

far by using acupuncture in schizophrenia, sleep disorders as well as the combination of these disorders.

**Methods:** Authors out of different backgrounds contributed their knowledge to the book. This resulted in a very broad theory on schizophrenia and its relation to sleep disorders. Results out of fMRI studies as well as case reports were included. Furthermore, there was an emphasize on the role of neurotransmitters within schizophrenia, sleep as well as acupuncture.

**Results:** In studies that have been conducted so far, a reduction in antipsychotic doses was possible during times of acupuncture treatment, resulting in less side effects and more compliance to treatment. Furthermore, a reduction in side effects was seen, since acupuncture actively works upon side effects such as headache, dry mouth etc.

**Conclusions:** More than enough basis was found for further research into this promising new field of treatment in schizophrenia and sleep disorders.

## P0084

Late factors of schizophrenia diagnosis

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Schizophrenic patients pass by a prodromic phase with non specific signs until the installation psychotics signs creating the request of cares.

The delay diagnosis has an impact on the quality of the therapeutic and the prognostic.

The objective of our study is to identify factors implied in the delay diagnosis of the schizophrenia and also to determine the length of the period of non treatment.

It is a prospective study on a sample of schizophrenics with the first hospitalization to the Academic Psychiatric service of Marrakech since January 2007.

We have 60 patients valued by a hétéro questionnaire, the mini-DSM IV diagnosis scale and the PANSS.

The middle age of patients is of 28, 5 years with a predominance masculine of 86.7%. 90% of patients were unmarried and the majority (80%) without profession; 35% of patients have a low school level

These patients consulted for the first time: generalist (1, 7%), traditional healer (6, 7%), psychiatrist and healer (18, 3%) or a psychiatrist (28, 3%) in all these cases the diagnosis of schizophrenia has not been made; 40% of patients never consulted.

The middle length between the beginning of symptoms and the establishment of the diagnosis is 50 months+ 24 (min: 7, max:320)

The delay diagnosis of the schizophrenia is bound to several factors: medical, socioeconomic and cultural.

An improvement of socioeconomic conditions, the sensitization of the population on schizophrenia and the creation of continuing education programs for professionals' health will contribute to a precocious treatment

## P0085

Cognitive and social rehabilitation in schizophrenia: The SAARP module

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**Background and Aims:** Many studies have examined the potentially beneficial role of social and cognitive rehabilitation in patients suffering from schizophrenia. Schizophrenia is a frequent and severe disorder in spite of the new medication. Cognitive rehabilitation improved by antipsychotic treatment could promote psychosocial processing rehabilitation.

**Methods:** The use in our department of the SAARP module (Social Abilities and Autonomy Reinforcement Program) confirm these data. This program has been made to manage patients towards a high level of self-sufficiency.

**Results:** The first aim is to look for solutions for concrete problems in daily life to help patients to realize personal plans. It develops self-esteem and responsibility for patient. It allows a personal realisation and an active social life. This instrument have to be an easy access, for all the staffs wishing for the well-being for patients with schizophrenia.

**Conclusions:** This study investigates the relationship of neurocognitive functioning and social functioning in patients with program as compared to patients without program. We targeted several domains of SAARP that have been associated with quality of life, and also tested whether the effects of SAARP were related to the age.

## P0086

Delirious profile of Moroccan schizophrenics

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The delirium in the schizophrenia can be polythematic, and some delirious thematics are widespread in some cultures, and triggered sometimes by specific events.

The aim of this study is to identify the delirious profile of Moroccan schizophrenics, and precise themes of the delirium and their relationship with religious, social and toxic events .

It is a retrospective study , taking schizophrenic patients hospitalized in the academic psychiatric unit of Marrakech, valued by an hetero questionnaire (60 patient recruited currently)

The middle age of patient is 29 years, with a masculine predominance of 91.7%, 83.3% of patients are unmarried and 21.7% are illiterate .

95% of patients are paranoid schizophrenics, the middle length of disease's evolution is 64.4 months and the length of the recent episode is 10. 10 weeks.

Events triggering has been recovered in 70% of cases: 11.7% are religious events, 3.3% social, and 61.7% toxic events.

The mystical theme in relation with God was present in 6.7% of patients , and with a divine mission in 23.3%. The megalomaniac theme in relation with the king recovered in 8.3%, in relation with richness in 15%.

Patients are persecuted by indicated persecutors in 88.3%; 40% of patients felt enchanted and 11.7% possessed by diabolic strengths. The hallucinatory mechanism is recovered in 98.3% of patients, the intuitive mechanism in 51.7% and interpretative in 15%.

The delirious profile depends on the culture and the adherence to the delirium is reinforced by cultural, social and religious beliefs and events.

## P0087

Left temporal hypoperfusion with impaired lexical access in schizophrenia: A case report

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**Introduction:** Left temporal hypoperfusion has been reported in some cases of schizophrenia. However, left temporal cortex is involved in lexical access. Moreover, difficulties with accessing the lexical-semantic memory store have been proposed in schizophrenia. Therefore, a relation between impaired lexical access and left temporal activity in schizophrenia might be argued.

**Method:** Here, we report the case of a 33 years old man with disorganized schizophrenia (using DSM-IV-TR criteria) who underwent complete neuropsychological assessment and measurement of cerebral perfusion with 99mTc-ECD (ethyl cysteinyl dimer) single photon emission computed tomography (SPECT).

**Results:** We found evidence for naming disabilities with Deloche and Hannequin's picture naming test of 80 objects. Moreover, a semantic knowledge test (Desgranges and al) suggested the preservation of the lexical-semantic memory store. This was not due neither to mental deficiency (evaluated by WAIS-III and Raven's matrices PM 38), nor to executive dysfunction (evaluated by Frontal Assessment at Bedside, Wisconsin Card Sorting Test, Verbal fluencies, Stroop test and Rey-Osterrieth complex figure), nor to any abnormality of the central nervous system (on the RMI investigation). However, SPECT revealed a left temporal hypoperfusion.

**Conclusion:** This case report suggests that left temporal hypoperfusion described in some cases of schizophrenia might be related to an impairment of lexical access.

## P0088

Weight management by modular group interventions. Outcome at 24 months in an Irish cohort with severe mental illness (SMI)

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**Background and Aims:** Patients with SMI receive long term intervention with psychotropic agents often associated with weight gain. Weight and lifestyle management programmes may prevent, reduce or reverse weight gain, however most data is short-term. Categorical data is not often reported

**Methods:** A group programme (Solutions for Wellness) designed to address weight and other cardiovascular risk factors commenced 2002 in Ireland. Each group provided open-ended access to referred SMI patients. Weekly group sessions consisted weighing, discussion and an 8-week rotational cycle of educational topics on aspects of weight, dietary choices and lifestyle changes. Groups were led by trained healthcare professionals.

**Results:** Data is reported up to 24 months from 55 patients (27 male; 28 female) from 6 centres. Mean age 49.4 years (range 21-74). Schizophrenia 63%, Affective disorders 26%, other 11%. Patients completing 1 year - 55% and 2 years 22%. Baseline mean weight 98.6 kg (SD 19.2) decreased to final visit weight 96.9kg (SD 18.4). Paired t -test, p = 0.0030; CI Mean 2.53 (0.9-4.159). Weight increased in 11/55, maintained 7/55 and decreased 37/55.

**Conclusions:** Weight gain in SMI patients is not inevitable and was found in only 20% of patients attending weight clinics in Ireland. Patients may benefit if similar interventions were widely available.

## P0089

Effectiveness and patterns of switching to aripiprazole in schizophrenic patients. Rea I and Rea II studies

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**Introduction and Objectives:** After the commercialization of Aripiprazole in Spain, two observational studies were proposed, one was conducted when the drug was first launched, and the other when the starting dose of Aripiprazole was modified, in order to understand the switching strategies, the effectiveness, tolerability and adherence to treatment in standard use conditions.

**Patients and Methods:** Two multicenter, retrospective, observational studies were carried out involving 200 psychiatrists throughout Spain with approximate 1000 patients treated with Aripiprazole during the previous four months in each one of the studies during 2005 and 2006 respectively.

**Results:** Both groups of patients had a very similar demographic profile that matches with the general schizophrenic population. In the first study, the main reasons for switching medication were low efficacy (56% of cases) and intolerance (35%), and 44% and 43% respectively in the second study. Despite the poor response to previous treatment, clinical evaluation of effectiveness and tolerability with Aripiprazole was very positive: In the first study, 76% of patients had very good or good effectiveness and tolerability was very good or good in 90%. In the second study, these values were 75% and 93%, respectively. Patterns of change from the previous treatment were switching in 75% of cases in the first study and in 60% in the second study.

**Conclusions:** Effectiveness of treatment with Aripiprazole is good in patients who had a poor response to their previous antipsychotic treatments. The most frequent and effective pattern for change patients to Aripiprazole treatments is switching.

## P0090

Sex differences in prodrome of first psychosis episodes

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A prodrome in schizophrenia is the period when some signs and symptoms are present but the full-blown criteria are not yet met.

**Methods:** We present an open prospective and multi-center study with a follow-up of 2 years in patients with a first psychotic episode. Assessments were made every three months for 2 years. We used a protocol including: PANSS, GAF-EEAG, CGI, Young mania, Hamilton scale for the depression, UKU, OCS, Premorbid Adjustment scale, the Information Subtest and Psychosocial Stress Global Assessment (DSM III R). The assessment of prodromal symptoms was retrospectively. The symptoms were based on the late prodromal