Background and aims: Different neuropsychological studies have consistently found an attention, memory and executive function deficit in schizophrenic patients. The Positive and Negative Syndrome Scale (PANSS) evaluates different clinical aspects of schizophrenia. Factor analyses of this scale suggest the existence of a ''cognitive factor'', constituted by several items pertaining to the different subscales. In order to have an acceptable concurrent validity, this ''cognitive factor'' should correlate with the execution of neuropsychological tasks. Our objective was to study the correlation between the PANSS ''cognitive factor'' and the execution of neuropsychological tasks evaluating attention, memory and executive functions.

Methods: Thirty-five schizophrenic patients were evaluated using the Continuous Performance Test (CPT), the Rey-Osterrieth Complex Figure Test (Rey CFT) and the Wisconsin Card Sorting Test (WCST). Bivariate partial correlation between the neuropsychological variables and the PANSS ''cognitive factor'' was examined. In order to obtain this cognitive component, and based on previous studies, items P2, N5, PG10 and PG11 were used.

Results: The PANSS ''cognitive factor'' was significantly correlated to CPT omission errors (r=0.45; p=0.006), Rey CFT recall after 5 minutes (r=-0.34; p=0.049), Rey CFT recall after 30 minutes (r=-0.40; p=0.020), WCST perseverative responses (r=0.36; p=0.035), and WCST perseverative errors (r=0.35; p=0.041).

Conclusions: The existence of significant correlations between the PANSS ''cognitive factor'' and performance on neuropsychological tasks evaluating attention (CPT), memory (Rey CFT) and executive functions (WCST) supports the concurrent validity of this factor.

P120

Clinical and neuropsychological differences in schizophrenia according to negative symptom PANSS scores

M.A. Jimenez-Arriero [1], R. Rodriguez-Jimenez [1], G. Rubio [2], I. Martinez [2], M. Aragues [1], A. Koeneke [1], A. Bagney [1], P. Carretero [1], G. Ponce [1], T. Palomo [1], P.A.R. Group [1]. [1] *Department of Psychiatry, Hospital Universitario 12 de Octubre, Madrid, Spain* [2] *Mental Health Services, Retiro, Madrid, Spain*

Background and aims: The Positive and Negative Syndrome Scale (PANSS) evaluates different psychopathological aspects of schizophrenic patients. Scores on the negative subscale of the PANSS have been associated with clinical and neuropsychological differences in these patients. Our aim was to study the relationship between PANSS negative scores and different clinical and neuropsychological variables in a sample of schizophrenic patients.

Methods: Our sample of 174 schizophrenic patients was split into two groups according to scores on the negative subscale of the PANSS: a group of 85 patients (55 male and 30 female; mean age 38.0 years, SD 9.3) with scores below the median (''low negative PANSS'' group), and a group of 89 patients (58 male and 31 female; mean age 37.3, SD 8.4) with scores above the median (''high negative PANSS'' group). The neuropsychological task used was the Wisconsin Card Sorting Test.

Results: Significant clinical differences were found between both groups. In the ''high negative PANSS'' group a lower age of illness onset was found (p=0.030), as well as a lower age at first psychiatric admission (p=0.002) compared to the ''low negative PANSS'' group, without there being significant differences in current age (p=0.570). Regarding cognitive functions, ''high negative PANSS'' patients achieved fewer categories (p=0.005) and made more perseverative errors (p=0.031) than ''low negative PANSS'' patients.

Conclusions: Schizophrenic patients with higher scores on the negative subscale of the PANSS had an earlier age of onset of their illness and exhibited poorer cognitive functioning than patients with lower scores.

P121

Efficacy and tolerability of switching from conventional and atypical antipsychotics to ziprasidone in acute schizophrenic patients

C. Mencacci [1], A. Filippo [2], F. Rappard [3], P. Tiradritti [4], F. Romeo [4]. [1] *U.O. Psichiatria, Osp. Fatebenefratelli, Milan, Italy* [2] *Servizio Psichiatrico Diagnosi E Cura Di Acri, Cosenza, Italy* [3] *Pfizer Inc., New York, NY, USA* [4] *Department of Medicine, Pfizer Italy, Rome, Italy*

Backgrounds and aims: This study evaluated the efficacy and tolerability of ziprasidone after a switch from conventional and atypical antipsychotics in acute schizophrenic patients who required alternative medication.

Methods: A total of 189 patients with acute exacerbation of schizophrenia were switched to 8 weeks of open-label treatment with ziprasidone (80 mg/d for the first 2 days, then adjusted to 40-160 mg/d). Current treatments were discontinued over Days 1-7. Primary efficacy measure was the change from baseline in PANSS total score.

Results: A total of 82.5% of patients switched to ziprasidone due to inadequate efficacy and 16.4% due to poor tolerability (most frequently weight gain). A total of 136 patients (72%) completed the study. After switching to ziprasidone, the mean change (ITT-LOCF)in PANSS total score from baseline to end point was statistically significant (n = 183; baseline score 112 ± 19; mean change -25 ± 25.5; P <.0001). A significant improvement was observed from Week 1. Ziprasidone was generally well tolerated, with 12.7% of patients discontinuing due to adverse events. Movement disorder and sexual dysfunction occurred infrequently, accompanied by baseline-to-end–point reductions in Simpson Angus Scale total score and serum prolactin levels. Switch to ziprasidone showed a significant mean baseline-to-end–point decrease in weight (-1.0 ± 3.1 kg; P< .0001) and a nonsignificant increase (5 ms) in mean QTc interval.

Conclusions: Eight weeks of treatment with ziprasidone significantly reduced overall psychopathology in acute schizophrenic patients switched from other antipsychotics and was well tolerated, with a neutral effect on body weight.

P122

Efficacy and tolerability of intramuscular and oral ziprasidone in acute and agitated schizophrenic patients: An 8-week, open-label trial

C. Munizza [1], A. Mautone [2], F. Rappard [3], P. Tiradritti [4], F. Romeo [4]. [1] *SPDC Ospedale S. Giovanni Bosco, Torino, Italy* [2] *Osp. S.Arsenio, SPDC, Salerno, Italy* [3] *Pfizer Inc., New York, NY, USA* [4] *Department of Medicine, Pfizer Italy, Rome, Italy*

Background and aims: This study evaluated the efficacy and tolerability of intramuscular (IM) ziprasidone and the transition to oral formulation in patients with acute schizophrenia and agitation, whose severity of symptoms required IM treatment

Methods: Patients (n=150) were switched from their current treatments to 8 weeks of open-label treatment with ziprasidone. Patients received up to 40 mg/die IM ziprasidone at Day 1 and were then switched to 80-160 mg/die oral ziprasidone as soon as clinical status permitted. The primary efficacy measure was the change

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