The most frequent primary negative symptoms were also social withdrawal (18.2%), emotional withdrawal (14.8%), poor rapport (14.8%) and blunted affect (12.8%).

Conclusions: Persistence of negative symptoms plays an important role in most patients treated with antipsychotics, being near half of them primary negative symptoms.

On behalf of the CLAMORS Collaborative Group.

P015

Consensus guideline for the evaluation of physical health in patients with schizophrenia

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Background and aim: Patients with schizophrenia have a reduced life expectancy of 20% in comparison to the general population. They have a relative risk of 1.6 for all cause mortality. Recent innovations in antipsychotic treatment have improved the social integration of patients thanks to a better control of symptoms, however undesirable effects of medication may affect physical health.

Objective: To develop a consensus document about the Evaluation of Physical Health of Patients with Schizophrenia along their life, and to propose recommendations for diagnostic and clinical interventions to manage modifiable risk factors which impact on quality of life and life expectancy.

Methods: A literature review was performed to identify diseases and/or risk factors potentially related to patient with schizophrenia.

A systematic review of the literature was performed to evaluate the morbid-morbidity of patients with schizophrenia in relation to the identified conditions. 25 psychiatrists and 8 experts from the different specialities participated in the consensus meeting to adapt the general population guidelines to the management of patients with schizophrenia.

Results: The literature review revealed that increased mortality in patients with schizophrenia is associated to respiratory diseases, cardiovascular diseases and cancer. Increased morbidity is associated to diabetes and metabolic syndrome, respiratory diseases, hepatitis, HIV and dyskinesia.

The resulting recommendations were submitted to the Spanish psychiatry medical societies for their validation.

Conclusion: The physical health of patients with schizophrenia requires specific monitoring and follow-up to guarantee that their life expectancy, quality of life and social functioning is similar to the general population.

P016

The appearance of negative symptoms in schizophrenic patients with onset in old age

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Negative symptoms in schizophrenia are basis for forming defect and the degree of its expressiveness defines possibilities for rehabilitation. Necessity of a more detailed study of schizophrenic defect in patients with old schizophrenia arose in connection with worldwide tendency to aging of population. The aim of present work was to establish some peculiarities of basic disorders in patients with late onset of paranoid schizophrenia. 36 patients of both sexes aged from 45 to 65 with the duration of process from 2 to 10 years were examined by the clinico-psychopathological method and SANS. 20 patients had the first episode of the illness, the rest underwent from 2 to 7 attacks. 4 patients demonstrated a slight expressiveness of negative symptoms, 26 patients had moderate degree and 3 had a considerably marked one. In all the patients disturbances in the emotional and volitional spheres dominated over the disorders thinking and social functioning. It is found that in repeated hospitalizations affective and associative disorders become deeper whereas disturbances of will, social competence and active attention reveal a less tendency to progressing. The emotional and volitional sphere and thinking suffer in a greater degree in patients with duration of process exceeding 5 years and patients being ill less than 5 years lose their interest to entertainment, contacts with relatives and friends. Thus, medical and rehabilitation measures at the early stage of the disease must be aimed at preserving family status, forming the motives in the work and also stimulating different forms of activities.

P017

Theoretical model of insight

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We reviewed the literature pertinent to circuitry abnormalities in schizophrenia. Also, we looked for insights correlates with severity of illness. Further we focused on described impairments in various domains of insight in schizophrenia. Form the data gathered we observed that insight into the symptoms is less often impaired than insight into the illness and the consequences of illness.

The selected information from sensory receptors it is transformed in primitive awareness (stepping on a branch in dark and reacting to that as it would be an immediate threat). Same of these sensations are processed through working memory and referred to stored reference information through the association areas becoming perceptions. The perceptions are closely correlated with awareness of the symptoms. They are further processed mostly through working memory and lead to knowledge (a-posteriori). This can be understood as fostering the understanding of relation between symptoms as contributors to illness. Through repetition, ideas are incorporated into meanings and beliefs. This is the basis of cognitively higher levels of insight, such as awareness into complex relations between the social consequences, need for treatment and illness. Same beliefs are not based on reality (close systems- a-priori thinking) such as bizarre delusions.

Despite the fact that is a vast literature reporting diminished insight in schizophrenia, very limited integrative work was done. A topographical view of insight might be useful.

P018

Empathy as method toward identification the debut of the prodrome of schizophrenia

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