role in either facilitating functioning or creating barriers for people with disabilities.The ICF is a useful instrument to comprehend cronically mentally ill in all their dimensions.Each one encompasses a theoretical foundation on wich a rehabilitative intervention can be formulated and evaluated.Intervention can be classified as rehabilitative in the case that it is mainly directed towards a functional improvement of the affected individual.For this reasons ICF represents a foundamental and complete tool for the valuation of rehabilitation objectives and effectiveness.

P039

Emotion recognition and schizophrenia

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The objective of this study is to review work carried out over the last decade in the area of emotion recognition in persons diagnosed with schizophrenia. Emotion recognition is one of the areas included in the term social cognition. The MATRICS project looks at seven critical cognitive fields where patients with schizophrenia have difficulties. Social cognition is one of these fields. The reasons why social cognition has become so relevant include: empirical evidence associating social cognition with social functioning; its role as a mediator variable between basic social cognition or neuro cognition and social functioning; the appearance of studies showing a neuron substratum of social cognition; and the attention which has started to be given to the development of intervention programmes in schizophrenia focussed on social cognition and, more specifically, on the appropriate recognition of emotions. Emotion recognition or the processing of emotions refers to all those aspects related to perceiving and using emotions. Empirical knowledge in this aspect of social cognition has been basically amassed by studies on the perception of facial emotion. The tasks used in these studies tasks basically consist of showing photographs of human faces in order to identify six basic emotions (happiness, sadness, anger, fear, surprise and disgust or shame).

P040

Premorbid adjustment and neurocognitive functioning in first episode psychosis

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Background and aims: There is preliminary evidence that cognitive functioning is influenced by premorbid adjustment. The goal of this study was to examine to what extent premorbid adjustment patterns are related to cognitive functioning in a cohort of first-episode psychosis.

Methods: Seventy-seven neuroleptic-naïve patients with a first-episode of psychosis underwent clinical and neuropsychological assessments at baseline, 1 month and at 6 months of follow-up. Cognitive measurements included were: Verbal Fluency Test, Trail Making-B Test, Wechsler Memory Test, Reaction Time task, Wisconsin Card Sorting Test (WCST) perseverative errors. Patterns of premorbid functioning were categorised in two groups: 'stable-good' group and 'poor and declining' group, using the Cannon-Spoor Premorbid Adjustment Scale.

Results: No significant associations were found between premorbid adjustment change scores and cognitive variables in the stable-good adjustment group. Patients with premorbid deterioration change score in premorbid adjustment between childhood and early adolescence was associated significantly with lower improvement at the follow-up in the Wechsler Memory Test (r=-0.511; p=0.009) and Reaction Time task (r=0.435; p=0.030). Moreover, change score in premorbid adjustment between early and late adolescence was significantly associated with lower improvement in perseverative errors (r=-0.455; p=0.022).

Conclusions: Deterioration of premorbid adjustment was significantly associated with lower improvement of cognitive improvement at the 6 months follow-up in a first episode psychosis. This lower cognitive improvement varied with the timing of the deterioration process in premorbid adjustment. Early adolescence premorbid deterioration was associated with less improvement in attentional and memory tasks. And premorbid deterioration in the late adolescence was related to lower improvement on executive tests.

P041

Reflection of psychotic symptoms in paintings

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Introduction: schizophrenia can occur in any person even talented individuals. Several painters had schizophrenia. Van Gogh is a well known example Method: A single schizophrenic patient with several paintings is presented. Results/Discussion :Patients with schizophrenia may try to portray their special feelings and experiences. As many of patients have trouble to communicate with others verbally, paintings can be a suitable way for them to make others able to understand them. Broyan Chanley and Phyllis Jones were two talented artists who try to do so. In this presentation we present a schizophrenic patient who tried to describe his psychotic symptoms in paintings. He had also rare Lilliputian hallucination which was reflected in his works.

P042

Affective priming in paranoid schizophrenia treated with olanzapine or risperidone

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Introduction: The phenomenon of the deficit of the inhibitory reaction to the latter of two stimuli presented to the patient with schizophrenia may result in a stronger affective priming effect in the case of schizophrenia patients. This effect may be defined as the change in reaction time needed to respond to an experimental stimulus, due to the characteristics of another stimulus preceding it.

Participants: 33 patients diagnosed with schizophrenia took part in the experiment. At the time of testing, all patients were being treated with atypical neuroleptics. The results of the experimental group were compared to the results of a control group, which consisted of healthy participants, and matched the experimental group according to sex and age.

Method: All participants completed a handedness test. For mood assessment, The Profile of Mood State was administered. The experimental task consisted of pairs of words which appeared on

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a computer screen. The participant was then asked to react to the latter word on the screen and categorize it as either positive or negative.

Results: A supraliminal affective priming effect was observed both in the experimental and the control group. (bigger effect in the experimental group). Patients with schizophrenia were more depressive than healthy participants. The priming effect in the experimental group was stronger for negative than for positive stimuli. In the group of patients treated with risperidon, the priming effect was statistically significant only for negative stimuli.

P043

Effects of cigarette smoking on cognitive deficits in first-episode psychosis

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Cognitive deficits have been consistently described in psychosis and have been proposed as endophenotype markers. Nicotine administration can improve attentional and working memory deficits in schizophrenia. Compared to the general population, smoking is specially prevalent in schizophrenia.

Aims: To describe possible differences in cognitive performance in smoking versus non-smoking patients with first-episode psychosis and to determine the presence of smoking-related cognitive enhancement.

Methods: Sixty-two patients with first-episode psychosis were assessed with a neuropsychological battery that included computerized measurements of attention, working memory, and executive functioning. Patients were grouped into two categories: non-smokers (0 cigarettes/day; n=31) and smokers (20 or more cigarettes/day; n=31).

Results: Groups were paired for sociodemographic and clinical data. In the sustained attention task, smokers exhibited shorter reaction times than non-smokers (p=0.026) and presented a significantly lower % of omissions (p=0.046). No differences were found in the % of commissions. Similarly, in the working memory task, smokers exhibited shorter reaction times than non-smokers (p=0.020) and presented a significantly lower % of omissions (p=0.002), with no differences in the % of commissions. Compared to non-smokers, smokers needed significantly less time to complete the Stroop interference task (p=0.013) with no significant differences in the % of correct responses. No differences were detected between groups in the Wisconsin Card Sorting Test.

Conclusions: Cigarette smoking is associated with less marked attentional and working memory deficits in first-episode psychosis and may constitute a self-medication behavior for remediation of neuropsychological dysfunction. This may be relevant for developing new pharmacotherapies for cognitive deficits in psychosis.

P044

Open-label assessment of the long-term tolerability, safety, and efficacy of sertindole in patients with schizophrenia

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Objective: The primary objective was to assess the long-term tolerability of sertindole.

Methods: An open-label, flexible-dose, 6 to 18 month study sertindole was conducted at 68 European centres. Patients had a primary diagnosis of schizophrenia (DSM-III-R), and had previously completed an 8-week sertindole/haloperidol comparative study. The long-term tolerability of sertindole was assessed as the proportion of patients reporting an AE judged to be possibly or probably related to sertindole treatment and laboratory parameters, vital signs, and ECG. Long-term response to treatment was evaluated using PANSS and CGI-S.

Results: 295 patients entered the study. 56% of patients received 16 mg sertindole.151 patients completed at least 6 months of treatment. 85 patients withdrew prematurely; withdrawal of informed consent (n=37), lack of efficacy (n=23), and AEs (n=6). 243 patients reported AEs during the study. The most frequent AEs were: asthenia (16%), decreased ejaculatory volume (14%) and metabolic disorder/weight gain (12%). No statistically significant changes in laboratory values or vital signs were observed. Sertindole treatment was associated with a reduction in prolactin, the QTc interval was increased in the 8-week study and decreased over time during the extension study. There was a further treatment-related improvement from the acute study baseline in total PANSS and component subscale scores and CGI-S score.Conclusions: The effective dose for most patients was 16 mg/day. The tolerability profile of sertindole was similar to that seen in earlier studies. The low withdrawal rate due to AEs (2%), indicates that sertindole is well tolerated beyond acute treatment.

P045

Childhood behavioral and psychological characteristics in schizophrenia - a questionnaire-based retrospective study

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Background and aims: Childhood behavioral characteristics have not been fully investigated in patients with schizophrenia. To elucidate the picture of them, and to find out indicators which predict later development of schizophrenia, childhood behaviors of the adult schizophrenia subjects were investigated in a questionnaire-based retrospective study.

Population and Methods: Twenty-five schizophrenia outpatients in his/her twenties and normal healthy subjects (n = 100) were investigated. All patients are diagnosed according to DSM-IV-TR as schizophrenia, and who presents now mainly negative symptoms after passing an acute stage. By modified use of the Child Behavior Checklist (CBCL) as a retrospective assessment questionnaire, the parents of the patients and of control subjects rated their childhood behavior.

Results: Among eight subscales of the CBCL, those of Withdrawal, Depression/Anxiety, Social Problems, and Attention Problems were significantly associated with schizophrenia, although any of these scores were not in clinical range. A discriminant analysis using all items of CBCL correctly classified 96.5% of the population. Notable in an item-level analysis was an extremely attenuated aggression in personal relations in the schizophrenia subjects.

Conclusions: It was suggested that subclinical behavioral and psychological characteristics of schizophrenia already exist in the patients' childhood, among which lack of aggressive behaviors might be one of the core features.

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