogous estimate from physicians was 57%. Almost half of the patients (42%) forgot to take the medication or miss it due to other cognitive dysfunctions. This problem affects more patients according to physicians' (49%) and the relatives' (55%) opinion.

**Conclusion:** Based on our estimates improvement of therapeutic adherence in patients with schizophrenia has high clinical importance, since lack of adherence is directly related to therapeutic failure, and results in an elevated risk for patients' deterioration and life-functioning.

## P013

Sertindole: A newly available atypical antipsychotic with placebo level EPS

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**Introduction:** Sertindole is an antipsychotic agent that shows affinity for D2, 5-HT<sub>2A</sub>, 5-HT<sub>2C</sub>, and α<sub>1</sub>-adrenoceptors. Preclinical research

suggests that sertindole has a preferential effect on the activity of limbic and cortical dopaminergic neurons, and clinical trials have confirmed that sertindole is efficacious at a low D2 receptor occupancy, comparable to that produced by clozapine, which may confer a lower risk of EPS.

**Methods:** PubMed was searched for all randomised controlled trials of sertindole where EPS ratings were performed and published in English language in peer-reviewed medical journals. All of these published studies were reviewed regarding the occurrence of EPS in patients.

**Results:** Five clinical trials of sertindole fulfilled these criteria. Comparators were placebo, haloperidol and risperidone. Rating scales used were: Simpson –Angus Scale (SAS), Barnes Akathisia Scale (BAS), and Abnormal Involuntary Movement Scale (AIMS). Furthermore, the need for anti EPS medication, and the incidence of EPS-related events (presented as percentage of patients), if registered, was recorded. If significant differences were reported, NNT (number needed to treat) values were calculated and presented with point estimates and 95% CI. In three studies significant differences between sertindole and haloperidol were observed. In the two remaining studies, no significant differences were noted between sertindole vs placebo and risperidone, respectively.

**Conclusions:** In summary sertindole has been shown to have an exceptionally low propensity for EPS, and abnormal movement side effects.

## P014

Persistence of negative symptoms in psychotic patients: Results from the CLAMORS study

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**Background and aims:** This study assessed the persistence of negative symptoms in patients treated with antipsychotics.

**Methods:** A retrospective, cross-sectional, multicenter study was carried out by 117 Spanish Psychiatrists (The CLAMORS Collaborative Group). Consecutive outpatients meeting DSM-IV criteria for Schizophrenia, Schizophreniform or Schizoaffective Disorder, under antipsychotic treatment for at least 12 weeks, were recruited. Negative symptoms were assessed using the PANSS scale (1-blunted affect; 2-emotional withdrawal; 3-poor rapport; 4-social withdrawal; 5-abstract thinking; 6-verbal fluency; 7-stereotyped thinking). Persistence of a negative symptom was defined by severity score > 3. Persistence of primary negative symptoms was defined when: not present extrapyramidal symptom (EPS); not present items 2 (anxiety) or 6 (depression) of General Psychopathology PANSS scale (<=3); dose of haloperidol non higher than 15 mg/d; and not present antiparkinsonian treatment.

**Results:** 1452 evaluable patients (863 men, 60.9%), 40.7+12.2 years (mean+SD) were included. Negative symptoms (one or more) were presented in 60.3% of patients. The most frequent negative symptoms were social withdrawal (45.8%), emotional withdrawal (39.1%), poor rapport (35.8%) and blunted affect (33.1%). Primary negative symptoms (one or more) were present in 33.1% of patients.