quetiapine IR received twice-daily quetiapine IR 400, 600 or 800 mg/day for 4 weeks. Stable patients were then randomised (1:2) to continue taking quetiapine IR or switch to the same total dose of quetiapine SR (active dose once-daily in the evening) for 6 weeks. Primary analysis: % of patients (modified ITT population) discontinuing due to lack of efficacy or with PANSS total increase ≥20% at any visit, using a 6% non-inferiority margin for the upper 95% CI of the treatment difference. Per-protocol (PP) analysis was also performed.

Results: 497 patients were randomised (quetiapine SR 331, IR 166); completion rates were 91.5% and 94.0%, respectively. Few patients discontinued due to lack of efficacy or had a PANSS increase ≥20% in both the MITT (n=496) and PP populations (n=393): 9.1% and 5.3% for quetiapine SR and 7.2% and 6.2% for quetiapine IR, respectively. Quetiapine SR was non-inferior to quetiapine IR in the PP population (treatment difference: -0.83% [95% CI -6.75, 3.71]; p=0017) but not in the MITT population (treatment difference: 1.86% [95% CI -3.78, 6.57]; p=0.0431). The incidence (quetiapine SR 38.7%; IR 35.5%) and profile of AEs were similar in both groups.

Conclusion: Clinically-stable patients receiving quetiapine IR can be switched, without titration, to an equivalent once-daily dose of quetiapine SR without any clinical deterioration or compromise in tolerability.

P090

Repetitive transcranial magnetic stimulation and rehabilitation of cognitive functions in schizophrenia

P. Mohr [1,2,3], M. Rodriguez [1,2], T. Novak [1,2], M. Kopecek [1,2,3], J. Horacek [1,2,3], Y. Hendrychova [1], R. Zalesky [1,2], R. Kawaciukova [1,2], M. Preiss [1,2], D. Seifertova [1,2,3]. [1] *Prague Psychiatric Center, Center of Neuropsychiatric Studies, Third Faculty of Medicine, Charles University, Prague, Czech Republic* [2] *Centre of Neuropsychiatric Studies, Prague, Czech Republic* [3] *3rd Faculty of Medicine, Child University, Prague, Czech Republic*

Computer programs are used in rehabilitation of cognitive deficit in schizophrenia. Repetitive transcranial magnetic stimulation (rTMS) can directly affect cortical excitability and metabolism of prefrontal lobe and subsequently affect cognition. The objective of our study was to investigate augmentation of cognitive rehabilitation in schizophrenia with rTMS. Study subjects were stabilized patients with DSM-IV diagnosis of schizophrenia, treated with second-generation antipsychotics, except for clozapine (total N=34). Study with rTMS was double-blind, randomized, placebo-controlled, with 2 parallel arms. All subjects participated in eight-week computer-assisted cognitive training, during first 2 weeks Group 1 (N=8) received rTMS and Group 2 (N=8) inactive sham stimulation. Patients who refused stimulation participated in rehabilitation program only. Data were assessed fo the totatl study sample and for each group separately. The results showed that computer-assisted cognitive training significantly improved severity of cognitive deficit in schizophrenia in many domains, especially executive functions: attention shift − flexibility, attention control, and working memory. The output was faster, more precise, and more reliable. We did not detect to effect of rTMS on the change of cognition, there was no significant difference between active and sham stimulation. This finding can be explained by a significantly lower initial score in Raven test found in actively stimulated group or by a smaller sample size in a double-blind study. The study confirmed efficacy of computer-assisted rehabilitation in remediation of cognitive deficit in schizophrenia.

Supported by the projects IGA MZ CR NF7571-3 and MSMT CR CNS 1M0517

P091

Interventions in a fringe patient

E. Botzakis, E. Chourdaki, A. Pontikaki, A. Vardiabasis, S. Monezis, N. Paritsis. *Department of Psychiatry, University Hospital of Heraklion, Crete, Greece*

Intention: To study the effect of multiple interventions in a patieut.

With schizophrenic disorder, who presents marked impairment in different areous of functioning.

Material and method: A 36-year-old woman, unemployed ant without social supporting services (systems), was admitted in the Clinic of Psychiatry 1 year ant PANSS, in order to re-evaluates the patient's condition. We also designed a treatment plan of medical intervention and psychosocial rehabilitation, in collaboration with social welfare and the service ''Assistance at home''. Moreover, we managed to broaden our interactions inside her (combination)own family (her parents had abandoned her the last few year she had been abandoned by her family the last years) as well as in her wider localsosial enrolment.

Results: We achieved marked improvement of patient's psychopathology with total remission of positive symptoms and almost total elimination of residual symptoms.

GAF scale increased about 52units The patient is now capable to work and participate in several social activities and manifestations.

Conclusion: The global psychical interrantion and the close collaboration of hospital and community psychiatry service offer a distinctly better effect in the treatment of a chronic patient.

P092

Volumetric reduction of the corpus callosum and interhemispheric transfer in subjects with first-episode psychoses: A voxel-based morphometry

T.M. Chaim [1], F.L. Duran [1], M.S. Schaufelberger [1], A.M. Ayres [1], M. Scazufca [1], P.R. Menezes [2], E.J. Amaro [3], C.C. Leite [3], R.M. Murray [4], P.K. McGuire [4], T.M. Rushe [5], G.F. Busatto [1]. [1] *Department of Psychiatry, University of São Paulo Medical School, São Paulo, Brazil* [2] *Department of Preventive Medicine, University of São Paulo Medical School, São Paulo, Brazil* [3] *Department of Radiology, University of São Paulo Medical School, São Paulo, Brazil* [4] *Institute of Psychiatry, University of London, London, United Kingdom* [5] *Department of Psychology, University of Ulster, Jordanstown, Northern Ireland*

Background: Recent structural magnetic resonance imaging (MRI) studies have employed voxel-based morphometry (VBM) to investigate whether there are brain volumetric abnormalities of gray and/or white matter regions in schizophrenia. This VBM study investigated volumetric reductions in corpus callosum (CC) subregions in association with first-episode psychosis (FEP). Also, we investigated whether such changes were related to deficits in interhemispheric transfer of somatosensory information, using the Crossed Finger Localisation Test (CFLT).

Methods: 122 FEP subjects and 94 controls were examined. MRI processing was performed using Statistical Parametric Mapping. In a subsample of 31 FEP subjects, we investigated correlations between CC volumes and performance on the CFLT. In this task, a fingertip on one hand is touched by the experimenter and the subject's task is to respond by touching with their thumb the corresponding finger on the other hand.

https://doi.org/10.1016/j.eurpsy.2007.01.407 Published online by Cambridge University Press