been shown to be effective and well tolerated in long-term studies lasting up to 12 months1-2.

Methods: A 52 weeks open label trial has been performed in 347 stable subjects with schizophrenia or schizoaffective disorders, switching from any previous antipsychotic treatment, in order to evaluate the maintenance of efficacy of RLAI.

Results: 70% of subjects completed the study. Mean PANSS total score significantly improved at each assessment visit 4, 12, 26, 38 and 52 weeks ($p<0.001$). Similar improvements were observed for the PANSS positive, negative and general psychopathology subscales. At 52 weeks, 58% of patients had a $>$ 20% improvement in the PANSS total score compared to baseline. Functionality as measured by GAF improved at each assessment visit till week 52 ($p<0.001$). Significant improvement was also seen for CGI evaluation ($p<0.05$). Treatment with RLAI was well tolerated: 30% of subjects experienced at least 1 adverse effect (AE), and 52% of the AEs were mild and 81% did not require treatment change. Only 3% subjects experienced an extrapyramidal symptom related to RLAI. No significant ($p=0.09$) weight gain was observed.

Conclusion: Direct transition to RLAI in psychotic subjects offers a better, significant and sustained control of symptoms with a good tolerability profile.

1Moller HJ et al. Int Clin Psychopharmacol 2005, 20: 121-13.

2Kissling W et al. J of Psychopharmacol 2005, 19: 15-21.

P0296

Effective switch to aripiprazole after amisulpride and ziprasidone induced hyperprolactinemia: A case report

M. Saitis, G. Papazisis, K. Katsigiannopoulos. *Community Mental Health Center of North-Western District of Thessaloniki, Psychiatric Hospital of Thessaloniki, Thessaloniki, Greece*

Background and Aim: Of all the Second-Generation Antipsychotics (SGAs) risperidone and amisulpride have the highest propensity to elevate prolactin levels. Ziprasidone seems to be less frequently associated with hyperprolactinemia and aripiprazole may even lower prolactin levels. We describe the case of a patient who developed clinically significant hyperprolactinemia while taking both amisulpride and ziprasidone, which resolved with the introduction of aripiprazole

Material: Ms. A a 22- year old woman had a history of paranoid schizophrenia. Two years ago, she was treated with amisulpride 400 mg/day. After 8 weeks of amisulpride treatment, the patient complained of galactorrhea and amenorrhea and her prolactin level was 54 ng/ml. Brain magnetic resonance imaging showed no evidence of a pituitary microadenoma. Two weeks after she stopped taking amisulpride, her prolactin level was 3.8 ng/ml and she menstruated 1 week later. She was given ziprasidone 120 mg/day. Her psychotic symptoms disappeared, but she did not menstruate and her prolactin level rose to 37,4 ng/ml. Ms. A was switched to aripiprazole 10 mg/day.

Results: Only 2 days after the beginning of aripiprazole treatment, the patients prolactin level decreased to 5,6 ng/ml. Her menses resumed with 3 weeks of stopping ziprasidone and remained regular for at least 20 months. Her prolactin level remained normal (the last one was 3,23 ng/ml).

Conclusion: While aripiprazole appears to modulate dopaminergic and serotonergic neurotransmission in a manner similar to that of SGAs, it's partial D2 receptor agonism provides decreased liability for hyperprolactinemia.

P0297

Comparing the effectiveness of aripiprazole and quetiapine in schizophrenia and psychoses: An independent retrospective study

P. Shajahan [1], S. Keith [1], C. Majjiga [1], J. Murphy [2], A. MacRae [2], M. Bashir [1], M. Taylor [2]. [1] *Psychiatry Department, NHS Lanarkshire, Scotland, Motherwell, UK* [2] *Psychiatry Department, NHS Greater Glasgow and Clyde, Glasgow, UK*

Background and Aims: Aripiprazole and quetiapine are the two most recent second generation antipsychotics available in the UK. We aimed to study patients who were prescribed aripiprazole and quetiapine in routine clinical practice, to identify and compare patients who had a good clinical response.

Methods: From a data set of 22,000 electronic patient records (from 2002 to 2007), we retrospectively identified all secondary care psychiatric patients started on aripiprazole and quetiapine for schizophrenia and other psychotic disorders. We retrospectively assigned a severity and an improvement score of Clinical Global Impression (CGI) to records, to measure the effectiveness of both drugs.

Results: 89 patients were newly prescribed aripiprazole and 132 patients prescribed quetiapine, for schizophrenia and other psychotic conditions. Patients on aripiprazole had a lower initial severity of illness, CGI (Severity) 3.9 versus 4.4, $p=0.0003$. After excluding treatment resistant patients, a CGI (Improvement) score 1-4 (minimally to very much improved) was achieved with aripiprazole in 69% and quetiapine in 71% of patients. There were no statistical differences in overall discontinuation rates (aripiprazole 40%, quetiapine 41.5%). There were differences in mean time to discontinuation, aripiprazole,165 days, quetiapine, 267 days ($p=0.017$)

Conclusions: This study is an independent comparison of aripiprazole and quetiapine in schizophrenia and psychoses. Both aripiprazole and quetiapine were clinically effective in the majority of patients. CGI improvement scores were similar for both drugs as were overall discontinuation rates. Patients on aripiprazole, however, discontinued earlier than those discontinuing from quetiapine.

P0298

Factors influencing adherence: A patient survey

A. Shoka, A. Manbsingh. *North Essex Mental Partnership Nhs Trust, Clacton and District Hospital, Clacton-on-Sea, UK*

Adherence to medication is often poor in patients with schizophrenia and is a common cause of relapse.

This survey was conducted to assess various factors thought to affect patient adherence to psychotropic medications. Patients were also specifically asked whether they would accept a depot injection if indicated.

A total of 108 outpatients completed the survey over a period of three months. The most common diagnoses were schizophrenia, bipolar affective illnesses and depressive illnesses.

The survey tool comprised two questions. Firstly, ''What makes you stick to the medication?'' There were seven options and patients could choose as many as applicable. The options were Obedience, Effectiveness, Tolerability, Remission, Relapse Prevention, Insight and Concordance. The second question asked if they would accept a depot injection if it was indicated.

The two most frequently cited reasons for taking medication were Effectiveness (43.5%) and Obedience (35%). All five other reasons

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