

Results: From 265 randomized patients, 207 were eligible for the analysis and 175 patients answered the preference question. 106(61%) patients preferred ODT, and 48(27%) preferred OCT ($p < 0.001$ adjusted for treatment sequence); 21(12%) expressed no preference. 90% of patients were rated as almost always compliant on both formulations. The adverse event profiles of ODT and OCT were similar: most common ($>1\%$) adverse events were weight increase, hypertriglyceridaemia, and somnolence.

Conclusions: Most of the patients who answered the preference question declared to prefer olanzapine orodispersible to conventional formulation. Given the importance of patient's preference as one of the factors for future compliance, olanzapine orodispersible tablet could be a good choice.

P0238

"Before" and "Beyond" the parallelism between phenomenology and neuropsychology

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A phenomenological-psychopathological approach, which attempts to directly explicate the basic mode of existence of affected persons, had once attracted broad attentions. Even today the most basic phenomena of schizophrenia cannot be understood without considering this approach, which takes current philosophies into consideration.

After the revolutionary work of Blankenburg, phenomenological psychiatry has attempted to elucidate the relation between transcendental constitution and "naturalness (Selbstverständlichkeit)" based on Husserl's notion of passive synthesis. However due care must be taken with regard to the current trend to lump together this synthesis with the latest neurophysiological findings.

Wittgenstein's philosophy, which turned from solipsistic analysis to the analysis of the language game in our daily life, has also contributed to understanding the quasi-solipsistic feature of delusions (Sass). One can also disclose, referring to Wittgenstein and Spenser-Brown, the specific feature of the conflicts between schizophrenic individuals and their hallucinatory voices. It is as if these conflicts could not be remedied without introducing "imaginary" numbers for solving equations.

It can be postulated that the "other" which once appeared and withdrew in the past, which one cannot retroactively conceive of, provides one with basic trust and the basic structural categorization of our world. However, in schizophrenic cases, this "other" appears in the real biography in the later stage, as someone who becomes the origin of trauma. Deleusian philosophy may make clear "the logic of life" of these individuals remaining in the pre-structured world and also may reveal the conditions of "our" experience from a "schizophrenic" perspective.

P0239

Insight in psychosis: Factors involved

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Background and Aims: We investigated which factors could influence insight in psychosis.

Methods: 117 in-out patients recruited in the Psychiatric Service of Santa Maria Hospital, Lisbon (Portugal) diagnosed with schizophrenia, schizoaffective and schizophreniform disease, psychosis

also drug induced, were evaluated with SAI to assess insight, MARS for medication compliance, WHOQOL-BREF for Quality of Life, BPRS and PANSS for psychopathological symptoms, I.A test (Reduced Raven's Matrix) for Intellectual Ability. Bivariate correlations were operated using Spearman correlation coefficient ($p < 0.01$). Regression analyses with stepwise ascending regression were computed to assess predictors for insight.

Results: We found significant negative correlations between SAI total score and Delusions, Conceptual Disorganization, Hallucinatory Behavior, Suspiciousness, Poor Rapport, Stereotyped Thinking, Somatic Concerns, Unusual Thought Content, Lack of Judgment of Insight of PANSS, Self Neglect of BPRS and Professional State. Positive significant correlation was between SAI and MARS total score. The regression analysis showed negative relations between PANSS Poor Rapport, Suspiciousness, Guilt Feelings, Active Social Avoidance and Insight; positive relation between Depression (PANSS) and Insight.

Conclusions: Poor Insight was determined by Poor Rapport and Social Avoidance maybe because patients are less predisposed to compare their situations with the surroundings, showing defensive denial and less criticism towards symptoms. Suspiciousness contributes to poor insight due to distrustful attitude that makes difficult to accept the diagnosis and the idea of being sick. Guilt feelings determine poor insight as they are prodromes of delusions. Depression increases insight as a consequence of the painful feelings that make patients think about their situations.

P0240

Coping mechanisms evaluation in chronic schizophrenic patients

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Background: Perceptual and thought distortions that are observed in the acute episodes of schizophrenia make the adaptation to reality very difficult, but there are residual symptoms that interfere with coping in the interepisodic phases, also. There are specific coping strategies found by such patients in order to face the difficult challenges of hallucinations, delusions, attentional and memory deficits, but also the social stigma and negative symptoms, like isolation.

Methods: We assessed 51 patients, 40 male and 11 female, mean age 39.8, diagnosed with chronic schizophrenia- paranoid ($n=22$), residual ($n=14$), catatonic ($n=10$) and disorganised ($n=5$) type, according to DSM-IV-TR criteria, in order to establish a correlation between main categories of coping mechanisms and the specific type of schizophrenia. Inclusion criteria: patients included in a cognitive-behavioural therapy and antipsychotic maintenance treatment for at least 4 weeks. Exclusion criteria: axis II comorbidity or severe somatic pathology that could modify patients coping strategies.

Results: Patients with paranoid schizophrenia associated maladaptive coping strategies like alcoholism (36.3%) and aggression (27.2%), those with residual type presented more social withdrawal (71.4%) and self-harming (35.7%), while catatonic and disorganised schizophrenia cases had a high incidence of thought blocking (60% and 40%, respectively) and social isolation (60% in both groups).

Conclusion: There are more frequent types of coping mechanisms in each form of schizophrenia. This is an important fact for focusing the psychotherapy approach on conversion to adaptive coping strategies, using techniques like verbal challenge and reality testing, retribution-enhancing methods, activities daily programming.

P0241

Alteration of body image perception as a side event of antipsychotic treatment in schizophrenic patients

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Background: Patients with schizophrenia that are treated with first generation, but also with several second generation antipsychotics, frequently describe negative changes in self-perception and daily activities due to weight gain. A systematic analysis of the weight gain influence over the body image is necessary because it could offer a perspective over the patient's discomfort, improving his/her chances to therapeutic compliance and a better life quality. Psychotherapy, change of antipsychotics, nutritional counselling, occupational therapy or physical exercises scheduling could be solutions to these cases.

Methods: A group of 34 patients, 18 female and 16 male, diagnosed with chronic schizophrenia (DSM IV TR), mean age 45.3, treated with antipsychotic agents for at least 2 years (haloperidol 15 cases, olanzapine 10 cases, amisulpride 5 cases, risperidone 4 cases) were evaluated in order to configure a body image profile, using self-reports, investigator-based reports and Draw-a-Person-Test (DAP). Patients included in this evaluation presented a mean weight gain of 10%, reported to their premorbid value.

Results: The body image was negative in 82.3% with marked dysfunctional believes about self in 64.7%, while the rest of 17.6% had mild to moderate levels of self-blame or hopelessness automatic thoughts associated to weight gain. Only 17.7% patients had a neutral or positive body image, also their mean weight gain was equally to the negative body image group.

Conclusion: Negative body image is usually associated to weight gain as a side event to antipsychotic drugs, therefore is important to ventilate the patient's dysphoric feelings and to choose the optimal therapy.

P0242

Expression of NR1 subunit of NMDA receptor in schizophrenic hippocampus

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Recent data have suggested an involvement of the N-methyl-D-aspartate receptor (NMDA-R) signalling complex in schizophrenia pathophysiology. Ubiquitously expressed NR1 subunit, existing in 8 spliced variants, is required for the formation of functional NMDA-Rs. Regional, gender and age-dependent differences in the expression of mRNA and protein of NR1 subunit have been observed. As the expression of C-terminal NR1 isoforms is associated with different pathways for synaptic NMDA-R trafficking and targeting, we have measured levels of mRNA (quantitative RT-PCR) and protein of NR1 and splice isoform NR1C2 (western blot) in post-mortem left and right hippocampi of elderly patients with schizophrenia and non-psychiatric controls. In contrast to previous findings, we did not detect significant differences in the mRNA levels for panNR1 subunit between schizophrenia and control group. However, we found

significant changes in the absolute values of the transcripts associated with schizophrenia, but independent on sex. The expression of panNR1 and NR1C2 proteins exhibited sex difference. Higher protein levels were found in the left hippocampi of women (both schizophrenia and controls) whereas in men the levels were higher in the right hippocampus. Also the interactions of laterality and gender were statistically significant. Further comparison revealed significant sex-dependent laterality comparing schizophrenia and control groups. The significance disappeared in women subgroups. The results suggest that hippocampal differences in the expression of mRNA and protein for pan-form and NR1C2 variant of the NMDA-R1 subunit exhibit significant sex-dependence having in mind that the data are limited in the number of patients/controls.

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P0243

Influence of personality traits on sexual self-perception and sexual functioning in schizophrenic patients

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Personality traits are an important factor in one's life satisfaction and can therefore influence sexual self-perception and sexual life. Our aim was to determine effects of personality traits on sexual self-perception and sexual dysfunctions in schizophrenic patients.

Research was conducted on 100 schizophrenic patients and 100 healthy individuals. Instruments used: NEO-PI personality questionnaire, Bezinović's questionnaire for sexual self-perception and Arizona sexual experience scale.

Sexual drive and excitement are linked with all personality traits in schizophrenic patients. That means that stronger sexual drive and easier sexual arousal are connected with higher extraversion, pleasantness, consciousness and openness, as well as with lower neuroticism. Among healthy individuals, personality traits don't predict sexual dysfunctions. In schizophrenic patients, personality traits significantly influence all aspects of sexual self-perception except sexual adventurism. However, higher openness is the basis upon which sexual adventurism can be predicted. Pronounced sexual self-scheme is predicted by higher openness and consciousness. Higher openness also predicts higher consciousness of own sexuality. Higher neuroticism is a predictor of negative emotionality and sexual incompetence, and higher extraversion is a predictor of negative emotionality. In healthy individuals, personality traits are predictors of aspects of sexual self-perception. Higher openness and lower consciousness are predictors of more pronounced sexual self-scheme, higher perception of own sexuality and sexual adventurism. Higher openness and lower neuroticism are predictors of higher negative emotionality and sexual incompetence.

We can conclude that personality traits affect aspects of sexual self-perception and sexual dysfunctions in schizophrenic patients and healthy individuals, but their influence differs in certain dimensions.

P0244

QOL of paranoid schizophrenic patients

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