Conclusions: Our results suggest that, in patients with first-episode early-onset schizophrenia, enlargement of the lateral ventricles is associated with chronic oxidative cell damage.

P0121

The correlation between social interaction and intelect (iq) in schizophrenic patients

I. Gabos Grecu ¹, M. Gabos Grecu ¹, C. Gabos Grecu ², T. Moica ¹. ¹ First Clinic of Psychiatry, Tirgu Mures, Romania ² University of Medicine and Pharmacology, Tirgu Mures, Romania

Objective: evaluate the relation between social interaction and intellect in schizophrenic patients.

Analyzing different international studies the conclusion is that schizophrenic patients doesn't have necessary inferior the coefficient intelligence compare to healthy people, but they can have major difficulties in social interaction.

Methods: The selection criteria's for schizophrenic patient were:

- Age between 18 and 60
- Male and female in equal rate
- Different levels of education, preferring patient with elementary, medium and high school education
- To be under antipsychotic treatment knowing that treatment doesn't affect social interaction
- PANSS Scale to evaluate symptoms.

The schizophrenic group is composed of schizophrenic inpatients from the First Clinic of Psychiatry, Tirgu Mures, followed between the 10-th of October 2006 and the 28-th of May 2007. The tests used for the control group were administered in the same period.

After completing the Baron Cohen test (the reading the mind in the eyes test) and the intelligence Raven test, the statistical evaluation of results was made using Excel and two programs of statistical analysis: SPSS and Graph Pad.

Conclusions: As a general conclusion we can say that there are no differences regarding the intelligence coefficient between the healthy and the schizophrenic patients, but the people suffering from schizophrenia have big difficulties in deciphering other's emotions, in understanding the mental states and the feelings. As a result of this, the schizophrenic patients had a much lower score in tests which involves the using of ToM mechanism, than healthy people.

P0122

Validation of a scale measuring patient satisfaction with psychotropic treatment (pasap) on a sample of schizophrenic patients - espass study

I. Gasquet ¹, D. Legay ², J.M. Azorin ³, J.Y. Loze ⁴, L. Depret-Bixio ⁵, R. Arnaud ⁶, F. Rouillion ⁷. ¹ INSERM U669 Université Paris XI, Hôpital Cochin, Paris, France - Direction de la Politique Médicale, Assistance Publique - Hôpitaux de Paris, Paris, France ² Cesa.Me, Angers, France ³ Hôpital Sainte-Marguerite, AP-HM, Marseille Faculté de Médecine de Marseille, Marseille, France ⁴ Otsuka Pharmaceutical France, Rueil-Malmaison, France ⁵ HAYS Pharma, Paris, France ⁶ Bristol-Myers Squibb Company, Rueil-Malmaison, France ⁷ INSERM U669 Université Paris XI, Hôpital Sainte Anne, Université René Descartes Paris V, Paris, France

Background and Aims: Patient satisfaction with treatment is a pertinent outcome for evaluating the effectiveness of psychotropic medication. The current study evaluated the psychometric properties of

a new multi-item scale of PAtient SAtisfaction with Psychotropic treatment (PASAP).

Methods: ESPASS is a, prospective, national observational study conducted in France on adult patients with schizophrenia (n=6007) requiring initiation or switch of antipsychotic medication. Demographics, psychiatric history, clinical status (CGI, IAQ) and pharmacological treatment patterns were recorded by psychiatrists at inclusion, 1, 3 and 6-months. Patients previously treated with an antipsychotic (n=4631) also completed a questionnaire on compliance, sexual problems, satisfaction with care and the 9-item PASAP scale (6 items evaluating their opinion of treatment and 3 items evaluating the prescriber). Each PASAP item is rated on a 5-point Likert scale. Patients who completed the 9-items were called PASAP completers.

Results: 63% of patients completed the PASAP scale at inclusion (2924/4631) and 53% at 6-months (2031/3829). PASAP completers were similar to non-completers for gender and marital status but were different for age, income level, duration of psychiatric care and severity of symptoms (p<0.001). Response rate to each item was ≥99%. At inclusion, principal component analysis suggested unidimensionality of the scale (Cronbach alpha=0.84). Inter-item correlation was satisfactory (>0.3) for most items. Responsiveness (sensitivity to change) at 6 months was good with the PASAP (effect size=0.731) and equivalent to the CGI (effect size=0.783).

Conclusion: The psychometric characteristics of the PASAP scale are good. French and English versions are available free on request.

P0123

Incomplete capgras syndrome as a rare varient of this syndrome

A.G. Nejad. Psychiatric Department, Beheshti Hospital, Kerman, Iran

Background: Capgras syndrome is the most common type of delusional misidentification syndromes. In this phenomenon, the patient believes that a familiar person has been replaced by imposter. It has some rare variants. Now one another variant in which, the patient believes in replacement of half of the person is reported. To our knowledge the same history has not been reported.

Case history: A middle aged female with impression of schizophrenia was reported. She believed that the lower half of her body has been replaced with another person. She known this person and referred to her as a prostitute imposter, who wants to damage her. She also has tactile hallucination of intercourse which was attributed to her replaced part of body.

Conclusion: Today Capgras syndrome is considered to more prevalent then was thought before, but yet it is not a common condition. Rare variants of this syndromes were identified. Author reported one of these rare variant in an epileptic patient previously. In this variant the patient has the delusion of inanimate doubles, this variant was first reported by Abed and Fewtrell(1990). In another rare variant which was first reported by Breen and Caine, the patient find her/his image in mirror srange. Present case report could considered one of these rare types. Incomplete Capgras syndrome could be suggested a suitable name for this condition.

P0124

The VADO approach in psychiatric rehabilitation: A randomized controlled trial

A. Gigantesco ¹, P. Morosini ¹, M. Vittorielli ², R. Pioli ². ¹ Unit of Mental Health, Italian National Institute of Health, Roma, Italy ² Psychiatry Rehabilitation Unit, Fatebenefratelli Hospitalization and Care Scientific Institute, Brescia, Italy

Objective: This study investigated whether a specific planning and evaluation approach called VADO (Skills Assessment and Definition of Goals) resulted in improved personal and social functioning among patients with chronic schizophrenia.

Methods: A total of 85 patients with chronic schizophrenia were randomly allocated to the VADO-based intervention or to routine care; 78 completed the program. Interventions were carried out in nine Italian day treatment or residential rehabilitation facilities. Assessment at the beginning of the study and at the one-year follow-up included the Personal and Social Performance scale (PSP) and Brief Psychiatric Rating Scale Version 4.0 (BPRS). Clinically significant improvement was defined as an increase of at least 10 points on the PSP or a decrease of at least 20 percent on the BPRS total score.

Results: At baseline, average PSP scores in the experimental group and in the control group were 33.9 ± 8.1 and 34.0 ± 11.2 , respectively. (Possible scores range from 1 to 100, with higher scores indicating better functioning.) At six months, the score improved markedly in the experimental group (40.8 ± 10.9) and minimal change was observed in the control group (35.3 ± 11.6) ; the difference between groups was significant (difference of 6.9 points compared with 1.3 points; t=2.21, t=81, t=2.05). At 12 months, the same trend was observed (difference of 12.0 points compared with 3.5 points), and the difference between groups was both statistically and clinically significant (t=2.99, t=75, t=2.01).

Conclusions: A statistically and clinically significant improvement in functioning was observed among patients treated with the VADO approach.

P0125

First health and nutritional survey of israeli schizophrenic patients - 2006

F. Tsodikov ¹, R. Chernyak ², Y. Gimelfarb ², Z. Natan ². ¹ Israeli Ministry of Health, Jerusalem, Israel ² Abarbanel Mental Health Center (Bat Yam), Affiliated With The Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel

Background and Aim: The first National Health and Nutrition Survey (Israeli Ministry of Health, 2004) was carried in accordance with the recommendations of the World Health Organization and the Food and Agriculture Organization. Our survey is the first stage of an ongoing process of monitoring the health and nutrition status of Israeli schizophrenic patients. The information generated from the surveys serves as a basis for the evaluation of health indicators in schizophrenic patients, the monitoring of changes over the time and the identification of sub-population groups at increased risk of morbidity.

Methods: The study was approved by the Institutional Review Board. Study population was based on a sample from the schizophrenic patient registry in Abarbanel Mental Health Center (Israel). A face-to-face interview was carried out with the sample person (30 acute and 30 chronic patients completed the interview). The questionnaire included demographic details on the subject and family, questions on health status, alcohol intake, exercise, smoking habits, eating and dieting habits, food supplementation use, knowledge and attitudes regarding nutrition, source of nutrition knowledge and "24-hour food recall".

Results: BMI of chronic patients [BMI<20.0 in 4 (13.8%) of subjects] was significantly higher then of acute patients [BMI>35.0 in 4 (13.8%) of subjects] (Likelihood ratio=12.8; df=4; p<.012), but were no differences in nutritional status (NS) and eating habits (NS).

Conclusions: The findings provide scintific data wich serve decision and policy makers in the formulation of policy and planning of interventions for improvement of general health, lifestyles and nutritional status of schizophrenic patients.

P0126

Quality of life in schizophrenia: Association with global functioning, symptomatology and neurocognition

M. Giugiario, C. Montemagni, B. Crivelli, P. Rocca. *Psychiatric Section, Department of Neuroscience, University of Turin, Turin, Italy*

Background/Aims: Quality of life (QOL) has been recognized as an important outcome of schizophrenia treatment. We examined whether global functional status, symptomatology and neurocognition would contribute to quality of life in patients with schizophrenia.

Methods: Eighty six stable schizophrenic outpatients (DSM-IV-TR criteria) were included. All patients were receiving antipsychotic treatment. Functioning and clinical assessment included the Global Assessment of Functioning scale (GAF), the Clinical Global Impression scale (CGI), the Positive and Negative Syndrome Scale (PANNS) and the Calgary Depression Scale for Schizophrenia (CDSS). Neurocognition assessment evaluated attentive functions, verbal memory-learning, executive functions and perceptual-motor speed. QOL has been evaluated using an objective measure (Schizophrenia Quality of Life Scale, QLS). Indices correlated with QOL (p<0,005) were then included in a multiple regression analysis using QOL as the dependent variable and the Bonferroni correction.

Results: QLS total score was predicted by global functioning and negative symptoms (F=56,47, p<0,001), which accounted for 57% of the variance. Social activity, intrapsychic functioning and use of objects and participation in activities domains were also predicted by global functioning and negative symptoms whereas instrumental functioning domain were predicted only by global functioning.

Conclusions: Our findings suggest that, in outpatients with schizophrenia, global functioning and negative symptoms seem to play a role on modifying QOL while neurocognition doesn't seem to have a direct impact on QOL.

P0127

Psychiatric manifestations during the course of late (tertiary) syphilis: Diagnostic dilemmas and therapeutic considerations a propos of a case report

P. Goulia ¹, I. Bassukas ², C. Mantas ¹, G. Giannakakis ², V. Mavreas ¹, T. Hyphantis ¹. ¹ Consultation-Liaison Psychiatric Unit, Dept of Psychiatry, Medical School, University of Ioannina, Ioannina, Greece ² Department of Skin & Venereal Diseases, Medical School, University of Ioannina, Ioannina, Greece

Introduction: Neurosyphilis results from infection of the brain, meninges or spinal cord by the spirochete Treponema pallidum and comprises a wide spectrum of clinical and pathological features including psychiatric symptoms. We report the case of a patient who presented with psychotic symptoms and was diagnosed with late syphilis.

Case report: A 45-year-old male with anxiety, insomnia, auditory hallucinations, delusions of persecution and mild cognitive impairment of relative recent onset was admitted to the Department of Skin and Venereal Diseases because of serological evidence of syphilis (TPHA 1:320). Upon admission treatment with olanzapine (15 mg/d) was started. Further evaluation yielded positive syphilis serology (TPHA, RPR and FTA-abs) in serum, slight cerebral atrophy in