Results: Patients included in this study were mostly female (68,42%), with high school education (84,2%), single(84,2%), with average age of 30 and 2,53 hospitalizations.

47,37% of family members,as well as 31,58%of patients were afraid of stigmatization by psychiatric treatment-which prolonged DUP. 42,10%of patients felt that they are presently stigmatized.100%of patients have never heard for antistigma programs.

Average period from first behavioral changes to first contact with psychiatrist was 16,34 weeks and 32,6 weeks until starting a continuous treatment (via hospitalization in 57,9%; abrupt illness onset in 42,10%)

Conclusions: Correlation found between DUP and fear of stigma in patients and their family members requires focused antistigma interventions in order to improve psychotic disorders treatment strategies.

P060

Efficacy and tolerability of once-daily quetiapine sustained release in patients with acute schizophrenia: A randomised, double-blind, 6-week, placebo-controlled study

R. Kahn [1], C. Schulz [2], V. Palazov [3], E. Reyes [4], D. Meulien [5], M. Brecher [6], O. Svensson [5], H.M. Andersson [5]. [1] *Rudolf Magnus Institute of Neuroscience, Utrecht, The Netherlands* [2] *University of Minnesota Medical School, Minneapolis, USA* [3] *District Psychiatric Dispensary, Bourgas, Bulgaria* [4] *National Center of Mental Health, Metro Manila, Philippines* [5] *AstraZeneca R&D, Sodertalje, Sweden* [6] *AstraZeneca Pharmaceuticals, Wilmington, DE, USA*

Aim: To evaluate efficacy and tolerability of quetiapine sustained release (SR) in a 6-week study (D1444C00132).

Methods: 588 patients with acute schizophrenia (PANSS total $\geq$70; CGI-S $\geq$4) were randomised to fixed-dose quetiapine SR 400, 600 or 800 mg/day (once-daily), quetiapine immediate release (IR) 400 mg/day (200 mg twice-daily; 5-day dose-escalation schedule), or placebo. Quetiapine SR doses: 400, 600 mg reached by Day 2; 800 mg by Day 3. Primary endpoint: change from baseline to Day 42 in PANSS total score (LOCF; ANCOVA). Other assessments: PANSS response rate (% patients with $\geq$30% reduction in total score from baseline); CGI-I response rate (% patients with rating $\leq$3); CGI-S; AEs.

Results: 446 patients (76%) completed the study (similar across groups). LS mean change from baseline in PANSS total score at Day 42 showed significant improvement versus placebo (-18.8): -24.8 ($p=0.03$), -30.9 ($p<0.001$), and -31.3 ($p<0.001$), quetiapine SR 400, 600, and 800 mg, respectively; -26.6 ($p=0.004$), quetiapine IR. Statistical separation from placebo at Day 42 for: change from baseline in CGI-S (quetiapine SR 600 and 800 mg; IR); PANSS and CGI-I response rates (all active treatments). Most common AEs with quetiapine: somnolence and dizziness. There were no unexpected AEs with quetiapine SR. Incidence of EPS-related AEs was similar to placebo. Two quetiapine SR and two IR patients discontinued due to AEs in Week 1.

Conclusions: Once-daily quetiapine SR (400-800 mg) was effective versus placebo in patients with acute schizophrenia. Rapid dose escalation was well tolerated, with a therapeutically effective dose reached by Day 2.

P061

Reconciling previous DTI studies in schizophrenia

R.A.A. Kanaan [1], G.J. Barker [2], X. Chitnis [2], S.S. Shergill [1], M. Picchioni [1], J. Woolley [1], P.K. McGuire [1]. [1] *Section of Neuroimaging, Institute of Psychiatry, London, United Kingdom* [2] *Centre for Neuroimaging Sciences, Institute of Psychiatry, London, United Kingdom*

Previous DTI studies in schizophrenia have all found decreased white matter integrity in the patients, though the location of these differences has varied. This may be due to the use of region-of-interest methods and underpowered studies. We used voxel-based DTI to examine a much larger sample of patients with schizophrenia and controls.

Methods: Seventy-six patients with DSM-IV schizophrenia and 76 controls matched for age, gender, handedness, IQ, and education were scanned with an optimized DTI sequence at 1.5T. FA maps were co-registered using SPM2 and group differences calculated using non-parametric XBAM_v3.4. Mean FA was extracted from each significant cluster and correlated with illness duration in the patients. Cluster FA was compared between the 15 patients with a few days exposure to antipsychotics and 30 matched patients who had been treated for over a year.

Results: At thresholds of $<$1 false positive (voxel $p<0.01$, cluster $p<0.0005$), there were widespread reductions in FA in the patient group. These areas included bilateral cingulum, superior & inferior longitudinal fasciculus, left uncinate and the genu of the corpus callosum. There were no areas of increased FA in patients relative to controls. In our secondary analyses, there were no significant correlations between the mean FA extracted from any of these clusters and duration of illness, and no significant differences between the briefly medicated and chronically medicated groups.

Conclusions: Schizophrenia is associated with FA reductions distributed widely in white matter, but these differences do not correlate with duration of illness, and do not segregate with medication.

P062

Correlation indexes between quality of life (QoL) and the current psychopathology in Greek chronic schizophrenics

D. Kandylis [1], St. Kaprinis [1], V. Iliadou [1], M. Magiria-Routsoni [1], D. Skrimba [2]. [1] *Third Department of Psychiatry, Faculty of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece* [2] *Thessalian Association for Mental Health, Larissa, Greece*

Background and aims: There is considerable concern in quality of life research in determining the influence of clinical variables upon the quality of life of schizophrenic patients With reference to the psychopathology, a number of researchers agree that there is an influence upon QoL in schizophrenic patients. In our study, we try to find a possible correlation between the perceived satisfaction in daily life domains in Greek chronic schizophrenic patients residing in intermediate structures, and their positive – negative and general psychopathological symptoms, just five years after their deinstitutionalization.

Methods: To that end, the following questionnaires – scales: a) the Baker and Intagliata questionnaire ''Satisfaction with Life Domains Scale'' (S.L.D.S.) b) the Positive and Negative Syndrome Scale (PANSS) c) the Global Assessment of Fuctioning (GAF) Scale were administered to a random sample of three hundred fifty five (325) chronic schizophrenics, residing in boardinghouses, transitional hostels, protected apartments in the whole Greece.

Results: The total level of perceived satisfaction in daily life domains, as well as partial indexes, were investigated in relation to the intensity of positive - negative and general symptoms of the existing schizophrenic psychopathology at the time of the patients assessments.

Conclusions: We found that the satisfaction of these patients draw from their whole daily life a) is correlated negatively with the

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