

Material and methods: In the research we included 30 patients diagnosed by the ICD 10 with Dg. F 20.5. They were from both sexes, randomly chosen, aged 30-60 treated in an out-patient clinic as well as in the Psychiatric clinic, Skopje. The patients were with long-term treatment with conventional neuro-therapy without any significant results. During the research we included the following psychometric instruments: PANSS scale, BPRS and scale to evaluate cognitive functioning. The patients were evaluated in the beginning of the treatment and after 3 month treatment with Olazepine (Zalasta tablets) in dosages of 5-15mg per day.

Results: Expected effects on the part of Olazepine in patients with residual schizophrenia on cognitive, hallucinatory-delusive and behavioral field.

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Metabolic risk of atypical antipsychotics: Individualising treatment to improve mental and physical wellness

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Patients with mental illness show higher rates of obesity and metabolic problems than the general population. There are an increasing number of guidelines regarding physical health in schizophrenia. These include recommendations for metabolic monitoring (weight, waist circumference, blood pressure, blood glucose and lipid levels) and non-metabolic monitoring (cardiac monitoring, prolactin and sexual side-effects, neuromotor side-effects) as well as thresholds for intervention. Metabolic effects are of particular concern as they often go unnoticed and can have serious consequences for overall health. Recent evidence has shown increased understanding and awareness of physical health issues in psychiatry, although much remains to be done concerning implementation into routine psychiatric practice; and effectively managing side effects when they do occur. Weight evaluation should be incorporated in routine clinical evaluations. Monitoring of waist circumference is also a sensitive measure, and combined with fasting blood glucose levels, provides a simple, cost-effective screening for metabolic risk. Treatment strategies should focus on prevention and will involve a combination of continued patient and health staff education, nutritional and exercise interventions, appropriate baseline screening, ongoing monitoring of metabolic risk and consideration to appropriate choice of antipsychotic agent. The ADA Consensus (Diabetes Care 2004;27:596-601) on antipsychotic agents and obesity and diabetes provides useful information on the comparative metabolic effects of atypical antipsychotics that can guide treatment and switching, where necessary. Clear practical recommendations should provide patients with the best chance of treatment success without neglecting physical health issues.

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Costs of out-of-area treatment: Patterns in 5 London boroughs

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Background: Out of area treatments (OAT) are expensive and contribute to social isolation of individuals with intellectual disabilities and challenging behaviour.

Aims: To identify the needs of those service users who are in OATs with the view of developing a process of assessment and relocation of

those service users locally where possible. Finally we aim to reinvest financial flow in each locality to develop high quality services.

Methods: We undertook a scoping project over one year in five London boroughs. We reviewed the existing literature, surveyed mental health and challenging behaviour needs of sample, reviewed current treatment and run focus groups with various stakeholders. We presented a business case

Results: 205 service users were identified costing over £1300 per week. 65.4% were in OATs costing an estimated £403,740 a week across the five boroughs. High expenditure was associated with increased perceived severity of mental illness, complex physical disabilities and presence of autism. Those detained under the Mental Health Act were also in more expensive placements. Private sector placements were used in the majority of cases.

Conclusion: Despite the lack of high level evidence for specialist services for challenging behaviour, a multi-stranded approach with both inpatient spot purchasing, rehabilitation facilities and high quality accommodation with flexible community with variable purchasing patterns and specialist community input could substantially reduce the financial burden.

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Experience about therapeutic adherence and clinical remission in patients with severe mental disease in a community mental health center

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Objectives: 1. To analyze different aspects related to patients that could influence on therapeutic adherence to a model of "Long Acting Injectable Clinic" (LAIC). 2. To evaluate therapeutic adherence.

Methods: Sixty patients treated with long-acting injectable risperidone (RLAI) for the previous 24 months in a community mental health center (CMHC) were retrospectively studied. Data concerning sociodemographic characteristics, diagnosis and time since diagnosis, level of insight, GCI, comorbidities, time since last hospitalization, reasons for treatment change, follow-up at the CMHC and remission criteria (according to Remission in Schizophrenia Working Group) were collected. Descriptive data are shown in the present report.

Results: The most common diagnosis were paranoid (53.3%) and residual schizophrenia (15.9%). The main reason for a change in therapeutic strategy was to improve tolerability (29.3%) and non-compliance with previous treatment (26.8%). Retention rate to treatment with RILD were 72.67%; 27.33% of patients withdrew the treatment, mainly due to lack of response and new symptoms appearance. 74% of patients met remission criteria

Conclusion: Most of the patients continue being treated with RILD, while 27.3% had to withdraw due to severity, treatment resistance or adverse effects. 74% of patients met remission criteria according to Remission in Schizophrenia Working Group.

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Experience with out-patients treated with long-acting injectable risperidone

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