

treated patients. Sexual activity was assessed using CGI-S and CGI-I for SD; SALSEX scale, validated for Spanish, 3 times after initiating study drug. Patient's clinical status was evaluated by CGI-S and CGI-I for psychotic disorders, and by BPRS Scale.

Result: 42 patients (70% men), 38 completed the study. Incidence of SD at 3 months was null for all patients studied. As period of treatment advanced, the Salsex score decreased, showing a mean overall reduction of -5 points (SD 3.6). Largest reduction was observed in subgroup of patients with SD in baseline visit, who exhibited a mean reduction of -6 points (SD 3.1).

Men with SD in baseline evaluation showed more marked improvement than women at 40 days of treatment ($p=0.0447$). However, recovery was similar for both groups at 90 days of treatment.

Conclusions: In schizophrenia, SD secondary studies to antipsychotics are important in establishing effectiveness of these agents in chronic treatment. After 3 months of aripiprazole treatment, no SD was observed in patients. Patients who presented SD at study initiation improved over course of 3 months treatment with aripiprazole.

P0180

Day treatment program for schizophrenia based on psychoeducation: The 6-week follow-up focused on psychopathology and quality of life

L. Motlova^{1,2}, E. Dragomirecka², J. Cermak², F. Spaniel^{1,2}. ¹ 3rd Faculty of Medicine Charles University, Prague, Czech Republic
² Prague Psychiatric Center, Prague, Czech Republic

Background and Aims: Successful long-term schizophrenia management should aim at delivery of information about the disease, treatment adherence support, cognitive decline prevention and family atmosphere improvement. We introduce clinically-based 6-week structured integrated program for out-patients with schizophrenia-spectrum disorders in the stabilization phase of the treatment. It consists of the new psychoeducational program PREDUKA (Patient and Relatives Education), life style improvement intervention, social skills training, cognitive remediation and information technology aided relapse prevention program (ITAREPS).

Methods: To assess the feasibility and effectiveness we designed one-year prospective follow-up field study.

Results: Preliminary analyses ($N=71$; first episode $N=29$) on baseline and 6-week outcomes data on psychopathology (PANSS) and quality of life (Schwartz Outcomes Scale-10, WHO-QOL-BREF and Social Integration Survey) showed significant improvement in PANSS total score and all PANSS domains scores. Compared to healthy controls quality of life was lower in patients including those with first episode. Immediately after the program quality of life improved significantly; in Group activities, Appropriateness and Hygiene domains reached normal controls.

Conclusions: Our short-term data suggest that participation at the program early after discharge is beneficial as it improves quality of life, prevents social isolation and early non-compliance and ensures continuity of care.

Acknowledgement: This project was supported by CNS 2005-2009 1M000237520 MSMT CR and VZCR MZ0PCP 2005

P0181

Efficacy of integrated neurocognitive and social cognitive group therapy for schizophrenia patients: Results of a randomised controlled multi-centre study

D.R. Mueller, M. Laechler, V. Roder. *University Psychiatric Services, Bern, Switzerland*

Background: The NIMH MATRICS initiative established a consensus about separate neurocognitive and social cognitive domains relevant in the treatment of schizophrenia. We designed a cognitive-behavioural group therapy program (INT) covering these treatment targets. INT represents a further development of the cognitive components of Integrated Psychological Therapy (IPT) and is partly computer based. INT intends to reconstitute and compensate neurocognitive and social cognitive (dys-)functions with a strong focus on the patients' daily life context, in facilitating intrinsic motivation and resources.

Methods: INT has currently been evaluated in an international multi-centre study in Switzerland, Germany and Austria, which is supported by the Swiss National Science Foundation. INT is compared with treatment as usual (TAU). INT patients receive 30 therapy sessions twice a week, lasting 90 minutes each. A comprehensive assessment battery is applied before and after therapy and at a 1-year follow-up. 102 outpatients participated in the study.

Results: INT is highly accepted by the patients. Only 8% of the patients dropped out of the study. Compared to TAU, INT patients obtain superior outcomes in neurocognitive and social cognitive variables, negative symptoms, insight and social functioning after therapy and at follow-up. Additionally, only the INT group show higher correlations between self-rated deficits in neurocognition and objective psychometric test performances after the treatment phase.

Conclusions: Results support INT as a new and effective cognitive remediation approach within a multimodal treatment concept.

P0182

The niacin skin flush test in schizophrenia- a combined approach using laser doppler flowmetry and a visual rating scale

A. Must, S. Horvath, G. Szekeres, A. Juhasz, Z. Janka. *Department of Psychiatry, University of Szeged, Szeged, Hungary*

The purpose of our study was to investigate the differences in niacin skin flush responses between schizophrenic patients and normal controls, using visual rating methods and laser Doppler flowmetry, and identifying the possible confounding effect of age, smoking and medication.

107 patients who met the DSM-IV criteria for schizophrenia and 81 healthy controls with no history of major psychiatric disorder participated. All subjects met certain inclusion criteria and written informed consent was obtained. Niacin skin test was performed administering four different solutions of aqueous ethyl nicotinate (0.1M, 0.01M, 0.001M, 0.0001M) for one minute on the forearm skin. Reaction was rated visually after 5, 10 and 15 minutes using a 4-point rating scale, considering the local appearance of erythema and oedema. When using laser Doppler flowmetry, mean blood flow change in capillary vessels was measured in perfusion units (PU), in 15 minutes time.

We performed Kruskal-Wallis test to analyze differences in skin flush response. In the schizophrenic group, flush response- rated by the visual method and compared to controls- was significantly lower at every concentration used ($p<0,0001$) and decreasing with age. In 58 % of the schizophrenic subjects- while only in 28 % of the controls- less than 30 PU in blood flow change could be measured by laser Doppler flowmetry.

Both methods revealed the most remarkable distinction at 0,001M concentration. There were no significant differences considering age

and gender and we found no significant effect of smoking and type of antipsychotic medication, when comparing particular subgroups of schizophrenic patients.

P0183

Gender differences in involuntary treated patients with schizophrenia

A. Nawka¹, J. Raboch¹, L. Nawkova¹, E. Kitzlerova¹, L. Kalisova¹, M. Cerny¹, L. Cihal², T.W. Kallert³. ¹Department of Psychiatry, First Faculty of Medicine, Charles University, Prague, Czech Republic ²Central Land Consolidation Office, Ministry of Agriculture of The Czech Republic, Prague, Czech Republic ³Department of Psychiatry and Psychotherapy, Faculty of Medicine, University of Technology, Dresden, Germany

Background and Aims: Available evidence suggests that, compared with women, men have earlier age of onset of schizophrenia, poorer course and medication response, fewer affective symptoms and worse premorbid social and intellectual functioning. However there is a lack of data concerning gender differences in patients treated against their will.

Methods: 54 male and 65 female patients, who met the criteria for an F2 disorder according to the ICD-10 at the admission were included. They were assessed three times, in the first week and at the end of first and third month after admission. A broad range of structured assessment instruments has been used to assess psychopathology, social functioning, subjective quality of life, perceived coercion concerning admission, satisfaction with the treatment, socio-demographic characteristics, etc.

Results: The results indicates that there is no significant difference when comparing changes in total scores in psychopathology, satisfaction with therapy and quality of life. But there is a gender discrepancy when comparing certain single items from the scales, e.g. men were more severely impaired in ratings of grandiosity and unusual thought content, while women manifesting slightly better social functioning. Also in some socio-demographic features, in the use of coercive measures and in the reasons why are they applied gender plays a role.

Conclusions: In the majority of observed aspects concerning involuntary treatment, we have not found radical differences when it comes to gender. However, there are distinct disparities mainly in social functioning sphere, particular quality of life components and the motives for using coercive measures.

P0184

Aberrant brain stem function in schizophrenia

S. Nielzén, O. Olsson, J. Källstrand, S. Nehlstedt. *Department of Neuroscience, Section of Psychiatry, Lund University Hospital, Lund, Sweden*

Background and Aims: Earlier research has shown that schizophrenic individuals process complex sound in aberrant ways (Olsson.O., Dissertation, Lund, 2000). It has also been shown that they abnormally perceive forward and backward masking (Källstrand et al., *Psychiatry Res.* 2002 Dec 15; 11 (1-2); 115-25). Experiments described in those studies indicate that in schizophrenia, brain-stem activity is involved, where primitive sorting of sound elements takes place. Brain Stem Response Audiometry (BSRA) shows that e.g. dissimilar spectra significantly separates schizophrenics from healthy subjects (Nielzén.S., 15th AEP Congress, March 2007, p. S86). The

present study aims at demonstrating effects of loudness change of complex sound stimulation.

Method: Eighteen paranoid schizophrenic patients were compared with 25 healthy volunteers regarding BSRA recordings from 2048 sweeps of loud noise stimuli (76 dB) and 2048 quieter ones (73 dB). Analysis of latencies in ms and amplitudes in micro-volts of the peaks and troughs was performed.

Results: The amplitude of the highest peak of the region 1-4 ms was significantly lower with quiet noise for the schizophrenic group (P=.0002).

The schizophrenics showed significantly prolonged latencies of the highest peak during 4,5-9 ms with the quiet noise (P=.046); they had a significant longer latency from left than from right electrode (P=.049).

Conclusion: The results corroborate earlier cumulative BSRA results. These have been collected in a model – S-Detect – which is used as an objective decision support for the diagnosis of schizophrenia.

P0185

Optimized mismatch negativity reflects deficits in schizophrenia patients in a combined EEG and MEG study

H. Thoennessen¹, M. Zvyagintsev¹, K.C. Harke¹, F. Boers², J. Dammers², K. Mathiak¹, C.H. Norra^{1,3}. ¹Dept. of Psychiatry and Psychotherapy, RWTH Aachen University, Bochum, Germany ²Institute of Medicine, Research Center Juelich, Juelich, Germany ³Dept. of Psychiatry, Ruhr-University Bochum, Bochum, Germany

Background and Aims: Mismatch negativity (MMN) and its neuro-magnetic analog (MMNm) are event-related brain responses elicited by changes in a sequence of auditory events and indexes of early cognitive processing. It consistently detects neural pre-attentive information processing deficits in schizophrenia. So far, MMN can be assessed with different methods (electroencephalography, EEG; magnetoencephalography, MEG) and different paradigms using the “traditional” oddball (20% rare deviants) or the so-called “optimum” (50% rare deviants varying in one of five parameters each) designs but the latter has not been applied to schizophrenia as yet.

Methods: Both designs were compared in 12 patients with schizophrenia and 12 healthy controls using MEG and EEG. Automated, observer-independent data analysis rendered the procedures suitable for clinical applications.

Results: The optimum design was fastest to detect MMN changes. MEG had the best signal-to-noise ratio. In addition MMN was mostly reduced in schizophrenia if measured with MEG in the optimum paradigm.

Conclusions: Optimized MMN paradigms - especially MMNm - improve sensitivity and speed for the detection of schizophrenia endophenotypes. Dysfunctions in this disorder may lie primary in the fast and automatic encoding of stimulus features in the auditory cortex. Of note, these MMN optimum measures may not reflect one unitary mechanism that is equally affected in schizophrenia.

P0186

Increasing cardiovascular mortality trends in schizophrenia in Sweden

U. Osby^{1,4}, L. Alfredsson^{2,3}, G. Edman⁴, J. Reutfors^{1,5}, G. Isacson¹, C. Hennekens⁶, P. Sparen⁷. ¹Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden ²Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden