

Results: Patients with PNS had significantly worse psychopathological status compared to patients without PNS at all three time points (112 vs. 79, 105 vs. 80, and 105 vs. 79 points, respectively) and lower social functioning (98 vs. 109, 98 vs. 109, and 98 vs. 107 points, respectively). Their quality of life was significantly worse at 4–6 years after the first hospitalization (76 vs. 89).

Conclusion: The results obtained during up to 15 years of the follow-up observation of FE schizophrenia patients confirm those of other studies showing that, persistent negative symptoms at the early period of schizophrenia significantly contribute to an increased psychopathology and poorer psychosocial functioning of the patients.

Policy of full disclosure: None.

P-07-008

The functioning puzzle in schizophrenia: chronicity, symptoms, cognition. What is the key factor?

A. Brañas (Príncipe de Asturias, University Hospital, Alcalá de Henares, Madrid, Spain; M. Vicens, A. Ruiz, A. Orozco, G. Lahera)

Objective: To analyze correlations between functioning and sociodemographic, clinical and cognitive variables in patients with Schizophrenia. To compare performance on cognitive tasks of schizophrenia patients with high and low level of functionality. To weigh each variable in a general predictive model showing the functioning of patients.

Methods: The sample consists of 57 outpatients between 18 and 65 years, diagnosed with schizophrenia, based on the DSM-V, in monotherapy treatment and with a minimum a 3 months period of clinical stability. Sociodemographic and clinical data were collected: PANSS scale, Akathisia Scale Simpson-Angus Scale, State-Trait Anxiety Inventory (STAI) and Global Functioning Scale (GAF). The following variables were measured: Processing speed (PS). Evaluated with Trail Making Test, part A; subtest of symbol coding of the Brief Assessment of Cognition in Schizophrenia (BACS); Verbal fluency (animals); Sustained Attention (SA): measured with Continuous Performance Test (CPT) Face Emotion Identification task (FEIT, Kerr & Neale 1993).

Results: Functioning of patients was correlated to chronicity (duration of illness), positive, negative and general symptoms, extrapyramidal side effects, processing speed (encoding symbols) and social cognition. But it was NOT significantly correlated to anxiety, score on the Trail Making Test, verbal fluency and pharmacological dose. A linear regression model was developed with all cognitive variables studied. In the following step model, the only variable not excluded was emotional recognition (FEIT).

Conclusion: Functioning of patients with schizophrenia results from the contributions of many sociodemographic, clinical and cognitive variables. Our results underscore the importance of (positive, negative and general) symptoms, social cognition and extrapyramidal motor effects.

Policy of full disclosure: None.

P-07-009

Surviving schizophrenia in the family: four case studies

P. P. Espinosa (Woosong College Nursing, Daejeon, Republic of Korea)

Objective: This study was conducted to describe the coping strategies and problem solving skills of four families with a schizophrenic member.

Methods: Qualitative Research-Case Study Approach Family Members of Four Schizophrenics Key Informant Interviews, Observations, and Personal Journal Face-to-face, Unstructured interview Holway's Strategy.

Results: The types of problems reported include illness-related problem, eating and sleeping problems, and hygienic problem. It was noted that the extent of problems reported ranges from minimally disruptive to extremely disruptive to family life. Most of the family members had coped effectively to having schizophrenic family member.

Conclusion: The appearance of schizophrenia in a family member is invariably a disaster to the whole family, a disaster in which all are victims of the event and its sequelae. It was noted then, that family members are helping with each other to meet the needs of schizophrenic member. Moreover, parents, children, and siblings feel the effects of direct involvement. Most of them are directly involved in the care and have shared the responsibility of the schizophrenics. It was concluded that schizophrenia touches everyone, affecting attitudes toward self and toward life, producing symptoms in other members, altering family structure, influencing life choices, and more.

Policy of full disclosure: None.

P-07-010

Attitudes towards patients with psychosis and depression in the general population: effects of labeling

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Objective: Good mental health literacy (MHL) is thought to improve help-seeking and compliance. Yet it was cautioned for psychosis that it might also increase the desire for social distance, especially when linked to biological causal explanations. Therefore, we investigated attitudes towards patients with psychosis and depression in a general population sample in relation to labeling.

Methods: At the time of writing, 1'061 (89.6 %) German-speaking participants of a telephone survey (age 16 to 40) agreed to answer a questionnaire on MHL and attitudes whose two versions vary in their diagnostically unlabeled case vignette (schizophrenia or depression), 645 (60.8 %) questionnaires were returned.

Results: The type of the case vignette had significant small to moderate effects on the desire for social distance increasing with closeness of the relationship (Rosenthal's r : 0.115 (colleague) to 0.373 (looking after children)). The depression vignette was generally much better received than the schizophrenia vignette. Furthermore, the higher the wish for social distance, the larger tended to be the effect of the vignette. Correct labeling of the case vignette or adoption of a biological illness model had at most only small effect on the desire for social distance. As regards the effect of a biological causal attribution, no effect was found in case of the depression vignette. For the schizophrenia vignette, only a small, not quite significant effect towards an increase in the desire for social distance in case of a biological illness model emerged when the care of one's own children was concerned (Rosenthal's $r = 0.101$).

Conclusion: While good MHL seems to improve social acceptance of persons with depression, it seems to extend an opposite effect on psychoses irrespective of a possibly biological main causal attribution. This has major implications for public information campaigns in psychoses that will have to be most carefully designed to avoid converse effects.

Policy of full disclosure: None.