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The differentiated medicament correction of psychoemotional infringements at the induced pregnancy

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Objectives: to prove a choice of the differentiated medicament correction of psychoemotional infringements at the induced pregnancy for complex preventive maintenance of dysadaptation mother-fetus systems.

Materials and methods: the research carried out in 2 groups - the basic group -90 patients with induced pregnancy, observed in SCOGP, the control group - 20 urban women with the spontaneously coming pregnancy in I, II, III gestational trimesters. The psycho-diagnostic testing with using of a technique of T. Nemchin, Spilberger's, modified Individual Questionnaire of Bechter's Institute and Minnesota of Multilateral Person Investigation is carried out.

Results: Among the patients with induced pregnancy two groups are selected:

- first - (57,3%) - with the moderately expressed level of psychological voltage, high jet and personal uneasiness, with sensitive type of attitude to pregnancy, the features of the person which are coming nearer a psychopathic circle;
- second - (42,7%) - with low levels of psychological voltage, average level jet and personal uneasiness, with a melancholic type of attitude to pregnancy, with astheno-neurosal person reactions.

The interrelation between features of current, outcomes of induced pregnancy and type of psychoemotional infringements are revealed, where frequency and spectrum of obstetrician pathologies at patients of second groups were authentically above ($p < 0{,}05$), than at patients of first group.

Obtained data prove application of sedative (?agne ?6) and nootrops (EGb 761) preparations for correction of psychoemotional infringements at induced pregnancy for complex preventive maintenance of dysadaptation mother-fetus systems.

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Switching to long-acting injectable risperidone: Beneficial with regard to clinical outcomes, regardless of previous conventional medication in patients with schizophrenia

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Objective: This subanalysis of the Switch to Risperidone Microspheres (StoRMi) clinical trial, an international, 6-month, open-label investigation of long-term efficacy and safety of risperidone long-acting injectable (RLAI), focuses on a subset of non-acute schizophrenic adult patients switching from oral or depot conventional antipsychotic.

Methods: Efficacy assessments included Positive and Negative Syndrome Scale (PANSS), Global Assessment of Functioning (GAF), quality of life, treatment satisfaction, hospitalization rates, and treatment-emergent adverse events (TEAEs).

Results: Patients switching from oral (n=100) or depot (n=565) conventional medication were identified. Total PANSS scores decreased by 15.3 +/- 17.5 (SD) points for patients switching from oral conventional (n=96) and 9.1 +/- 19.5 points for those switching from depot conventional medication (n=550) (P=0.0001 for both). Improvements were noted for patients switching from either oral or depot agents for PANSS subscales, GAF score, quality of life, and hospitalization. Treatment was completed by >70% of patients. About 25% of patients were satisfied with their treatment at baseline compared with about 70% at endpoint after switching to RLAI. Overall RLAI was well tolerated. The most frequent TEAEs (>5%) were: anxiety (11.0%), insomnia (9.0%), weight increase (6.0%), extrapyramidal disorder (5.0%), depression (5.0%) and disease exacerbation (5.0%) for patients switching from oral conventional, and weight increase (6.0%) and disease exacerbation (5.3%) for patients switching from depot conventional medication.

Conclusion: In this open-label study, patients with schizophrenia who were unsatisfactorily treated with oral or depot conventional antipsychotics showed improvement in symptom control, tolerability, and patient satisfaction after switching to RLAI.

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Risperidon vs haloperidol in treatment of schizophrenia

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This is a prospective study of 35 patients. The daily dosages were 2-20 mg of haloperidol and 2-8 mg of risperidonum. The scoring is according to Positive and Negative Symptoms Assessment Scoring Scale (PANSS) and to Liverpul's University Neuroleptics Side Effects Rating Scale (LUNSERS). The patients were treated in hospital and ambulatory. The patients included in the study are diagnosed with schizophrenia according the DSM- IV criteria. 23 of them are male and 12 are female, from 18-50 years old. The preliminary result of PANSS for is more than 60 points. Pregnant women or those during lactation, drug and alcohol users, patients with organic comorbidity, and those treated previously with atypical antipsychotic medications, were not included in the study.

Both medicaments are effective on improving the symptoms of schizophrenia, but a superiority of risperidonum on improving positive and negative symptoms of this syndrome, is noticed. Risperidonum is safer, since it causes less side effects (with the value of p=0.106 not statistically important) in comparison with haloperidol which causes more side effects, (with the value of p=0.001 statistically important).

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Dosing patterns in Europe: Efficacy and safety of RLAI in doses 25-50mg

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Objective: To assess the dosing patterns for risperidone long-acting injectable (RLAI) in patients with schizophrenia, participating in

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the 6-month, open-label Switch to Risperidone Microspheres (StoRMi) trial.

Methods: Treatment was initiated at RLAI 25 mg intramuscularly every 2 weeks, although higher (starting) doses were permitted if clinically necessary. Efficacy was evaluated using the Positive and Negative Syndrome Scale (PANSS), Clinical Global Impression (CGI) and Global assessment of functioning (GAF). Treatment-emergent adverse events (AEs) were monitored.

Results: A total of 1,849 patients were included. The mode dose was 25 mg for 52.9% of patients, the remainder evenly distributed among 37.5 and 50 mg doses. At baseline, patients treated with lower RLAI doses were more likely to be female, have shorter disease duration, milder symptoms, and be using less polypharmacy. The strongest predictors that a patient would remain on 25 mg RLAI were baseline PANSS hallucinatory behaviour item (OR = 0.78), baseline CGI (OR = 0.69), gender (OR = 1.56) and country ($P < 0.001$ for all). Efficacy measures improved for all dosage groups, with the greatest improvement in patients treated with lower doses. AEs were more frequent in patients treated with 50 mg RLAI (68% vs. 57% with lower doses, $P<0.0001$). Most AEs were mild to moderate in severity.

Conclusion: In this large, European sample, most patients were treated with 25 mg RLAI. Patients treated with lower doses tended to have milder baseline symptoms. Dosing patterns varied among different countries. RLAI was effective and well tolerated over the full range of allowed doses.

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Attitudes towards suicidal behaviours among health science students

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Background and aims: attitudes towards suicide among health science students will influence their future encounter with suicidal patients. The aim of the present study is to describe the attitudes towards suicidal behaviours among medical and nursing students from the University of Oviedo, and to identify the parameters (demographic, personal experiences and believes) that influence such attitudes.

Methods: medical (3° and 5° year) and nursing (1° y 2° year) students at the University of Oviedo who attended to class a regular day were asked to participate in the survey. Those who participated filled in the Attitudes Towards Suicide Questionnaire.

Results: a total of 162 students were included in this study. The mean age was 21 years (SD 2.4); 84% were women; 63% had religious believes; 15.6% had had at least once suicidal thoughts or ideas. An empathetic and optimistic view towards suicidal patients appeared to be mostly prevalent among health science students. Age, type of studies, previous information about suicide and history of previous suicidal thoughts influence some of these attitudes.

Conclusions: older, medical students and those who have received specific information about suicidal behaviours have attitudes more determined by a medical perspective. Previous history of suicidal ideation is associated with a more pessimistic view of these behaviours.

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Risperidone long acting injection: One year experience

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Introduction: Risperidone is the first atypical antipsychotic available in long acting injectable form. To gain clinical experience in our local services, Hollins Park Hospital, UK we designed this study to obtain information regarding its tolerability, efficacy and compliance

Method: Data was collected from 28 patients started on RLAI over a period of one year were: patients' age, sex, diagnosis, previous medication, reason for prescribing, dose started on, side effects and clinical outcome after 6 and 12 months. The clinical outcome was obtained from case note entries and rated as improved, same or deteriorated.

Results: Out of the 35 patients who were considered for RLAI, 28 were commenced, no data was available on 3 subjects. Hence 25 were followed up.

The mean age was 38.84 years, with majority male (72%)and with a diagnosis of Schizophrenia (72%), who received several antipsychotics (mean 4.2). The reasons for prescribing RLAI ranged from non-compliance to polypharmacy.

During the first 6 months they received between 25 to 50mg. Overall 52% of patients discontinued RLAI, the main reasons being patient's unwillingness to continue on RLAI.

At the end of 12 months 10(40%) patients maintained improvement and 2 patients had deteriorated, 3 patients stopped RLAI, 2 of them due to deterioration of mental state. The doses used were mostly 50mg. None of the 9 patients who stayed on RLAI received any further antipsychotic medication.

Conclusion: RLAI was well tolerated and efficacious in 36% (9/25) of our patient cohort over one year period, with no antipsychotic coprescription.

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Topographic and tomographic EEG changes after a single oral dose of antipsychotic drugs in healthy young subjects

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Several studies have documented QEEG changes induced by first generation antipsychotics. Few studies investigated QEEG modifications induced by second generation antipsychotics and reported inconsistent results. The present study is aimed to investigate, by means of high temporal resolution imaging techniques, changes in QEEG cortical current source density induced by haloperidol, risperidone and placebo in young healthy male subjects.

Each subject underwent three sessions, separated by at least a one-week interval. In each session, subjects received a single oral dose of placebo, or haloperidol (3 mg) or risperidone (1 mg). EEGs were recorded during a resting condition, before and 6 hours after drug administration.

With respect to placebo, a significant increase of delta and theta power was observed for both drugs; alpha1 increase was significant only for risperidone; in addition, beta1 power was increased by haloperidol and alpha2 power was decreased by risperidone. LORETA analysis revealed significant differences in cortical generators activity between placebo and haloperidol, involving frontal, cingulate and temporal regions for all EEG bands, except beta3. For risperidone, as compared with placebo, LORETA showed a significant increase of cortical current source density in frontal regions for delta, theta and alpha1.

The widespread increase of current source density for most EEG bands observed after haloperidol may suggest that this drug has

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