patients presented. Finally, data from this study are cross-sectional, and future longitudinal research needs to be conducted to better estimate the effects of BD symptoms on cognition, functioning and self-reported QoL.

Conclusions: BD patients had substantial impairments in QoL, similar in severity to patients with schizophrenia. In patients with schizophrenia, QoL was more strongly related to levels of psychopathology than neurocognitive deficits, whereas in BD patients, both psychopathology and neurocognitive deficits were strongly associated with self-reported lower QoL. Symptom remission is fundamental in both disorders, but especially in BD patients, the treatment should also focus on neurocognitive rehabilitation strategies.

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P.3.a.038 | **Insight and depressive symptoms in first episode psychosis**

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Introduction: There has been a great interest in the topic of insight among clinical researchers in psychotic disorders as poor insight has been associated with worse treatment compliance and, consequently, with a poorer prognosis. Furthermore, some authors have found a direct relationship between insight, depression and suicide that seems to be present from the onset of the psychotic disorder (Crumlish et al., 2005). Nevertheless, results of this research are still controversial in first psychotic samples.

Objective:
1. To assess the insight into illness in patients with a first psychotic episode.
2. To examine the association of depressive symptoms with the level of insight in patients with a first psychotic episode.

Method: A cross-sectional study was carried out with 124 inpatients consecutively admitted in Santiago Apostol Hospital, who were diagnosed of a first affective and non-affective psychotic episode (DSM-IV). First psychotic episode was defined as the first time a patient displayed positive psychotic symptoms of delusion or hallucinations. Subjects with mental retardation, organic brain disorders or drug abuse as a primary diagnosis were excluded. Clinical and demographical relevant variables were collected with an extensive protocol that included: age, gender, Structured Clinical Interview for DSM-IV (SCID-I), Hamilton Depression Rating Scale (HDRS-21), Young Mania Rating Scale (YMRS), Positive and Negative Symptom Scale (PANSS: P, N, PG), Global Clinical Impression (GCI), and Global Assessment Functioning in the last month (GAF). Insight into illness was measured by using the Amador's Scale to Assess Unawareness of Mental Disorder (SUMD; Amador et al., 1993), which includes three dimensions of insight: (1) Global awareness of mental disorder; (2) Awareness of the achieved effects of medication; (3) Awareness of the social consequences of having a mental disorder.

Relation between insight and clinical and demographical data were analysed using univariate comparison tests. Significance and independence of relevant variables were tested in regression models with $p < 0.05$ indicating statistical significance.

Results: Of the total sample, among 3 to 5% of patients with a first psychotic episode presented a completed awareness of illness in the 3 general items of the SUMD. Linear regression model showed a significant relationship between greater global awareness (total score of the three items of the SUMD) and older age at first episode ($p = 0.002$; $\beta = -0.076$), and higher scores in HDRS-21 ($p = 0.035$; $\beta = -0.094$) and in PANSS-N ($p = 0.001$; $\beta = -0.151$). On the contrary, poorer insight was significatively associated with higher scores in YMRS ($p = 0.031$; $\beta = 0.071$), in GCI ($p = 0.017$; $\beta = 0.945$) and in PANSS-PG ($p = 0.007$; $\beta = 0.127$).

Conclusion: Majority of patients showed an impaired awareness of having a mental disorder in the first psychotic episode. Insight into illness was better in those patients with a later onset of the psychotic disorder; whereas impaired insight seemed to be related to severity of psychopathology during the first psychotic episode. Moreover, a relationship was observed between presence of depressive symptoms and better insight from index episode.

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P.3.a.039 | **Onset of action of oral paliperidone extended-release tablets in patients with acute schizophrenia: pooled results from three 6-week controlled studies**

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Purpose: Rapid and continuous relief of psychotic symptoms is important in the management of schizophrenia. Therefore, antipsychotic agents that can be administered at an effective dose from Day 1 may provide advantages in this respect. Paliperidone is an investigational psychotropic medication developed as extended-release tablet (paliperidone ER). The pharmacokinetic profile of paliperidone ER (ascending release profile and delivery over 24 h using OROS technology [1]) ensures that an effective dose can be administered from Day 1 without the requirement of dose titration for tolerability. Furthermore, reduced plasma fluctuations at steady state may result in a reduction in side effects [2], associated with antipsychotic medications such as extrapyramidal symptoms. This post-hoc analysis assessed time of onset of therapeutic effect of paliperidone ER in patients with acute schizophrenia. The incidence of adverse events (AEs) and other aspects of tolerability are also presented.

Methods: Pooled data from three 6-week, multicenter, double-blind, randomized, placebo-controlled, parallel group, dose-response studies in patients (n = 1192, aged ⩾18 years) treated with fixed-doses of paliperidone ER (3 mg, 6 mg, 9 mg or 12 mg,