People with severe and chronic mental disorders, as schizophrenia, may have a poor dental health, with a high incidence of advanced dental disease compared with the general population. There are several possible causes, including the impaired ability to plan and perform oral hygiene procedures, adverse effects of psychiatric drugs (dry mouth), bad dietary habits or limited access to treatment because of lack of financial resources or other causes. Mental health professionals frequently neglect the importance of a good oral health, and dental care, treatment and prevention strategies are not usually included in care and rehabilitation plans.

The aim of the present study is to examine the dental health status of a sample of community, not hospitalized people with severe and chronic mental disorder, and at least two year of pharmacologic treatment.

Method: A sample of 60 patients receiving care in community mental health services (day hospital) has been evaluated using the DMF-T index (number of carius, missing and restored teeth) and the CPITN (Community Periodontal Index of Treatment Needs). The sample has been compared with a control group selected to mach the study group by age and gender.

Results and Conclusions: Oral and dental health status of people with chronic and severe mental disorders seems to be significative worse than that of the general population. This can have clinical and social implications in their general health, stigma and social acceptation. Mental health services must be aware and make efforts to detect this problem and to facilitate treatment and preventive strategies.

P004

Neuropsychology of schizoaffective disorders

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Background and aims: Schizoaffective disorders have a long history and are clinically relevant, but their concept is still uncertain. Cognitive and neuropsychological functioning is impaired in acute illness, but deficits are obvious even during remission. The aim of this study was to evaluate the cognitive status of remitted schizoaffective patients.

Methods: 32 remitted patients diagnosed to have schizoaffective disorder underwent neuropsychological testing: MWT-B, TMT, VLMT, WMS-R, D2 and proactive interference. The results were compared with a sample of 38 bipolar patients.

Results: The scores of schizoaffective patients were under the average in all of the applied instruments. The patients had lower results compared to the group of bipolar patients.

Conclusions: Even in remission patients with schizoaffective disorder have neurocognitive deficits. Compared to healthy probands or bipolar patients cognitive flexibility, concentration and memory is worse.

P005

Aripiprazole in child and adolescent psychiatric disorders: Effectiveness preliminary report

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Introduction: The primary objective of this FDA-requested study was to examine the tolerability/safety and pharmacokinetics (PK) of 20 mg, 25 mg, and 30 mg per day of aripiprazole in children and adolescents, ages 10-17. Effectiveness of aripiprazole was also assessed in this patient population, and is described as the focus of this poster.

Methods: This was an open-label, 26-day, multi-center, sequential cohort, dose-escalation trial. Twenty-one (21) children and adolescents, aged 10 to 17 years old, were enrolled. Preferential enrollment was given to patients with schizophrenia or bipolar illness; however, other psychiatric diagnoses were also permitted. Fifty-seven percent (57%) of patients were diagnosed with bipolar disorder; 24%, Tourette's disorder; and 5%, schizophrenia, PDD, OCD, or conduct disorder. Patients started on a dose of aripiprazole 2 mg/day. Three cohorts reached final doses of 20, 25, or 30 mg/day over a maximum of 12 days and maintained that dose for an additional 14 days. Effectiveness was assessed using the CGI-Severity and CGI-Improvement scales.

Results: Eighty-five percent (17/20) of the patients were ''much improved'' or ''very much improved'' at study endpoint (CGI-I).

Conclusions:

- Effectiveness of aripiprazole at doses of 20-30 mg/day is demonstrated in this child and adolescent patient population
- Observation of clinically meaningful improvement of global symptoms supports systematic evaluation in pediatric/adolescent disorders

P006

A long term group for patients with psychosis in partial remission

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Objective: Three years of group work for outpatients with psychosis was evaluated.

Methods: A small group of 6 to 8 medicated patients is run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications is used.

Results: Better control and differentiation of the psychotic symptoms, emotions and improved social functioning were observed. Group cohesiveness has developed very slowly. With its progression, we observed more honest and open conversation about symptoms and real life problems. Several therapeutic group factors are important for diminishing stigma. The members, who entered the group by their parent's request dropped-out more frequently. Group members were able to manage transient worsening of their psychosis in an outpatient care. The most frequent topics discussed were: psychotic symptoms and medication, interpersonal relations, stigma.

Conclusion: Long term group work has important short and long term effects on quality of life, compliance with treatment, social functioning and stigma reduction. Patients should be intrinsically motivated and well prepared for group work.

P007

The importance of long term group therapy for diminishing the stigma of patients with psychosis

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Objectives: Psychosis is a highly stigmatised condition. Our clinical experience with long term groups of patients with psyhosis have shown that long term group therapy has an important destigmatising role.

https://doi.org/10.1016/j.eurpsy.2007.01.322 Published online by Cambridge University Press