

predictors included patients on placebo (hazard ratio, 0.41; CI, 0.25 – 0.68; $p=0.001$); having more pre-morbid schizotypal traits (hazard ratio, 2.32; CI, 1.33 – 4.04; $p=0.003$); scoring lower in the logical memory test (hazard ratio, 0.94; CI, 0.9 – 0.99; $p=0.028$); and having more soft neurological signs (disinhibition) (hazard ratio, 1.33; CI, 1.02 – 1.74; $p=0.039$).

Conclusions: Relapse predictors may help to inform clinical decisions about discontinuation of maintenance therapy specifically for patients with a first/single episode psychosis following at least one year of maintenance therapy.

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P0138

Evaluating decision criteria for the choice of pharmacological long-term therapy in risperidone treated patients with schizophrenia

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Objectives: To evaluate decision criteria for initiation of pharmacological long-term treatment (LTT) in patients with schizophrenia

Methods: Non-interventional trial in in-patients pretreated with oral risperidone (RIS-SCH-0001). Further treatment strategy was detailed to: monotherapy with (1) long-acting injectable risperidone (LAIR), (2) oral risperidone (oral RIS), (3) no decision taken, (4) other antipsychotics. Study period was limited to 42 days.

Results: Decision groups comprised (1) 29.0%, (2) 43.0%, (4) 11.5% and (3)16.5% of the 321 patients who were included (mean age 40.5y). Reasons for taking the decision for LTT included good efficacy of oral RIS (LAIR 17.2%, oral RIS 41.3%, other decision 2.7%) and previous lack of compliance (LAIR 40.7%, oral RIS 2.2%, other decision 16.2%). Mean observation period was shorter in groups 1/2 compared to groups 3/4. For patients known at the institution odds ratio for being treated with LAIR was 2.8 as opposed to oral RIS. 130 AEs were reported (47 patients), 1 SAE (somnolence) classified as of possible causality to RIS.

Conclusion: The trial revealed heterogeneous reasons for decision taking into LTT in patients with schizophrenia. LAIR but also other depot formulations have been the favored choice in case of lack of compliance. Patients known at the institution were more likely to be treated with LAIR.

P0139

Modalities of violence in schizophrenia

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Aims: According to a recent large-scale Swedish epidemiological study, 5 % of violent crimes are attributable to patients suffering from psychosis. We present the preliminary results of a feasibility study comparing violent and non-violent schizophrenics on underlying potential process such as impulsivity, emotionality using both, psychometrics and neuropsychological correlates.

Methods: Male Violents subjects were selected by clinicians on their life time histories of violence and control were paired according to age. Assessment include selected neuropsychological and psychometrics tests: BPRS (Brief Psychiatric Rating Scale), PCL-R

(Psychopathy Checklist-Revised), BREF (Frontal Assessment Battery), WCST (Wisconsin Card Sorting Test), Iowa Gambling Task, BIS-11 (Impulsivity Scale).

Results: Violent's performed better in the executive functions (WCST and the BREF), showing a better use of the dorso-side prefrontal cerebral cortex.

Their less good performances in the orbitofrontal functions, (Iowa Gambling Task, BREF), show cortical abnormalities involved in the processes of decision. Lesser capacity to recognize the appropriate feelings seems more present in deliberate violence, determined by the emotional coolness and the absence of fault, than in impulsive violence.

The PCL-R identifies the defect of orbitofrontal activation as the origin of the perturbed emotional integration and the bigger impulsiveness, by the slightest capacity of inhibition of the impulsive decisions.

Conclusion: Our results, especially when compared to literature data, show the existence of dysfunctional cerebral process in schizophrenic violent patients similar to those observed in psychopathy. They outline the need for further clinical and neuropsychological studies to identify pathophysiological processes and estimate the potential recurrence of such behaviours.

P0140

Cognitive improvement in schizophrenia after 6-month treatment with olanzapine

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Background: Positive effect of olanzapine on cognitive functions in schizophrenia was confirmed in many papers accessible in the literature.

Objective: The objective of our study is to evaluate the effect of olanzapine treatment on cognitive functions in patients suffering from schizophrenia during a six-month observation.

Methods: Twenty patients with a diagnosis of schizophrenia according to ICD-10 diagnostic criteria for research were examined. 1 day before initiation of olanzapine a baseline assessment was performed. The neuropsychological examination was repeated 28 days, 60 days, 3 months, and 6 months after the beginning of treatment. The use of benzodiazepines was interrupted 48 hours before each assessment, and a continuous co-medication with benzodiazepines never lasted longer than 48 hours. No other additional medication was administered. Cognitron (COG) and Vienna Reaction Test (RT), both tests being a part of Vienna TEST System, were used. The Positive and Negative Symptom Scale (PANSS) was also used to evaluate general nonpsychotic psychiatric symptoms, positive psychotic symptoms, and negative symptoms. The assessment with the use of PANSS took place on the same days as the neuropsychological examination.

Results: We have shown with the use of neurocognitive battery, that patients treated with olanzapine improved during the treatment. It is notable that this improvement was observed already on the 28th day of the treatment.

Conclusion: The above data here may be useful in encouraging clinicians to use olanzapine across the broad range of schizophrenic patients.