

assessment PANSS, GAS and CGI tests were used, and also neuropsychological computerized assessment of working memory and implicit learning (WLM, SWM), executive functioning (STDT), time of reaction (SST), discrimination of facial emotional expression (PEAT).

Results: In four forms of schizophrenia (paranoid, catatonic, simple and non-differentiated), high scores on the negative PANSS scale were revealed, while on the positive PANSS scale, high scores were revealed in two of these forms (paranoid and non-differentiated). Significant correlations were found between delusional-hallucinatory symptoms and deficits in neuropsychological functioning (implicit learning, decision time, perseverance in errors). Significant correlations were found between apathy, social withdrawal, avolition, difficulties in abstract thinking, working memory disorders, attention deficit. Discriminating ability between emotional expressions did not correlate with PANSS scores, however it did correlate with GAS scores.

Conclusions: 1. Schizophrenia clinical forms can not be distinguished through PANSS or GAS scores. 2. Neuropsychological assessment appears to be a fine differentiating diagnostic tool between different clinical forms of schizophrenia. 3. Impaired cognitive functioning adds to the dimensional diagnosis of schizophrenia.

P0101

Opioid withdrawal symptoms: Low efficacy of non-opioid drugs

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Introduction: Opioid withdrawal, stress or cues associated with opioid consumption can induce opioid craving. If opioids are not available, opioid dependent patients usually search for alternative drugs. Since several non-opioid drugs stimulate the endogenous opioidergic system, this concept may explain their frequent use by opioid dependent patients. We hypothesized that non-opioid drugs alleviate opioid withdrawal symptoms and are therefore consumed by opioid addicts.

Methods: We asked 89 opioid dependent patients participating in an outpatient opioid maintenance program to estimate the potential of several non-opioid drugs in being able to alleviate opioid withdrawal.

Results: Values (mean \pm SD) for benzodiazepines: 3.2 ± 1.1 , tricyclic antidepressants 3.6 ± 1.1 , cannabis 3.6 ± 1.0 , alcohol 4.1 ± 1.1 , cocaine 4.2 ± 1.1 , amphetamine 4.4 ± 0.9 , nicotine 4.7 ± 0.7 , caffeine 4.9 ± 0.5 . A worsening of opioid withdrawal was reported by 62% of the patients for cocaine, 62% for amphetamine, 50% for caffeine, 37.5% for cannabis, 27% for nicotine, 26% for alcohol, 8% for tricyclic antidepressants and 3% for benzodiazepines.

Discussion: Our study shows a low efficacy of non-opioid drugs in alleviating opioid withdrawal symptoms. The data basis of this study was good and the sample was suitable to be asked for estimations of drug-drug interactions. 26% - 62% of the patients even reported a worsening of opioid withdrawal for cannabis, alcohol, cocaine and amphetamine. Only benzodiazepines and tricyclic antidepressants were reported to have a moderate positive effect on opioid withdrawal.

P0102

Amisulpride in combination: Saving potential in clozapine dosage; A case report

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Objectives: Side effects from a high-dose clozapine treatment for a schizophrenic patient led to massive compliance problems. The dose of clozapine could be halved without recurrence of an acute psychotic symptomatology by concomitantly administering amisulpride. The side effects, especially hypersalivation, disappeared almost entirely, which in turn led to good compliance. In a short review we would like to present the pathophysiology and therapeutic options of clozapine-induced hypersalivation.

Conclusion: Despite various attempts at explanation and therapeutic approaches, hypersalivation under clozapine remains a side effect that is sometimes very difficult to get under control. As in our case report, it can lead to quite relevant compromises in compliance. The cause for the observable paradoxical hypersalivation under clozapine which can occur in spite of the anticholinergic effect remains unexplained.

The combination of clozapine and amisulpride with its overall good tolerability represents an option for reducing the sometimes inevitably high doses of a monotherapy, and the associated side effects, such as in our case with clozapine. In addition, making use of synergistic effects and in turn, improving the patients' compliance would be possible.

P0103

Evaluation of selection cognitive functions in patients with schizophrenia

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Working memory disturbances makes important role in etiopathogenesis and clinical pictures of schizophrenia. This study evaluated a selection of cognitive functions of patients with schizophrenia.

Material: Twenty nine schizophrenic patients (16 male and 13 female), aged 17-64 (mean 32) years, participated in this research.

Methods: Neuropsychological tests measuring working memory were performed in patients with schizophrenia: psychomotor speed (TMT A), visuospatial working memory (TMT B), verbal functions (Stroop Test and Verbal Fluency).

Results: Age of patients significantly correlated with prolonging the time of carrying out part A of TMT and the first part of the Stroop Test and correlated with smaller number of words in Verbal Fluency Test. The cognitive dysfunction is more prominent in patients in age above 35 years.

P0104

The role played by sleep disturbances in the etiopathogeny of psychotic symptoms

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