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Background and Aims: Erectile dysfunction (ED) is not uncommon in male patients with schizophrenia. The illness itself and antipsychotic medications (typical and atypical) have been implicated. Hyperprolactinemia due to pituitary D2 blockade is a probable causative factor for ED but adrenergic α 1 blockade and anticholinergic activity of neuroleptic drugs in the periphery have also been involved. The availability of three phosphodiesterase-5 (PDE-5) inhibitors, sildenafil, vardenafil, and tadalafil, has altered the management of ED. The aim of the study was to investigate the role of PDE-5 inhibitors in schizophrenic patients with ED

Methods: A search was performed in MEDLINE database using the following keywords: 'erectile dysfunction', 'schizophrenia', 'phosphodiesterase-5 inhibitors'.

Results: There exist positive reports with sildenafil regarding the role of PDE-5 inhibitors in schizophrenic patients with ED, and only one double-blind, placebo-controlled study. A recent open-label study with vardenafil has confirmed the beneficial effects of PDE-5 inhibitors on patients with chronic schizophrenia.

Conclusions: PDE-5 inhibitors have been shown effective for ED in individuals with schizophrenia. However, the number of studies is small and further investigation is needed to confirm the, up to the present, positive findings.

P0108

Frequency of rehospitalisation of schizophrenia patients

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Schizophrenia is a chronic mental disease which provokes repulsion of the social and environment of the patients. Stigmatism of schizophrenia patients is one of the causes that they are hospitalised much more frequently in comparison to other categories of psychiatric patients. The aim of this work is to determine, on the basis of detailed analyses of numerous characteristics recognizable socio-demographic profile of schizophrenia patients depending on the number of their rehospitalization. The analyses comprised 60 hospitalised female SCH patients who were classified in accordance with ICD X criteria. Depending of the number of rehospitalization all patients were classified in several groups: group 2-10 rehospitalization, group 11-20 rehospitalization, group 21-30 rehospitalization, and a group which comprised patients with more than 31 rehospitalization. Except the number of rehospitalization a special attention was paid to the length of periods between two rehospitalization and the length of each rehospitalization (which was connected to certain socio-demographic characteristics of hospitalized SCH patients. This problem has been discussed in detail in this work.

P0109

Cardiovascular risk factors in a population of 25 Portuguese patients with schizophrenia

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Introduction: Now-a-days, obesity and other cardiovascular risk factors (CVRF) became a matter of concern in Schizophrenia, due to their potential relation with atypical antipsychotics. The high prevalence of CVRF in schizophrenic patients is a consensual issue, but there are only a few studies in Portugal.

Objectives: This is an observational transversal study that aims to evaluate the presence of CVRF, and to establish the relationship between these ones and anthropometric measurements evaluating global and regional adiposity, in a population of schizophrenic patients.

Material and Methods: The authors studied a population of 25 schizophrenic patients followed at our Department of Psychiatry. These instruments were used: PANSS (Positive and Negative Symptoms Scale), and a semi-structured interview, with sociodemographic data, and information about life style, medication and schizophrenia. These informations were completed according to the clinical process. The following measurements were recorded: weight, height, abdominal circumference, lipidic and glicemic values, and blood pressure.

Conclusions: The high frequency of CVRF in the population of this study confirms the importance of regular medical evaluations, in every patients with Schizophrenia, to allow early diagnosis/monitorization of CVRF. However, our results don't confirm the benefit of anthropometric measurements as screening methods, possibly due to our small sample. Curiously, we found a weak correlation between CVRF and environment factors (as medication or life style), what can reinforce the hold idea of Schizophrenic susceptibility to CVRF.

P0110

Early detection of cardiovascular risk factors in schizophrenia

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A recent Consensus of the Washington Medical Institute point that one of the main problems in Mental Health is the lack of integrated medical services in Psychiatry Departments, associated to the poor communication between general doctors and psychiatrists. At the same time, a lot of studies have showed high morbidity and mortality related to medical conditions (such as cardiovascular diseases), in some psychiatry patients, like those with Schizophrenia.

So, it would be worthwhile that all individuals with Schizophrenia were medically evaluated, in a frequent way, for the early detection and control of cardiovascular risk factors. This evaluation can be done with blood tests, but there are some anthropometric measures that can be used like screening methods, namely the Corporal Mass Index and the Abdominal Circumference.

The authors refer to recent guidelines related to these recommendations, and review some studies that compare these two anthropometric measures in their capacity to predict the existence of cardiovascular risk factors in patients with Schizophrenia.

P0111

Family history and its influence in the beginning and progress of mental disease

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