

**P0059**

Negation to execute conditioned reflexes: Origin of the mental illness

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**Objective:** Correct handling of the extinguishment of conditioned reflexes orientates toward the restitution of the lucidity and incorporation at the homeostasis again.

**Method:** Planned introspection and meticulous evolved record of all internal conflicts triggered after the tireless search of the I, during 30 years.

**Results:** Association and reinforcement of the punishment with the freedom and disobedience, for allowing the appearance of the I, considered like a transgression, and the recompense, with the obedience, allowing the arising of a false personality or I', which value : The Social Conditioning.

Exact equivalence between the punishment gave to a child and the obsessive-compulsive disorder. Persistent disobedience of a child, for pretending Being Himself, opposite a infuriate father for losing his authority, precise reproduction of all the nosologic psychiatry's classification.

**Conclusion:** The First step toward the real being search points out the beginning of the Mental Illness. The conditioned reflexes extinguishment —with full consciousness— unchaining unrecognizable internal contradictions, is onset of the RESURRECTION OF THE I, but its incorrect handling is cause of 'Dead in Life' or Mental Illness: Structure and dynamic repeat invariably in all the clinical cases. Religion and Schizophrenia are improved, stylized and sophisticated polar extremes of the social conditioning.

**References**

[1] Vargas J: Scientific Theory "Something, that, my, self: Origin of the Other Life". *Conditioned Reflexes* 2004; 3: 30.

**P0060**

From personality disorders towards personality development disorders

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The so-called Axis II disorders consist of a series of socially deviant prototypical formulations of disorders, without a known etiology. The usefulness of these diagnoses has been challenged from the start of their inception in DSM-III. Usefulness has to be understood in terms of administration, research, education and last but not least treatment. The criticism focused on the imprecise boundaries between disorder and non-disorder, the well-known problem of co-morbidity, the dimensional and not categorical nature of personality variations and the overlap with axis-I disorders. A major problem is however the absence of treatment tools implicit in the diagnostic formulations. This has undoubtedly promoted certain pessimism with respect to the treatment of patients with personality disorders, a pessimism that is not corroborated by prospective studies. For instance a majority of patients diagnosed with borderline personality disorder achieve a remission over a period of 4-6 years. These data counteracted the marginalization in healthcare systems of individuals with severe personality disorders. Along with this the expectations about effectiveness of treatment have changed with the introduction of dialectical

behavior therapy and psychodynamically oriented interventions. In the case of borderline personality disorders new treatment procedures have been outlined by e.g. Fonagy, who focuses on the role of mentalization in the psychological treatment. In this presentation the nature and effectiveness of the different psychotherapeutic treatment procedures will be compared and illustrated with some patient vignettes.

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## Poster Session I: Schizophrenia and Psychosis

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**P0061**

Survey of relation between positive and negative symptoms in schizophrenic patients with history and risk of suicidal attempt

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**Objectives:** To evaluate the relation between positive and negative symptoms in schizophrenic patients with history and risk of suicidal attempt.

**Method:** This case-control study was carried on 65 Schizophrenic in-patients during the years 2006-2007 and 65 major depressive disorder patients as control group. Both of these groups were evaluated and compared on base of clinical assessments and California diagnostic tests and PANSS (positive and negative syndrome scale).

**Results:** There was significant relationship between positive symptoms in schizophrenic patient and both the California number test ( $r=0/708, p<0/0001$ ) and history of suicidal attempt ( $r= 0/558, p<0/0001$ ).

Also there was significant and reverse relationship between negative symptoms and both the California number test ( $P<0/0001, r= -0/529$ ) and history of suicidal attempt ( $P<0/0001, r=-0/512$ ). That means rising negative symptoms decrease the risk and history of suicidal attempt.

**Conclusion:** Regarding the results of this survey, schizophrenic patients with positive symptoms such as paranoid schizophrenia have more insight to their illness and probability of depression and increased risk of suicide .

Schizophrenic patients with negative symptoms such as deficit Schizophrenia , have less insight to their illness and low probability of depression and risk of suicide.

**P0062**

Nursing demands of patients with schizophrenia after hospital treatment

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**Aim:** There were approximately 20.000 patients with schizophrenia facing various psychosocial problems according to the State Mental Health Center's 2004 year's data. One of the most serious problems

were suicidal attempts. That's why we aim to explore nursing demands in patients with schizophrenia after hospital treatment.

**Methods:** Research was carried out in four Kaunas primary mental health centers, from July to September, 2006. We used standardized international mental health quality of life scale questionnaire implemented by Phillip W. Long (2003). Our group was randomly selected and consisted of 123 patients with schizophrenia aging from 18 to 65 years.

**Results:** Several main problems were disclosed: 46,0 % of respondents noted reduced everyday home activities, 68,0 % mentioned physical fatigue, apathy 60,0 %, sleep disorders 81,0 %, memory and attention disorders 64,0 %, communication problems 76,0 % . Depressed mood was found in 56, 0 % respondents and 25, 0 % had suicidal attempt. We disclosed statistically confident correlation between disease duration and suicidal attempts ( $p < 0, 05$ ). There were more suicidal attempts in younger patients than others ( $p < 0, 05$ ).

**Conclusions:** Most frequent everyday and self-care problems were: (1) unemployment, poor incomes, sleep disorders, difficulties in household activities; (2) physical fatigue, memory and attention disorders; (3) everyday and self-care problems most frequently occurred with older respondents.

Patients with schizophrenia encounter communication problems with friends and relatives irrespective to their age. The most frequent emotional problems were: apathy 60, 0 %, depression 56, 0 %, lack of self- confidence 49%.

### P0063

Four year follow up of patients discharged from early intervention for psychosis service to a community mental health team

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**Background and Aims:** UK mental health services envisage that patients with a first presentation of psychosis are seen by an ad hoc assertive service for the first three years and then are transferred for further follow up to a community mental health team or to primary care.

We have reported on the three year outcomes of 62 patients who were treated in such an assertive service, compared to 62 patients who received treatment as usual. Outcomes in all domains were significantly better with the assertive service. These domains included employment, education, family life, relapses, readmission and concordance with medication.

We now report on an audit of outcomes at the end of the fourth year in both groups of patients; the exercise will be repeated at the end of the fifth year.

**Method:** A note audit is being carried out on the two groups of patients.

**Results:** Work on the audit is in progress at the time of writing. Early results indicate that some patients have had significant relapses since leaving the assertive service. This has led to significant bed usage by some patients. Other patients appear to have remained stable.

**Conclusion:** Relapse leads to a reduction of quality of life for the patients. Thus, in some cases there appears to be a reduction in the more advantageous quality of life outcomes once patients are referred to the community mental health team. This mirrors five year outcomes of first psychosis patients reported by the OPUS project.

### P0064

Issues regarding the delivery of early intervention for psychosis services to the South Asian population in England

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**Background and Aims:** In order to implement a successful early intervention service for psychosis, we suggest that cultural, religious and issues surrounding language and communication should be considered.

The delivery of the standard psycho-social interventions used by early intervention services requires effective engagement with the patients.

**Methods:** In June 2003 an audit was conducted amongst 75 patients from different ethnic groups in Luton. Measures of engagement with mental health services included; number of missed outpatient appointments over one year and compliance with medication regimes.

**Results:** The results of this audit showed that South Asian patients are more likely to miss appointments and refuse to take medication in comparison to their Caucasian or Afro- Caribbean counter-parts. Further analysis revealed that the Bangladeshi subgroup had missed more appointments and had a greater proportion of medication refusal in comparison to the other Asian subgroups.

These results support the pioneering work by Dr Robin Pinto in the 1970s; he observed that Asian patients perceive and utilise mental health services in a different way compared to the Caucasian population.

**Conclusion:** The observations from our study depict the difficulties in engaging ethnic minority patients into existing services. Hence we argue that future interventions should be adapted and tailored to overcome cultural and language barriers with patients and their families.

### P0065

The pattern of development of psychotic symptoms after trauma

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**Background and Aims:** Psychotic symptoms may develop after traumatic experiences. This is documented in Wartime situations. Childhood Abuse is linked with psychosis in later life. PTSD, and 'Borderline' symptoms are often linked with a past history of childhood trauma.

We hypothesise that the development of psychotic symptoms related to trauma may occur in a different pattern than the development of psychosis of neuro-developmental origin [schizophrenia].

**Methods:** We present a series of Vignettes, all of whom have developed psychosis. Three have experienced major trauma, in Early Adulthood, Two have experienced a major trauma related to a war situation. , and two , have developed psychotic illness of a neuro-developmental type [schizophrenia].

**Results:** As expected, the cases of neuro-developmental psychosis developed psychosis over a long prodromal period, in which symptoms developed from non-specific depression and anxiety to a gradual