2% schizotypal, 2% borderline, 5% paranoid CSPT. Negative psychotic symptoms were higher in patients with schizoid CSPT. The excited symptoms were lower for those with avoidant and depressive CSPT. The anxiety and depression symptoms were higher for patients with dependent CSPT. The positive psychotic symptoms were lower for patients with histrionic and higher for patients with compulsive CSPT. Logistic regression demonstrated that gender and positive and negative symptoms explained 35.9% of the variance of the schizoid CSPT. Excited symptoms explained 9.1% of the variance of the avoidant CSPT. Anxiety and depression symptoms and age explained 31.3% of the dependent CSPT. Gender explained 11.6% of the histrionic CSPT, 14.5% of the narcissistic CSPT and 11.6% of the paranoid CSPT. Finally, gender and positive dimension explained 16.1% of the compulsive CSPT.

**Discussion:** The study highlights the importance of studying personality in patients with psychosis as it broadens understanding of the patients themselves and the symptoms suffered.

### T94. HS-CRP TO EVALUATE CHRONIC INFLAMMATION AND CARDIOVASCULAR DISEASES IN SCHIZOPHRENA

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**Background:** The metabolic syndrome is a combination of risk factors for cardiovascular disease (RFVC). These complications are responsible for a significant excess mortality found in patients with schizophrenia. C-reactive protein (CRP), the main protein of the acute phase of the inflammatory process, has been chosen as one of the most informative biomarkers for predicting vascular death and major cardiovascular events at 10 years of age. It is the moderate and chronic increase in CRP levels measured by high-sensitivity C – reactive protein (hs-CRP) that represents a risk factor for cardiovascular disease. In the meanwhile, the results of research on autoimmunity and inflammation during psychosis described high levels of inflammatory markers in schizophrenia. In fact, chronic inflammation, measured by high blood C-reactive protein level, has been described in schizophrenia. The aim of this work was to evaluate the association between serum levels of high-sensitivity C – reactive protein, as a marker of chronic inflammation, metabolic syndrome and cardiovascular risk in a cohort of Tunisian patients with schizophrenia during remission.

**Methods:** A cross-sectional and retrospective descriptive study was conducted at the “F” psychiatry department at the Razi Hospital, including 80 patients with schizophrenia in period of clinical remission. The evaluation focused on 11 cardiovascular risk factors: age, family history of early heart disease, physical inactivity, alcohol consumption, smoking, type 2 diabetes, android obesity, the elevation of total cholesterol, the decrease of hdl-cholesterol, high blood pressure, elevation of triglycerides. A dosage of high-sensitivity C – reactive protein was performed.

**Results:** 25 patients (31%) met the criteria for metabolic syndrome of the International Diabetes Federation (2006). 13 patients (16%) had none of the 5 diagnostic criteria for metabolic syndrome. The average number of cardiovascular risks was 3.66. 22% of patients had significant cardiovascular risk (number of risk factors ≥ 5).

The average measured CRP us was 3.43 ± 2.08 mg / l. Taking only the measure of hs-CRP as RFVC, 64% of our patients had a moderate cardiovascular risk and 38% had a significant risk.

The CRP levels were not associated with metabolic syndrome (p=0.4).

However, a strong association was found between high levels of hs-CRP and high risks for cardiovascular disease (p=0.006).

**Discussion:** Chronic inflammation plays a role in the pathophysiology of many chronic diseases, including cardiovascular diseases. It also plays an important role in the pathogenesis of schizophrenia. The role of the immuno-inflammatory system in schizophrenia arouses interest in immuno-psychiatric research.

The association between chronic inflammation and cardiovascular diseases in schizophrenia could lead to treatments that would prevent the progression of both diseases overall.

### T95. PREVALENCE AND CONSEQUENCES OF CARDIAC AUTONOMIC DYSFUNCTION (CADF) IN 112 UNMEDICATED PATIENTS WITH SCHIZOPHRENIA

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**Background:** A shortened life expectancy of about 15–20 years in patients with schizophrenia (SZ) is very well documented. Cardiovascular disease has been identified as one of the leading causes of premature death. Beyond the effects accounted for by lifestyle and antipsychotic medications, several lines of evidence indicate a shared underlying pathophysiology between both schizophrenia and cardiovascular disease. The most obvious link lies in the relation between cardiac autonomic dysfunction (CADF) and the development of cardiovascular diseases. CADF has been extensively described in patients with schizophrenia, with main features like an increased heart rate at rest, reduced baroreflex sensitivity or increased variability of the QT interval. However, the definite influence of autonomic dysfunction for reduced life expectancy is still unknown. Thus, one has to identify patients at increased risk. Therefore, we established a scoring system based on heart rate variability (HRV)-measures from unmedicated SZ patients to quantify autonomic changes associated with an assumed cardiac risk profile.

**Methods:** Autonomic measures were obtained from electrocardiogram recordings at rest in 112 unmedicated SZ patients and 112 age and gender matched healthy controls (HC). A rating score was obtained by relating 13 different, independent heart rate variability indices from every SZ patient to the 1st, 1.5th and 2nd standard deviations (SD) of the HC sample. According to the total amount of rating points, every SZ patient was classified into a corresponding subgroup of cardiac autonomic dysfunction (< 4 points = absent, 4 – 13 points = moderate, > 13 points = severe CADF). The selected HRV parameters contain different information of autonomic system modulation and have been proven very reliable in clinical research. Besides, symptom severity (Positive and negative syndrome scale) were determined as well as cardiac risk markers like BMI, smoking habits and physical activity.

**Results:** Severe CADF was present in 29% of the tested unmedicated SZ patients, whereas moderate CADF was present in 44% and absent in 27% of the cases. Therefore, about one third of the patients revealed severe cardiac autonomic changes correlating with a potential risk for cardiovascular events. Only 27 % of the SZ patients showed no pathological findings. Patients with severe CADF showed significantly higher heart rates at rest when compared to patients with moderate CADF [F(2,109) = 23,089; p < 0.001]. The ratio of Low Frequency/High Frequency was also significantly higher in SZ patients with severe CADF compared to moderate CADF [F(2,109) = 38,321; p < 0.001] which points to a shift of the autonomic balance to sympathetic modulation. The three subgroups of SZ patients did not differ significantly in terms of symptoms, BMI, smoking habits or physical activity. SZ patients with severe CADF had a significantly longer duration of the illness [F(2,109) = 12,810; p < 0.001].

**Discussion:** This study demonstrated that almost one third of unmedicated SZ patients show severe CADF. The close relation between CADF and the development of cardiac diseases or arrhythmias is well described. Therefore, these patients might need close cardiological follow-up appointments to reduce the likelihood of sudden cardiac death. In addition, the definite relation between the degree of autonomic dysfunction and the potential risk of cardiovascular events needs to be investigated in this patient population prospectively. Future studies need to design interventional strategies for everyday clinical settings to improve physical health and quality of life.