

Methods: Thirty-six patients during inpatient-treatment for diagnoses of schizophrenia and schizoaffective disorder were screened and found eligible for participation. Those who agreed to participation were assessed with the SCID for DSM-IV and received instructions towards the use of the programme, which started after discharge and was designed to last for 4 months in addition to outpatient-treatment as usual.

Results: Eight patients agreed to participation (7 male, 1 female, mean age 29 years), six of whom dropped out during the first three weeks, and only one patient completed the study.

Conclusion: In the presented study, patients suffering from schizophrenia showed a low acceptance rate of additional SMS support complimenting their regular outpatient-treatment. As opposed to our hypothesis and contrary to experiences with bulimia patients integrating an SMS intervention into the treatment of schizophrenia does not seem feasible.

P0073

Psychoeducation and knowledge gain in patients with schizophrenia under mono- and combined antipsychotic therapy: Comparison of amisulpride vs. other atypicals

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Background: Under naturalistic conditions the influence of monotherapy versus combined therapy on the outcome of psychoeducation was to be investigated. As amisulpride has a very positive receptor profile and causes no sedation, it was of interest to which degree amisulpride has a positive influence on knowledge gain in comparison to other atypicals.

Methods: In-patients with schizophrenia (ICD -10: F2) under therapy with atypicals. 8 psychoeducational group sessions; indication for groups independent of psychopathology, insight and compliance. Medication with atypicals non restricted.

Results: 94 patients (47% female, 35 years), 40 % (38 of 94) were treated at discharge with a monotherapy and 60 % with a combination of atypicals. PANSS monotherapy at admission: 74; at discharge: 49. Patients with combination therapy had significantly higher values: 92 at admission and 66 at discharge ($p < 0.001$). Knowledge-gain was comparable; monotherapy group: Mean = 6,0 (SD 6,5); combination therapy: Mean = 6,9 (SD 12,4) (n.s.). 23 % (22 of 94) got amisulpride (5 in monotherapy and 17 in combination). Concerning safety profile and therapeutic effectiveness the non-inferior hypothesis could be confirmed. Patients with monotherapy of amisulpride at discharge had a mean knowledge gain of 10.7; that was higher than the mean knowledge gain of 6.5 of all patients (n.s.).

Conclusions: Monotherapy with atypicals was only possible among 40 %. Psychoeducation is efficient for severely ill patients with combined therapy as well. Amisulpride monotherapy showed a knowledge-gain higher than the average atypicals. For patients with high expectations concerning rehabilitation, a monotherapy with amisulpride seems to be useful.

P0074

Caregivers in the treatment of management

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Through the process of dehospitalisation, the number of in-patient beds in all psychiatric hospitals in the western part of the world has been reduced to 10-20% of those at the beginning of the 20th century. Though outpatient services have expanded to a high degree, the main burden of the psychosocial treatment still fell upon relatives. Most of these nursing families were poorly informed regarding their new duties. Thus many families were overstrained and not able to fulfill their function as "co-therapists"

Because of the prevalence of overstrained families with dysfunctional behaviour, the EE-concept was developed in the sixties (Brown et al 1964). Through family therapeutic interventions, relatives were systematically educated and integrated into long term rehabilitation concepts. In this way, the stigma of the "HEE"- relatives was changed (Bebbington et al 1994; Schulze-Mönking 1994; Möller-Leimkühler 2008). In the meantime, the engagement of family members can be viewed as an important resource and not merely as a stress factor which is to be reduced (Pitschel-Walz, Bäuml et al 2001). In this context, psychoeducation is a very effective measure to inform family members of the background of the illness and the most important treatment elements. So they learn to have better communication with less stress and more helpful interactions. Through the establishment of a worldwide network, relatives are encouraged to cooperate with professionals and politicians to improve the living conditions of their patients. In this lecture, the historical background and actual findings concerning the empowerment of the relatives will be presented.

P0075

Delay of left hemisphere in processing information in schizophrenia?

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Background: Several neuroimaging studies have shown impaired microstructural integrity of corpus callosum in schizophrenia, which may support inter-hemispheric misconnection. However, functional connectivity has rarely been investigated in schizophrenia.

Objectives: To explore inter-hemispheric communication in a sample of patients with schizophrenia in comparison to healthy controls.

Methods: Twenty-five patients with schizophrenia and forty-one healthy controls were studied. Subjects were asked to press a key with the index-finger of their right or the left hand as quickly as possible following appearance of either a single or a double stimulus. Two measures were calculated: the difference between manual reaction times (RT) after the presentation of single stimuli to the ipsilateral (uncrossed response) or contralateral (crossed response) visual hemifield (the so-called Poffenberger Paradigm), as a measure of interhemispheric transfer time (ITT), and the difference between double and single stimuli (the Redundant Target Effect, RTE), as a measure of interhemispheric integration.

Results: Overall, patients with schizophrenia responded faster with the left than with the right hand (Paired sample t-test $p = 0.019$). Importantly, in schizophrenics there was no group difference in ITT but there was a significantly enhanced RTE.

Conclusions: The slower RT for right hand in schizophrenics possibly reflects a general delay of the left cerebral hemisphere in visuo-motor RT. Moreover, the enhanced RTE suggests an impairment of interhemispheric integration in schizophrenia.

P0076

A study of relationship between psychopathology, insight and compliance in schizophrenia

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A four week longitudinal study was conducted to assess the relationship between insight, psychopathology and treatment compliance in schizophrenia using Insight and Treatment Attitude Questionnaire (ITAQ), Positive and Negative Syndrome Scale (PANSS) and Medication Adherence Rating Scale (MARS). Study sample consisted of 50 patients with schizophrenia diagnosed as per diagnostic criteria of research of WHO with a mean period of illness being 5.32 years. There was substantial psychopathology at intake which improved significantly after 4 weeks. Similar changes were found with the scores of insight and compliance over 4 weeks. Insight and compliance were positively correlated to each other at intake and at the end of 4 weeks. Both of these were negatively correlated with psychopathology scores on both the occasions. Stepwise logistic regression was applied with compliance as dependent variable and psychopathology and insight as independent variables on both the visits and it was found that most powerful predictor of compliance on first visit is insight on first visit [$R = .636$] and most powerful predictor of compliance on second visit is compliance on first visit [$R = .838$].

P0077

The expression of positive and negative schizotypy in daily life: An experience sampling study

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Psychometrically identified positive and negative schizotypy are differentially related to psychopathology, personality, and social functioning. However, little is known about the experience and expression of schizotypy in daily life. The present study employed the experience sampling method (ESM) to assess positive and negative schizotypy in daily life in a nonclinical sample of 412 young adults. ESM is a structured diary technique in which participants are prompted at random times during the day to complete an assessment of their current experiences. As hypothesized, positive schizotypy was associated with increased negative affect, thought impairment, suspiciousness, negative beliefs about current activities, and feelings of rejection, but not with social disinterest or decreased positive affect. Negative schizotypy, on the other hand, was associated with decreased positive affect and pleasure in daily life, increased negative affect, and marked decreases in social contact and interest. Both positive and negative schizotypy were associated with the desire to be alone when with others. However, this desire appeared to be moderated by anxiety in positive schizotypy and by diminished positive affect in negative schizotypy. The findings support the construct validity of a multidimensional model of schizotypy and

the use of psychometric inventories for assessing these dimensions. ESM appears to be a promising method for examining the daily life experiences of schizotypic individuals.

P0078

Psychopathology, social adjustment, and personality correlates of schizotypy clusters in a large non-clinical sample

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Background and Aims: Correlational methods, unlike cluster analyses, cannot take into account the possibility that individuals score highly on more than one symptom dimension simultaneously. This may account for the inconsistency found in the correlates of schizotypy dimensions. This study explored the clustering of positive and negative schizotypy dimensions in nonclinical subjects and whether schizotypy clusters have meaningful patterns of adjustment in terms of psychopathology, social functioning, and personality.

Methods: Positive and negative schizotypy dimensional scores were derived from the Wisconsin Schizotypy Scales for 6,137 college students and submitted to cluster analysis. Of these, 780 completed the NEO-PI-R and Social Adjustment Scale-self report version, and further 430 were interviewed for schizophrenia-spectrum, mood, and substance use psychopathology.

Results: Four clusters were yielded: low, high positive, high negative, and mixed (high positive and negative) schizotypy. The positive-schizotypy cluster presented more psychotic-like experiences and schizotypal, paranoid symptoms, had more affective and substance abuse pathology, and were more open and extraverted. The negative-schizotypy cluster had more negative and schizoid symptoms, worse social adjustment, high conscientiousness and low agreeableness. The mixed cluster was the most deviant on almost all aspects.

Conclusions: Our cluster solution is consistent with few previous reports in schizotypy and schizophrenia, indicating that meaningful profiles of schizotypy features can be detected in nonclinical populations. The clusters displayed a distinct and meaningful pattern of correlates at across different domains, thus providing construct validity to the schizotypy types defined.

P0079

The dimensional structure of the Wisconsin schizotypy scales: Factor identification and construct validity

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The present study examined the factor structure underlying the Wisconsin Schizotypy Scales and the validity of these dimensions. Confirmatory factor analysis with 6,137 nonclinical young adults supported a two-factor model with positive and negative schizotypy dimensions. As predicted, the schizotypy dimensions were differentially related to psychopathology, personality, and social impairment. Both dimensions were related to schizotypal and paranoid symptoms. Positive schizotypy was uniquely related to psychotic-like experiences, substance abuse, mood disorders, and mental health treatment; whereas negative schizotypy was associated with negative and