illness's positive and general scale, b) there are differences between the perceived satisfaction in relation to the gravity of their positive – negative and general symptoms of schizophrenia.

P063

Wellness program: One-year experiences from the Czech and Slovak Republics

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Purpose of the study: The educational programs with behavioral components (diet and exercise) for patients with schizophrenia consistently improve patients' overall health. Here we present the one-year outcomes of 515 out-patients with respect to differences between the two health care services.

Methods: This program was delivered by trained psychiatric nurses in 10 sessions (in the Czech Republic) and 8 sessions (in the Slovak Republic) lasting one-hour in consecutive groups consisting of 5-8 participants. We compared groups of participants in both countries, as well as the influence of participation in this program on weight control with regard to antipsychotic medication.

Results: Between January 2005 and 2006 210 out-patients with schizophrenia-spectrum diagnoses entered the courses of the Wellness Program consecutively in the centers throughout the Czech Republic and 305 out-patients throughout the Slovak Republic. For the analysis we included only those patients who participated at least 7x in the Czech Republic (N=127) and 6x in the Slovak Republic (N=269). There was no difference in gender distribution and average age. The baseline parameters were different in both countries (body mass index, knowledge about nutrition and exercise), but their improvement was comparable in a weight loss and in improvement of knowledge about nutrition and exercise.

Conclusions: The Wellness Program was successfully accepted in both countries despite the different treatment structure in both countries. Participants were not only able to remember the facts about nutrition and excercise but were also able to use them in real life which is in connection to their weight loss.

P064

The differences between autistic and schizophrenic stereotype: Case report

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Objectives: It is important to differentiate between adult autism and schizophrenia. In this presentation, the distinction between autism and schizophrenia will be discussed in the light of two cases.

Cases: At the time that they applied to our clinic, we investigated autistic and psychotic symptoms and firstly diagnosed them as schizophrenia.With the more detailed history of illness and investigation the diagnose change as adult autism. In the conclusion the cases will be discussed generally.

Conclusions: The most important clinical differences between adult autism and schizophrenia are stereotypic behaviour and speech. Schizophrenic stereotype has anxiolytic character and autistic one has hedonistic structure. Autistic patients are always aware of their environment and they seem to be mute because of their inner speech, but schizophrenic patients are not. On the other hand, schizophrenic stereotype is aimless and spontaneous, while the autistic stereotype has an aim such as an assurance of being same, and is relatively voluntary. All stereotypic behaviours and speech of the autistic patients are target-locked and cannot be blocked or broken. It seems that, as if autistic patients are addicted to stereotypical behaviours. In such cases, the patient's sentences can be lack of certain grammatical elements or can be incomprehensible. The prosody of this speech can follow certain rules. When he is joined in a conversation, it is rather like a monologue. Patients of schizophrenia generally respond positively to a neuroleptic drug, while autistic patients need a combined therapy of neuroleptic and anti-depressive drugs.

P065

Continuous attention in dual diagnosis patients

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Most patients suffering from schizophrenia achieve worse results than healthy controls in tests measuring attention. The studies show that among the patients suffering from schizophrenia, about 50% abused psychoactive substances during their lives. The data concerning the impact of substance abuse on attention in schizophrenia are inconsistent.

The objective of this study was to examine continuous attention differences between subjects with and without a dual diagnosis. A group of 80 patients with schizophrenia were examined. 40 of them never used illicit drugs, the other 40 also received a diagnose of addiction to psychoactive substances. The group with a comorbid addiction was examined after 6 weeks of detoxification and treatment in a therapeutic community. Continuous Performance Test was applied to for the neuropsychological assessment. The CPT-IP version of this test was used. The patients were presented 450 stimuli in three groups.

No statistically significant differences were found between two groups when they had to omit the identical pair stimuli (finger-up). The same happened in case of false alarms stimuli. However statistical significance appeared when the patients had to react to random stimuli. This part of the test was performed better by the group of schizophrenic patients without addiction.

The above inconsistence of the results may be due to the complexity of attention deficits. It is possible that the impacts of psychoactive substances may be different on the mechanism responsible for reaction to the sequence of experimentally important stimuli than to for ignoring those stimuli, which originally were defined as unimportant.

P066

Facial expression recognition deficits in schizophrenia

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Background: Although there is evidence of deficits in facial expression recognition in schizophrenic patients, studies have often included a very limited number of emotions and specific symptom profiles are rarely included in statistical analyses.

Method: A group of 20 patients with schizophrenia or schizoaffective disorder, and a group of 20 normal controls (matched according to sex, age, educational level) were included. All patients were evaluated

https://doi.org/10.1016/j.eurpsy.2007.01.381 Published online by Cambridge University Press