

Conclusions: More effective educational interventions are needed to improve students' attitudes. There are several suggestions coming from different parts of the world to change prejudice and they share importance of direct contact with recovered patients. This is not achievable in psychiatric hospitals where growing numbers of severely ill patients are gathered, but only in community settings, where these patients work and live in their natural environments. Closer involvement of psychiatrists with other physicians in the clinical and educational programs with a shift of part of psychiatric teaching from psychiatric institutions to family medicine is another strategy recommended, which could also reduce the stigma attached to psychiatric profession.

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Identification of potential predictors of sertindole response in patients with schizophrenia

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Objective: To identify potential predictors of response to sertindole in patients with schizophrenia.

Methods: This twelve-month open-label study assessed the safety and efficacy of sertindole doses (4-24mg) in US patients with schizophrenia. Cox's regression analysis was applied to determine the effects of variables on time to sustained response (both CGI-S ≤ 3 and CGI-I ≤ 2 , sustained for at least 8 weeks) in 358 patients.

Results: 125 patients achieved sustained response. Several factors appear to influence rate of response; amongst these are: treatment with antipsychotic medication before first diagnosis, severity of illness, ECT treatment, drug abuse history and patient weight. Treatment with antipsychotic medication before first diagnosis of schizophrenia increased the response rate, compared with treatment-naive patients. Mildly or moderately ill patients were more likely than more severely ill patients to respond to treatment with sertindole. Patients who never received ECT showed a higher rate of response to sertindole than those who received 1-5 courses of treatment. Patients with at least 6 courses showed a similar response to those who received none. Patients with no history of drug abuse were more likely to respond to sertindole, than patients who had a history of drug abuse. The response to sertindole is influenced by patient weight: for example, a patient weighing 150kg was more likely to respond than a patient weighing 75kg.

Conclusions: A prognostic index could be calculated based on these factors to predict the response of individual patients to treatment with sertindole.

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Cross-sectional remission of schizophrenia symptoms with quetiapine compared with haloperidol: An analysis of four randomised, controlled trials

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Aim: To assess cross-sectional remission of schizophrenia symptoms in patients treated with quetiapine or haloperidol.

Methods: Retrospective analyses were conducted on ITT data from all relevant randomised, double-blind studies in the AstraZeneca clinical trial database: a 6-week fixed-dose study (5077IL/0013; Arvanitis et al, *Biol Psychiatry* 1997;42:233-246); an 8-week fixed-dose study (5077IL/0052; Emsley et al, *Int Clin Psychopharmacol*

2000;15:121-131); a 6-week flexible-dose study (5077IL/0014; Copolov et al, *Psychol Med* 2000;30:95-105); a 52-week flexible-dose study (5077IL/0050; Jones and Brecher, *Eur Psychiatry* 2006;21:S91), of which 12-week data were included in the analysis. Patients in these studies had acute schizophrenia (CGI-S ≥ 4 , BPRS ≥ 27 or PANSS ≥ 60) or were partial responders to previous antipsychotics. Cross-sectional remission criteria were as defined by Andreasen et al (*Am J Psychiatry* 2005;162:441-449), apart from duration (6-12 week data were used). An alternative definition of remission was the proportion of patients with CGI-S ≤ 3 .

Results: Data from 791 quetiapine- and 586 haloperidol-treated patients were analysed. Mean quetiapine/haloperidol doses in studies 0013, 0014, 0050 and 0052 were: 379/12, 455/8, 431/13 and 600/20 mg/day. In three studies (0013, 0014 and 0050), cross-sectional remission (modified Andreasen criteria) was similar for quetiapine (13-32%) and haloperidol (14-32%). CGI-S remission rates were also comparable (quetiapine 23-40%; haloperidol 24-43%) in these studies. In study 0052, more quetiapine patients achieved cross-sectional remission (Andreasen 32%, CGI-S 41%), compared with haloperidol patients (Andreasen 25%, CGI-S 30%).

Conclusions: Cross-sectional remission rates with quetiapine or haloperidol were largely comparable, based on either the modified Andreasen (without time element) or the CGI-S criteria.

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Contribution to the autoimmunity and immune system dysregulation theory of schizophrenia: Case report of the patient with four autoimmune diseases and psychosis schizoaffective

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During the last 10 years a large volume of circumstantial evidence for an autoimmune aetiology of at least some cases of schizophrenia (SCH) has been collected.

We present the female patient (S.M.), now 41 years old, with four autoimmune diseases and psychosis schizoaffective.

Until the age of 2 S.M. had lactae crustae in extremely severe form. From the age of 3-6 she suffered of asthma bronchiale. At the age of 34 she developed the clinical picture of Myasthenia gravis (MG). One year later she got a new relapse of MG. During the diagnostic procedures for MG, just by mistake, an MRI of the brain has been made instead of the MRI of anterior mediastinum, which revealed a huge amount of the demyelinated plaques without any clinical symptoms of Multiple sclerosis (MS). Immunologic examination of the cerebrospinal fluid and evoked potentials examination confirmed the diagnosis of MS. At the age of 40 she got her only up till now clinical relapse of MS.

At the age of 22 S.M. got the first relapse of psychosis compatible with the diagnosis of Psychosis schizoaffective. Her psychosis has relapsing course and over the years disabled her in emotional, professional and social capacity.

This case is one more among many cases presented in the literature to contribute to the hypothesis that at least some forms of SCH have the autoimmune origin, which could suggest that immunotherapy might be beneficial to such patients.

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Remission in schizophrenia application of a "new concept" on an "old study"

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New concept: It is well known that schizophrenia has wide heterogeneity of its long-term course and outcome. In 2004 "The Remission in Schizophrenia Working Group" (Andreasen, Carpenter, Kane et al) developed an operational criteria system for the measurement of remission. In their consensus remission was defined by using an absolute threshold of severity of the diagnostic symptoms of schizophrenia rather than improvement from the baseline. Remission is a low-mild symptom intensity level, where the symptoms do not influence behavior. To measure remission they used a complex psychopathological scale, PANSS.

Old study: At the beginning of the 1970s we started a study, in which we investigated 185 patients. They were diagnosed according to Leonhard's classification of functional psychoses schizophrenia and cycloid psychoses (schizoaffective psychoses). We reinvestigated them 30 years later, using numerous psychopathological tests, including PANSS. For measuring the level of functioning, we estimated GAF also. The level of functioning was considered "good" when the GAF was higher than 60%. According to that 49% of schizophrenic patients had good prognosis, while this rate of schizoaffective patients was 95%.

Results: We applied the remission conception to our patients and found that only 19% of the schizophrenic patients were in remission, in contrast with schizoaffective patients, where this rate was 90%.

Conclusion: This result confirmed that function and social adaptation did not move in parallel with the severity of psychopathological symptoms, and that this remission concept is a stringent standard.

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The autolytic risk at the patients with schizophrenia

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This retrospective study evaluate the autolytic risk at the patients with schizophrenia, presented in speciality literature at 10-40%.

Material and method: We studied all the patients with diagnosis of schizophrenia (DSM IV) who have been admitted in The Psychiatry Clinic II Tg.Mures, between 01.05.2005-31.12.2005. We analysed the demographic criteria – especially the age and sex repartition, and also the clinical criteria – onset off illness, the correlation with an acute episode, the presence and type of the ideas, of concerns and of autolytic tentatives and also other depressive or psychotic symptoms.

Results: 12 (14.1%) from 85 patients with schizophrenia had autolytic ideas, 8 (9.41%) had autolytic concerns and 6 (7.05%) had autolytic tentatives. To exemplify I propose three cases.

Conclusions: The patients with schizophrenia have an important autolytic risk, the tentatives are caused by an added depression or by imperative hallucinations and/or by delusions or by substances abuse.

Keywords: schizophrenia, autolytic ideas, suicide.

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Socio-demographic and clinical characteristics of 2040 schizophrenic outpatients in Greece (The Greek 'ACE' study)

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Purpose: To evaluate treatment patterns and actual clinical care of schizophrenic patients in Greece.

Methods: The Greek 'ACE' study is a descriptive, cross-sectional, multicenter national survey conducted in the outpatient setting by 101 psychiatrists (under 3 Coordinators Psychiatrists) proportionately distributed all over Greece who registered during one visit the first twenty consecutive patients presenting at their consultation. Observational period :29/09/2005 -22/12/2005.

Recruited 2040 patients over 18 years, with an ICD-10 primary diagnosis of schizophrenia.

Results: 1198 patients were males (58,73%) and 842 females (41,27%). Mean age :40.3 years.

Patient age at the time of disease diagnosis was statistically different between men (26.6) and women(28.8) (p-value<0.0001).

66% of the patients are unemployed, (52.38% due to the disease), 28,24% working and 5,41% students.

Overall, 8,21% had not received any education, 22,67%, had primary education, 8,86%,occupational training, 44,79%,secondary education and 15,47% tertiary education 30,3% of the female patients were married vs 16,6% of the male ones.

82,68% of the patients is not living alone.

In 47,94% of the patients participating, diagnosis schizophrenia had been made more than 10 years prior (escalation of percentages exposed).

Currently 5,88% of the patients were in Acute status(first attack/diagnosis),9,41% in relapse,22,16% presented active symptoms and 62,35% in chronic stable phase.

Family history of schizophrenia existed in 70,72% for males and 69,45% for females. Distribution of the family members affected by the disease exposed analytically.

Conclusions: These results are consistent with equivalent studies carried out in Spain, France and Belgium.

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Treatment patterns of schizophrenic outpatients in Greece (The Greek 'ACE' study)

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Purpose: To assess the current treatment patterns and clinical care of schizophrenic patients in Greece.

Methods: The Greek 'ACE' study is a descriptive, cross-sectional, multicenter national survey conducted in outpatient setting by 101 psychiatrists (under 3 Coordinators Psychiatrists) proportionately distributed all over Greece who registered during one only visit the first twenty consecutive patients presenting at their consultation. Observational period :29/09/2005 -22/12/2005.

Recruited 2040 patients over 18 years, with an ICD-10 primary diagnosis of schizophrenia.

Results: (87,23%) of male patients receive antipsychotic drugs and other therapeutic treatments for schizophrenia in a statistically