P0302

Olanzapine in combination with aripiprazole for treatment of schizophrenia in breast cancer patients

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Background: Olanzapine and aripiprazole is effective, safe, and well tolerated for the positive and negative symptoms in schizophrenia. Hyperprolactinaemia is a frequent side-effect in the use of atypical antipsychotics. The endocrine and sexual side effects related to hyperprolactinaemia significantly impair in breast cancer patients.

Methods: The effect combination of a low doses olanzapine and aripiprazole were examined in a sample of 21 breast cancer patients who had the schizophrenia and olanzapine-induced hyperprolactinaemia. They were randomly assigned to experimental or control groups. They were interviewed by psychiatrists and tested using Positive and Negative Syndrome Scale (PANSS) at baseline and follow-up visits. Plasma prolactin level was assessed at baseline and at the end of the study. The patients of control group received olanzapine as their sole antipsychotic agent at a maximum dose of 5 mg once daily. The patients' experimental group received olanzapine at a maximum dose of 5 mg once daily in combination with aripiprazole at a maximum dose of 10 mg once daily.

Results: No differences between initial groups were identified. The results of our study suggest that after three weeks of schizophrenia treatment, 81,8% patients from the experimental group and 40% from the control group showed significant clinical improvement. At the end of weeks 3, serum prolactin levels were normalized (7.9+/-4.7 micrograms/L) in patients' experimental group.

Conclusion: These data show that combination of a low doses olanzapine and aripiprazole for treatment schizophrenia in breast cancer patients may result in enhanced antipsychotic efficacy while reducing adverse effects including olanzapine-induced hyperprolactinaemia.

P0303

Changes in the use of antipsychotics: Longitudinal data

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Naturalistic data on actual use of antipsychotics in different psychiatric settings are scarce. Following guidelines and recommendations an increase in the use of atypical antipsychotics should be anticipated and was confirmed in numerous studies. On the other hand various naturalistic reports have confirmed the ongoing use of typical antipsychotics from 20 to up to 80% in different countries. Since the actual prescription pattern can be influenced by legislation and insurance policies, Slovenia offers excellent place for the study of prescription patterns, since all registered antipsychotics are free for insured patients and there are no limits for psychiatrists to prescribe any single antipsychotic.

We have studied trends in prescribing antipsychotics in University Psychiatric Hospital from 1999 to 2006. Since the hospital covers almost half of the country and annually treats 3500 inpatients, our data are representative for inpatient situation in Slovenia. The data were collected retrospectively using computer records on the drug use.

The results show a systematic and solid decrease in the use of typical antipsychotics and increase in the use of atypicals. A 5-fold atypical/typical ratio increase was observed in acute psychiatric inpatients. A 3-fold decrease in the use of IM antipsychotics formulations was observed as well as the decrease in the use of depot formulations. Different trends were observed for newer antipsychotics generally their prescription rates follow the time on the market.

The observed changes can in part be explained by evidence-based knowledge although other issues might be important in prescribing patterns of antipsychotics.

P0304

Clozapine augmentation strategy in schizophrenia

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Since the introduction of the newer atypical antipsychotics (AA) in the nineties global antipsychotic market sales are dramatically increased. Over the period 1993-2003 a tenfold increase occurred that was paralleled by a decrease of prescribed conventional antipsychotics without, however, a clearly demonstrated improvement of efficacy. The prescription of clozapine remained more or less stable. Moreover, there was a threefold increase in the prescription rate of combination antipsychotics. Shortly after the introduction of the first AA, the prevalence of antipsychotic polypharmacy in patients with schizophrenia tripled suggesting inadequate efficacy or treatment resistance. Remarkably, the prescription of clozapine did not increase. These trends are reflected by the number of publications about the rationale for augmentation strategies in case of lack of responsiveness to clozapine.

Over the past decade about 40 open studies have been published in which clozapine was augmented with one of the AA's, particularly risperidone and (ami)sulpride. Of these cases reports, nearly all described a positive outcome. Seven controlled studies have been published using augmentation of clozapine with sulpiride (n=1), amisulpride (n=1), amisulpride and quetiapine (n=1) and risperidone (n=4), including 266 schizophrenic patients, partially unresponsive to clozapine in a dialy dose of 400-550 mg. In only 3 of these studies the plasma concentration of clozapine was measured that ranged from 400-800 μg/l. None of these studies showed a relevant improvement. In the study with sulpiride a response of 21 % was noted.

There is no database to conclude that augmentation of clozapine with AA's is clinically relevant.

P0305

Subjective experience of schizophrenic patients treated with antipsychotics: Clinical and pharmacological correlates

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Background and Aims: Subjective experience on antipsychotic drugs (APs) in schizophrenic patients has been the object of several recent studies and it has been connected to treatment adherence, quality of life and outcome. The current study was undertaken to investigate the role of clinical and socio-demographic

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