symptom reduction there is still poor functional recovery following a first psychotic episode: about the same percentage fail to demonstrate former social and occupational functioning or quality of life within 6 months after starting pharmacological treatment despite symptom recovery. These functional impairments are present up to 5 years after illness onset even when optimal pharmacological treatment is provided. Different studies point out that deficits in neurocognition (e.g. attention, memory, executive functioning) and social cognition (e.g. emotion and social perception, insight, social schema, attributional style) might be a main source for explaining this poor functional outcome.

Against this background our research group in Bern has developed therapy programs focussing especially on neuro- and social cognition. Integrated Psychological Therapy (IPT) was tested in 32 controlled studies in different countries with a total sample of 1420 patients. A further development of IPT is the Integrated Neurocognitive Therapy (INT) that is evaluated in a still ongoing multi-centre study. Data of a metanalysis of IPT and first results with 28 patients of the INT study indicate beneficial improvements in neuro- and social cognition, self-efficacy and self-perceived quality of life. These results confirm the importance of psychological therapies in combination with pharmacological treatment to optimize functional outcome and recovery.

W03. Workshop: UPDATE ON LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) MENTAL HEALTH

W03

Update on lesbian, gay, bisexual and transgender (LGBT) mental health

G.A. Nakajima [1], J.C. Navarro-Barrios [2], V.G. Carrion [3], D. Garza [4]. [1] *CSP San Francisco, San Francisco, CA, USA* [2] *University Hospital San Cecilio, Granada, Spain* [3] *Department of Psychiatry, Stanford University, Stanford, CA, USA* [4] *Elmhurst Hospital Center, New York, NY, USA*

This workshop will focus on diagnostic and clinical issues in the treatment of Lesbian, Gay, Bisexual, and Transgender (LGBT) patients. Dr. Carrion, a Puerto Rican will speak on the role of coping, social support, temperament and subjective stress on posttraumatic symptoms, using ''Coming-Out'' or integration of a LGBT sexual orientation. He will discuss findings from a cohort of children who have experienced interpersonal violence and develop posttraumatic symptoms. Temperament will be discussed as a potential mediator and coping style as a moderator of posttraumatic symptoms. Dr. Garza, a Mexican American will describe concepts of gender identity and gender roles, and what role psychiatry has played in this area and how it may become a source of support for individuals struggling with gender dysphoria. Dr. Navarro-Barrios from Granada, Spain will speak about transcultural psychiatry and immigrant gay men. Transcultural psychiatry emphasizes the relation that exists between the culture of the subject, and the different presentation of the mental pathology. He will emphasizes the application of transcultural model in therapy with the immigrant gay subjects. Dr. Nakajima, a Japanese American will discuss problematic diagnoses related to homosexuality in ICD-10 like ego dystonic sexual orientation, and the drive to eliminate these diagnoses in ICD-11.

S08. Symposium: NEUROCOGNITIVE IMPAIRMENT IN SCHIZOPHRENIA: A NEW TARGET FOR TREATMENT

S08.01

Treatment of cognition and affect in schizophrenia

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Background and Aims: An increasing number of treatment studies focus on impaired cognition and emotion processing in schizophrenia. In study 1 we evaluated neuronal activation with fMRI during facial emotion processing in schizophrenia patients treated with new antipsychotics. The study 2 was carried out in order to evaluate whether combinations of new antipsychotics with a cognitive training (Cogpack) or a Training of Affect Decoding (TAD) were more effective than new antipsychotics alone.

Methods: In the first study patients with schizophrenia (n=11) and matched healthy controls (n=11) viewed facial displays of emotions. FMRI was used to measure BOLD signal changes as patients alternated beween tasks requiring discrimination of emotional valence of faces and age. In the second study schizophrenic patients (n=20) were compared with a randomized group of patients in the Cogpack (N=20) and in the TAD (n=20).

Results: The same activation patterns in the amygdala were apparent in schizophrenic patients treated with new antipsychotics and healthy controls. The cognition training group revealed significant improvements in cognitive functions and transfer effects in skills needed for daily life. In the TAD group significant improvements were found in recognition of sad facial emotions.

Conclusions: New antipsychotics may improve the functionality of the networks needed for emotion processing and cognition. Cogpack training and TAD, in combination with new antipsychotics, are important treatment techniques for improving social functioning relevant for rehabilitation.

S08.02

Social skills training and computerized cognitive training in patients with schizophrenia

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Cognitive impairment is increasingly regarded as a core aspect of schizophrenia. It is associated with poor functional outcome, may represent a rate limiting factor in rehabilitation programs and is not largely influenced by pharmacological interventions.

Several studies suggest the efficacy of cognitive training programs and advice their inclusion in treatment strategies, while others discourage clinical application.

We recently completed a study involving three Mental Health Departments located in the South of Italy and coordinated by the Department of Psychiatry of the University of Naples SUN. Fifty-eight patients with either a diagnosis of schizophrenia or schizoaffective

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