had elevated scores on positive psychosis items, suggesting that pathognomonic for their diagnosis. However, non-psychotic patients in positive psychosis items compared to controls (B = 0.48, 95% CI: 0.14-0.36).

Discussion: Patients scored highest on the factor score that was pathognomic for their diagnosis. However, non-psychotic patients had elevated scores on positive psychosis items, suggesting that the dimension of positive psychotic symptoms varies quantitatively across DSM-IV categories.

P45.24
Social functioning and neurocognitive deficit in schizophrenia
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Objectives: To determine correlations between neurocognitive deficit and social functioning in schizophrenia and schizoaffective disorder patients and to reveal the possible differences of cognitive profiles of recent-onset and chronically ill patients.

Methods: 52 patients diagnosed with schizophrenia or schizoaffective disorder were included in the study. Neuropsychological assessment was conducted by using a scale based on Luria's approach. PANSS was applied for the symptomatology evaluation and an original questionnaire was used to assess social functioning.

Summary of the results obtained: Recent-onset patients performed better on the majority of the cognitive tests. Correlations were revealed between neurocognitive and social functioning the patients have shown. Verbal memory was related to all social functioning items examined. The relationships were exposed between cognitive functioning and negative and positive symptoms.

Conclusions: The obtained results could be used as a basis for further research and for elaboration of more precise cognitive rehabilitation programmes.

P45.25
Psychiatric comorbidity in schizophrenia with obsessive compulsive disorder
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Although a schizo-obsessive subgroup was included in the spectrum of obsessive compulsive (OC)-related disorders, to date there is no study examining the rate of obsessive compulsive disorder (OCD)-related co-morbidity in schizophrenia patients with and without OCD.

Methods: We compared first-and recurrent episode schizophrenia patients (43 male 12 female mean age 31.2 ± 9.4 years, mean no. of hospitalizations 2.9 ± 1.5) with a comparative group (n = 55) of non-OCD schizophrenia patients, matched for gender, age and number of hospitalizations. Diagnosis of schizophrenia, OCD, and psychiatric comorbidity was reached by the best estimate approach including SCID-P.

Results: 46.7% of the total sample met DSM-IV criteria for at least 1 comorbid disorder. OCD-schizophrenia patients had significantly more OCD-spectrum disorders (body dysmorphic disorder, hoypochondriasis, anorexia/bulimia nervosa) than the non-OCD schizophrenia group [10 (18.2%) vs 2 (3.6%), chi square = 8.19, p = 0.004]. Inclusion of tic disorders in the analysis, significantly increased between group differences [14 (25.4%) vs. 2 (3.6%), chi square = 8.19, p = 0.004].

Conclusion: Increased OCD-related comorbidity in the schizo-obsessive subgroup may provide additional validation for the OCD-schizophrenia diagnostic entity.

P45.26
QLIS - a new schizophrenia-specific quality of life scale
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In the face of an increasing use of quality-of-life (QoL) scales in schizophrenia outcome research there is a pressing need for well-developed, reliable and valid instruments specific to schizophrenic life circumstances and experiences.

Based upon open-ended interviews in 268 patients from different care settings (community, hospital, long-term wards) important components of QoL in schizophrenia were identified. On this qualitative basis items were generated and submitted to a Delphi approach with professional carers of schizophrenic patients.

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