

(SF-36) as well as specific of their pathology (Sevilla and IBDQ, respectively). An external assessment of functioning is performed. Additionally, schizophrenia patients quality of life is assessed by clinician through Heinrichs-QLS. Insight is scored through SMD scale. Treatment compliance is evaluated by Morisky –Geen test. This study is approved by Ethics Committee and all subjects sign informed consent prior to participation.

Results: Schizophrenia subjects have been assessed a poorer social and working functioning by clinician in comparison with IBD group. However, subjective measures have not been so different between both groups. In the schizophrenia group, patients with better insight show a better quality of life. Both groups have shown good treatment adherence.

Discussion: Schizophrenia subjects with higher insight show better quality of life, subjective and objective, in contrast with previous literature when depression was linked to insight improvement. With less insight, there is an important difference between objective and subjective measures. It is recommended to measure insight assessment in research and in routine practice. It is recommended to facilitate insight improvement through psycho-social therapies.

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DIFFERENTIAL 3-YEAR EFFECTS OF FIRST VS. SECOND-GENERATION ANTIPSYCHOTICS ON SUBJECTIVE WELLBEING IN SCHIZOPHRENIA USING MARGINAL STRUCTURAL MODELS (MSMS)

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Background: This study examined the differential effects of first (FGA) versus second-generation antipsychotics (SGA) on subjective wellbeing in patients with schizophrenia.

Methods: Data were collected in an observational 3-year follow-up study of 2,224 patients with schizophrenia. Subjective wellbeing was assessed with the Subjective Wellbeing under Neuroleptics scale (SWN-K). Differential effects of FGAs vs. SGAs were analyzed using marginal structural models (MSMs) in those patients taking antipsychotic monotherapy.

Results: The MSM, which analyzed the differential effect on the SWN-K total score, revealed that patients on SGAs had significantly higher SWN-K total scores, starting at 6-month (3.02 points; $p = .0061$; $d = 0.20$) and remaining significant thereafter (end-point: 5.35 points; $p = .0074$, $d = 0.36$).

Discussion: Results of this large observational study are consistent with a small but relevant superiority of SGAs over FGAs in terms of subjective wellbeing extending previous positive findings of differential effects on quality of life.

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SUBJECTIVE WELL-BEING IN PSYCHOTIC DEPOT-TREATED PATIENTS IS RELATED TO PERSONALITY TRAITS

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Background: Previous research has found that schizophrenia patients treated with atypical oral antipsychotics experience greater subjective well-being (SWN) compared to patients treated with typical medications. The present study aimed to examine if this finding is applicable to patients treated with depot medications. Additionally, the relationship between SWN and personality characteristics was examined.

Methods: 34 patients, 25 with schizophrenia and 9 with schizoaffective disorder, taking depot antipsychotic medication were assessed on SWN, personality traits, negative affect, insight, cognitive functioning, and psychopathology (PANSS) symptoms. 16 patients received an atypical depot medication (risperidone), the rest received a variety of typical medications. 28 of these patients were additionally taking oral antipsychotic medications.

Results: T-tests revealed no differences between depot groups in SWN, cognitive functioning, and schizophrenia symptoms. SWN total score was significantly positively correlated with extraversion ($r = .66$) and agreeableness ($r = .56$), and negatively correlated with neuroticism ($r = -.62$). There were a number of significant correlations between several of the SWN subscales and with extraversion, agreeableness and neuroticism. Openness to experience was significantly positively correlated with the SWN mental subscale (.82). SWN was negatively correlated with depression (-.67), anxiety (-.61), stress (-.55), and with side-effect severity (-.57). SWN was negatively correlated with the Affective factor of the PANSS (-.46), but had no other significant correlations with the remaining PANSS factors. Insight was negatively correlated with SWN total score (-.58) and with three SWN subscales. Additionally, insight was positively correlated with depression (.47) and stress (.62). Side-effect severity was negatively correlated with extraversion (-.49) and agreeableness (-.61) and positively with neuroticism (.53). Insight was negatively correlated with extraversion (-.58) and positively with neuroticism (.54).

Discussion: Preliminary result of this study found no evidence that type of depot medication influences SWN. However, patients who were higher on extraversion and agreeableness, and lower on neuroticism, reported higher levels of SWN and lower side-effect severity. Additionally, higher SWN is associated with lower levels of distress, but also with poorer insight into one's mental illness. Furthermore, more extraverted patients had poorer insight, while more neurotic patients had better insight. Patients' SWN and hence perceived quality of life seems to be strongly related to stable features of their personality as well as current distress levels and side-effect severity. SWN may have a stable trait-like character due to its relationship with personality features.

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PREVENTION OF MOTHERS' MENTAL ILLNESS DETERIORATION: A RETROSPECTIVE REVIEW OF 34 JAPANESE PATIENTS

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