after classical antipsychotic treatment, impairment of earlier stages of information processing could partially persist.

P-04-23

Sensorimotor and cognitive slowing in the symbol digit substitution test in schizophrenia

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Objective: It has been proposed that one or more of the cognitive deficits present in schizophrenia result from a more general slowing of mental and motor functions. The question whether this psychomotor slowing represents a general slowing or can be divided into different processes, and how these processes might relate to cognitive functioning is the object of the present study.

Methods: The slowing of processing speed (Brebion et al., 1998) has classically been investigated by use of a single measure of the Symbol Digit Substitution Test (SDST). Computerized recording and analysing of pen-tip movements during SDST performance allow us to differentiate matching time and writing time in this task, representing respectively the cognitive and sensorimotor component of slowing, and to correlate these new measures with classical neuropsychological tests. Thirty schizophrenic in-patients and 30 matched controls participated in this study.

Results: Both matching time and writing time were longer in schizophrenic patients and did not correlate. Only matching time correlated significantly with neuropsychological test results.

Conclusion: Schizophrenic patients display slowing in sensorimotor and cognitive processes, which are independent from each other. Only cognitive slowing and not sensorimotor slowing was related to dysfunctioning in most cognitive domains that were tested.

P-04-24

Does gender predict neuropsychological functioning in schizophrenic outpatients?

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Objective: To study possible gender differences in neuropsychological performance of schizophrenic outpatients.

Methods: Cross-sectional study with 90 patients that fulfill DSM-IV criteria for schizophrenia. Patients were administered a neuropsychological battery that included the Mini Mental Status Examination (MMSE), the Stroop Test, Trail Making Test A (TMTA) and B (TMTB), Wisconsin Card Sorting Test (WCST), FAS (semantic and phonemic verbal fluency), TAVEC (Spanish version of the California Verbal Learning Test) and the Continuous Performance Test (CPT).

Results: Gender distribution was 63,3% male (57 patients) and 36,7% female (33 patients). Mean age was 41,68 years (sd 11.89) not having found significant gender differences. Significant gender differences were found in some Verbal Memory tasks: total correct on trials 1 to 5 ($p=0.008$), use of semantic strategies in long delay ($p=0.028$) and immediate ($p=0.035$) recall, having females a better performance, as well as in phonemic verbal fluency tasks ($p=0.036$).

Conclusion: Our preliminary results seem to suggest that women with schizophrenia perform better in verbal memory and fluency tasks than schizophrenic men. On the other hand, we have not found significant gender differences in executive functioning nor attention.

P-04-25

Dermatoglyphics in patients with schizophrenia and bipolar affective disorder

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Objective: The study was designed to analyse the frequencies of occurrence of particular types of fingerprint patterns (dermatoglyphic pattern frequency) in patients with schizophrenia, bipolar affective disorder (ICD-10. criteria) and normal controls

Methods: Forty-eight patents with schizophrenia (ICD-10) (32 male, 16 female) and 28 patients with bipolar affective disorder (7 male, 21 female) were included. Their fingerprint patterns were compared to those of healthy controls. Fingerprints were obtained using the ink method. The quantitative and qualitative analysis of ridges on fingers was performed. All participants gave their written informed consent. The study was approved by the Ethics Committee in the University of Medical Sciences in Poznan

Results: Statistically significant differences in the fingerprint patterns were found between the patients with schizophrenia and controls. Among males with schizophrenia the increase of loops and decrease of arches and among females with schizophrenia - the increase of loops and decrease of whorls and arches were observed. In the group of female patients with bipolar disorders comparing to healthy women, significantly higher frequency of loops and lower frequency of arches were found. No significant differences in the frequencies of types of patterns on the finger pads (frequencies) between patients with schizophrenia and bipolar disorder were detected.

Conclusion: Our results point to abnormalities of fingerprint patterns in patients with schizophrenia and in female patients with bipolar affective disorder

Monday, April 4, 2005

P-08. Poster session: Psychotic disorders III

Chairperson(s): Hans-Jürgen Möller (München, Germany), Max Schmauß (Augsburg, Germany), Dieter Naber (Hamburg, Germany)
11.15 - 12.15, Gasteig - Foyers

P-08-01

Risperidone long-acting injectable in patients with a new diagnosis of psychosis

E. Parellada, W. Chrzanowski, R. Andrezina, V. Milanova, P. Glue, R. Medori, M. Masiak. *Hospital Clinic de Barcelona Escalera 9, 6 planta, Barcelona,. Spain*

Objective: Can efficacy and safety be maintained in psychotic patients diagnosed within the previous 3 years after a treatment change to risperidone long-acting injectable?

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Methods: Patients ≤ 45 years of age and clinically stable on any previous antipsychotic medication for ≥ 1 month but required a treatment change received risperidone long-acting injectable (25 mg, increased to 37.5 mg or 50 mg, if necessary) every 2 weeks for 6 months.

Results: Of 382 patients (69% male, mean age 29 years), 73% completed the study. Most patients suffered from schizophrenia (84%), schizoaffective disorder (12%) or schizophreniform disorder (5%). Previous medications: atypicals (70%), conventional depots (24%), conventional orals (12%). 88% of patients started on 25 mg long-acting risperidone; at endpoint 48%, 26% and 26% received 25 mg, 37.5 mg and 50 mg, respectively. Mean total PANSS score was significantly reduced from baseline to endpoint (72.2 vs 60.8, $p<0.001$), as were all PANSS subscale and symptom factor scores. At endpoint, 40% of patients had a ≥ 20% improvement from baseline in PANSS total score. CGI (Disease Severity), GAF, all factors of the SF-36, except Vitality, and patient satisfaction with treatment also improved significantly. The ESRS total score was reduced significantly ($p<0.001$) from baseline to 1 month, and further improvements were seen throughout the trial. Only 21 patients (6%) discontinued the trial due to AEs.

Conclusion: Symptom control and functioning improved significantly in newly diagnosed patients with schizophrenia after a treatment change to risperidone long-acting injectable.

P-08-02

Efficacy and safety of direct transition to risperidone long-acting injectable in patients treated with various antipsychotic therapies

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Objective: Maintained efficacy and safety of risperidone long-acting injectable (RLAI) in psychotic patients previously treated with any antipsychotic medication (mono/polytherapy) without an oral risperidone run-in.

Methods: Patients clinically stable on their previous medication but in need of a treatment change received RLAI, 25 mg (increased to 37.5 mg or 50 mg, if necessary), every 14 days for 6 months.

Results: 1876 patients (63% male) were included; 74% completed the study. By DSM-IV, 81% had schizophrenia (mainly paranoid subtype). Previous medications were atypical antipsychotics (54%), depot (43%) and/or conventional oral neuroleptics (14%). Of the 77% of patients previously on monotherapy, 40% were on atypical antipsychotics, 30% on conventional depot and/or 5% on conventional oral neuroleptics. Non-compliance with previous regimen (38%), insufficient efficacy (33%) and side effects (26%) prompted medication change. The mean PANSS total score was reduced significantly at treatment endpoint, as were all PANSS subscales ($p<0.001$). At endpoint, 38% of patients had an improvement >= 20% in PANSS total score. Significant improvements were seen in the CGI-Disease Severity, GAF scores, all factors of the SF-36. and patient satisfaction with treatment. Significant improvements in ESRS total and all subscales were noted throughout the study. The most frequently reported AEs were movement disorder (14%), insomnia (9%) and anxiety (8%).

Conclusion: In clinically stable psychotic patients with a wide variety of baseline characteristics, symptom control, functioning, and quality of life improved significantly following direct transition to risperidone LAI. RLAI treatment was associated with good tolerability and reduction of ESRS score.

P-08-03

Long-acting injectable risperidone – a direct transition from oral atypical antipsychotics

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Objective: To evaluate the efficacy, tolerability and safety of a direct transition from oral atypical antipsychotics to long-acting injectable risperidone (LAIR; Risperdal® Consta®) without oral risperidone run-in.

Methods: In a 12-week prospective multicenter clinical trial, adult in- and outpatients with schizophrenia or schizoaffective disorder were switched to LAIR. Patients continued their previous antipsychotic for 2-3 weeks and were then tapered off. Patients were evaluated using the PANSS and the CGI. Adverse events (AEs) were assessed at each visit.

Results: A total of 206 patients were enrolled (57% male, mean age 39±12 years). Of those, 80% had schizophrenia and 20% schizoaffective disorder. Patients were switched from oral risperidone (n=91), olanzapine (n=62), amisulpride (n=24), or quetiapine (n=16), mostly due to poor compliance (52%), lack of efficacy on negative symptoms (36%) or positive symptoms (31%). LAIR doses at endpoint were 25mg (53% of patients), 37.5mg (22%) and 50mg (24%). Mean PANSS total score decreased significantly from baseline to endpoint (86±26 to 67±25, $p<0.0001$). PANSS positive (17.1±6.7 to 13.0±6.1) and negative (25.1±8.3 to 19.8±7.7) subscores and CGI also improved significantly (all $p<0.0001$ vs. baseline). 8.7% of patients discontinued the study due to an AE. Adverse events >5% were agitation (7.3%), headache (6.3%), depressive symptoms, psychosis and insomnia (5.3% each). EPS were reported infrequently (4.3%).

Conclusion: A direct transition from oral atypical antipsychotics to long-acting injectable risperidone was safe, well tolerated and associated with a significant improvement in clinical symptoms.

P-08-04

Long-acting Injectable Risperidone – A direct transition from conventional antipsychotics

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Objective: To evaluate the efficacy, tolerability and safety of a direct transition from conventional antipsychotics to long-acting injectable risperidone (LAIR; Risperdal® Consta®).

Methods: In a 6-month prospective multicenter phase III-trial, adult stable in- and outpatients with schizophrenia or schizoaffective disorder were switched to LAIR from previous conventional antipsychotics. Patients were evaluated using the Positive and Negative Syndrome Scale (PANSS) and the Clinical Global Impression scale (CGI). Adverse events (AEs) were assessed at each visit.

Results: A total of 249 patients were enrolled (52% male, mean age 44±11 years). 84% of the patients had a diagnosis of schizophrenia and 16% had schizoaffective disorder. Patients

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were switched from conventional depots (86.8%) or oral conventional neuroleptics (12.0%), mostly due to negative symptoms (73%) or side effects (66%) of their previous medication. Mean modal doses of LAIR were 25mg (54% of patients), 37.5mg (26%) and 50mg (20%). Mean PANSS total score decreased significantly from baseline to endpoint (90±24 to 68±24, $p<0.0001$). PANSS positive (16.5±7.1 to 13.5±6.9) and negative (27.8±7.9 to 20.8±8.0) subscores and CGI also improved significantly ($p<0.0001$ for all). 27.3% of the patients discontinued the study early with 11.6% due to an AE. Adverse events >5% were symptom aggravation (13.9%), psychosis (7.0%), insomnia (6.1%), flue-like symptoms (6.1%), and headache (5.3%). Extrapyramidal symptoms (EPS) were reported infrequently: hyperkinesia (4.9%) and other EPS (2.0%).

Conclusion: A direct switch from oral and depot conventional antipsychotics to long-acting injectable risperidone was safe, well tolerated and was associated with a significant improvement in clinical symptoms.

P-08-05

Compliance, therapeutic alliance and patient satisfaction with long-acting risperidone

A. Schreiner, F.-G. Pajonk. *Janssen-Cilag Medical & Scientific Affairs, Neuss, Germany*

Objective: Evaluation of compliance, handling, therapeutic alliance and patient satisfaction in patients with schizophrenia, following transition from a previous antipsychotic treatment to long-acting injectable risperidone (LAIR).

Methods: In a large German prospective, multicenter observational study, physicians assessed efficacy, tolerability, handling, compliance and patient satisfaction of LAIR in outpatients with schizophrenia using a categorical questionnaire. In addition, patient attitude and cooperation were evaluated. Visits were at baseline and after 1, 3 and 6 months.

Results: 610 patients (55% male, mean age 41.3 years) were enrolled. Most patients (66.6%) had paranoid schizophrenia. 44.3% received LAIR due to lack of compliance with their previous medication; only 5.6% discontinued the study for that reason. Many parameters improved markedly after transition to LAIR: positive attitude towards drug treatment (76.7% at baseline to 82.1% at endpoint), communication of expectations and wishes (56.5% to 72.0%), well-being (61.5% to 84.7%), and expression of hopes and concerns (60.7% to 75.1%). Treatment satisfaction was rated 'very good' or 'good' in 81.2% for efficacy, 93.3% for tolerability, 87.1% for handling, and 83.7% for compliance. In addition, 74.4% of the patients had a 'very high' or 'high' treatment satisfaction. The rate of early discontinuations due to lack of efficacy or lack of tolerability was low (3.4% each).

Conclusion: Transition to long-acting risperidone in patients with schizophrenia was associated with high treatment satisfaction by the patients. Physicians reported positive changes in efficacy, tolerability, drug handling, patient attitude and active cooperation.

P-08-06

Long-acting risperidone – Experience in more than 600 patients

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Objective: Evaluation of the efficacy, tolerability and safety of long-acting injectable risperidone in the treatment of schizophrenic patients in daily clinical practice

Methods: Prospective multicenter post-marketing surveillance. Outpatients with schizophrenia were evaluated at baseline and after 1, 3 and 6 months. Efficacy was assessed using the Brief Psychiatric Rating Scale (BPRS) and the Clinical Global Impression Scale (CGI).

Results: 610 patients (55% male, mean age 41.3 years) were enrolled. Most patients (66.6%) had paranoid schizophrenia. Reasons for transition to long-acting risperidone were lack of compliance (44.3%), lack of efficacy (41.3%) and/or lack of tolerability (31.9%) of the previous antipsychotic medication. At endpoint, 61.2% of the patients received intramuscular (gluteal) injections of long-acting risperidone 25 mg, 22.0% 37.5 mg and 13.5% 50 mg. Clinical symptoms in BPRS improved significantly from 63.5±15.9 at baseline auf to 45.6±15.8 at endpoint ($p<0.0001$). The BPRS subscales anxiety/depression, hostile-suspiciousness, anergia and thought disturbance also improved significantly ($p<0.0001$ vs. baseline each). Severity of disease (CGI-S) was reduced from 6.0±0.8 to 4.9±1.2 ($p<0.0001$). 60.3% of the patients were rated as 'very much' or 'much' improved. Adverse events (AEs) were reported infrequently: 60 patients (9.8%) had at least one AE. AEs reported in at least 2% were movement disorder related (2.6%) and deterioration of psychiatric symptoms (2.0%).

Conclusion: Transition to long-acting risperidone in a naturalistic setting reflecting real life treatment was safe and well tolerated. Improvement of clinical symptoms in an individual pre-post comparison was statistically significantly and clinically relevant.

P-08-07

Treatment of psychotic and affective symptoms with risperidone

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Objective: To evaluate the efficacy and tolerability of adjunctive risperidone in patients with unipolar depressive, bipolar and schizoaffective disorders.

Methods: 12-week prospective, open-label multicenter study. Adult patients suffering from persisting psychotic or affective symptoms while on their previous medication were evaluated using the Brief Psychiatric Rating Scale (BPRS), Montgomery Asberg Depression Rating Scale (MADRS), Young Mania Rating Scale (YMRS), CGI (Clinical Global Impression) and GAF (Global Assessment of Functioning). Concomitant medications mainly were antidepressants (83%), tranquilizers (40%), or mood stabilizers (23%).

Results: 318 patients (58% female, mean age 47±12 years) were enrolled. 38% had depressive disorder, 37% had schizoaffective psychosis and 25% had bipolar disorder. Mean risperidone dose at endpoint was significantly higher in schizoaffective patients (2.8 mg/day) compared to bipolar (2.2 mg/day) or depressive patients (2.1 mg/day) ($p<0.01$). Total BPRS significantly improved from baseline to endpoint (60.8 to 41.2, $p<0.0001$). All other efficacy measures also improved significantly (MADRS 27.5 to 15.8; YMRS 10.7 to 4.4; $p<0.0001$ for each item). Risperidone was effective independent of diagnosis in schizoaffective (BPRS –19.8, MADRS –10.1, YMRS –6.9), bipolar (BPRS –17.2, MADRS –8.4, YMRS –8.2) and depressive patients (BPRS –19.0, MADRS –15.4, YMRS –4.4),

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p<0.0001 for each scale, respectively. The only adverse events reported in at least 5% were extrapyramidal (11.3%) and affective symptoms (6.7%).

Conclusion: Risperidone was effective and well tolerated in the adjunctive treatment of psychotic and affective symptoms in unipolar depressive, bipolar and schizoaffective disorders.

P-08-08

Risperidone fast dissolving tablets in the treatment of acutely exacerbated schizophrenic patients

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Objective: To evaluate the efficacy and tolerability of risperidone fast dissolving tablets (Risperdal® Quicklet®) alone or in combination with a sedating concomitant medication in the treatment of acutely exacerbated schizophrenic patients in daily clinical practice.

Methods: Prospective multicenter observational study. Acutely exacerbated schizophrenic inpatients were assessed at baseline, at 2, 24, 48 and 96 hours and after 7 days. Endpoints were the Positive and Negative Syndrome Scale (PANSS) and the rate of patients being calm 2 hours after treatment initiation.

Results: 191 patients (51% female, mean age 37 years) were enrolled. 81% had paranoid schizophrenia. 118 patients received risperidone in combination with a benzodiazepine, 30 with a low-potent antipsychotic. 52 patients were treated with risperidone alone. Initial mean risperidone dose was 2.8±1.5 mg/day, at endpoint it was 4.4±1.5 mg/day. PANSS total score improved significantly from 114 (baseline) to 83 at endpoint (p<0.0001). PANSS subscales (positive and negative, general psychopathology, agitation subscore) also improved significantly (p<0.0001, respectively). 69% of patients were assessed as being calm at 2 hours, 83% at 24 hours. 21.5% of patients had at least one adverse events (AE). AEs with an incidence of at least 3% were extrapyramidal-motor symptoms (6.3%) and constipation (3.1%). Treatment with risperidone was prematurely discontinued in 3 patients each due to an AE or lack of efficacy.

Conclusion: Treatment of acutely exacerbated schizophrenic patients with fast dissolving risperidone tablets was associated with a rapid onset of action and a significant and clinically relevant improvement of acute symptoms. Risperidone fast dissolving tablets were well tolerated and safe.

P-08-09

Weight gain and patient satisfaction in psychotic patients treated with risperidone or olanzapine

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Objective: To evaluate tolerability and patient satisfaction with risperidone and olanzapine in patients with schizophrenia and other psychotic disorders.

Methods: Prospective multicenter non-randomized naturalistic comparative study. Patients were started on or switched to risperidone (RIS) or olanzapine (OLA) in a 4:1 ratio and followed for 6 months. Efficacy was assessed using the Brief Psychiatric Rating Scale (BPRS), patient satisfaction with a 20-item questionnaire.

Results: 482 patients were enrolled, 388 on RIS and 94 on olanzapine. OLA patients were significantly younger (p=0.007) and more patients on RIS were overweight at baseline (32.8% vs. 17.0%). All remaining baseline characteristics were comparable. Mean RIS dose was 3.6 mg/day, mean OLA dose 11.1 mg/day. Both antipsychotics reduced psychotic symptoms significantly (BPRS total score change: RIS –22.5, OLA –22.8, p<0.0001 vs. baseline; no difference between groups). There was no difference in in adverse event rates (RIS 8.8%; OLA 6.4%). Only weight gain was significantly higher with OLA (3.9 kg vs. 0.3 kg with RIS, p<0.0001) including patient complaints (28.7% vs. 6.5%, p<0.0001). Significantly more OLA patients were dissatisfied with their antipsychotic medication (17.9% vs. 8.2%, p=0.016). Physicians rated tolerability of OLA significantly worse (moderate to poor in 10.8% vs. 5.8%, p=0.004), and patient satisfaction was higher in RIS patients (83.5% vs. 70.2%, p=0.005).

Conclusion: In our study, patients on OLA gained significantly more weight compared to RIS, and patient satisfaction was significantly higher in patients treated with RIS. Patient satisfaction should be taken into consideration for long-term treatment of psychotic disorders when choosing an antipsychotic medication.

P-08-10

Psychotropic drug-induced weight gain: A six-months weight loss management from in-patient to out-patient unit

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Objective: -Many psychotropic medications can induce weight gain. -Serious somatic consequences may happen. -Psychosocial consequences are severe too: discontinuation of the medication, relapse and rehospitalization a sense of demoralization, loss of self-esteem, discrimination. The purpose of our study was to establish rules of management in order to prevent and limit such complications.

Methods: - 2 groups of 20 patients each were organized: an open group in the in-patient unit, a closed group in the out-patient unit. - Using dieting counselling by registered dieticians. - Combined with regular physical activities by psychomotricians - Staff: nurses and 2 psychiatrists. The first part was to inform the patients and then discuss with them. The second part was to help them to compose their meals and engage physical activities.

Results: The weight-loss program included: - an estimation of the food intake, especially portion size and fat content - quitting eating habits by stopping "food craving", choosing healthier food. - the acceptance of modest weight loss. - the encouragement to engage in moderate to high physical exercises Physical activities roughly contribute to weight loss, but may specifically reduce abdominal fat and increase cardio respiratory fitness.

Conclusion: Weight gain needs to be managed as soon as possible. This entails: - the information before beginning the treatment, in order to prevent. - a nutritional assessment and counselling. - physical activities in order to get satisfaction with the body image. - choosing or switching another better adapted drug when necessary. - an association with regular height and weight, waist and hip ratio, biological parameters, heart pressure monitoring. - behaviour modification program in group or individually when necessary.

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P-08-11

Improved symptom control with risperidone long-acting injectable In psychotic patients previously treated with an oral atypical antipsychotic

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Objective: Maintaining efficacy and safety of direct transition to risperidone long-acting injectable from an oral atypical antipsychotic in psychotic patients requiring a treatment change.

Methods: Patients clinically stable for ≥ 1 month on an oral atypical were transitioned to risperidone long-acting (25 mg, increased to 37.5 mg or 50 mg, if necessary), injected every 14 days for 6 months.

Results: Of 754 patients (61% male) of mean age 38 years, 73% completed the study. Previous treatments consisted of risperidone (n=572), olanzapine (n=119), amisulpride (n=37), quetiapine (n=22) or ziprasidone (n=4). Mean total PANSS score was significantly reduced from baseline to treatment endpoint (71.8 vs 61.6, $p<0.001$), as were all PANSS subscale and symptom factor scores. At endpoint, 39% of patients had a ≥ 20% improvement from baseline in PANSS total score. Significant improvements were seen in CGI (Disease Severity), GAF, all factors of the SF-36. and patient satisfaction with treatment. The ESRS total score was reduced significantly ($p<0.001$) from baseline to 1 month; improvements continued until endpoint. While the predominant reasons for a treatment change had been non-compliance (63%) to the previous medication, only 4% of patients discontinued the study for the same reason.

Conclusion: Risperidone long-acting injectable not only maintained but significantly improved symptom control, QoL and patient satisfaction in schizophrenic patients previously considered clinically stable on an atypical antipsychotic, while exhibiting a good safety profile. Sustained delivery of risperidone apparently helps patients to reach new levels of functional outcomes.

P-08-12

Risperidone long-acting injectable improves efficacy and safety in schizophrenic patients after changing from oral risperidone

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Objective: Most atypical antipsychotics are administered by daily dosing regimens. That can result in sub-optimal outcome due to partial compliance. This analysis assessed stable patients who were switched from oral risperidone to risperidone long-acting injectable.

Methods: Patients clinically stable on oral risperidone for ≥ 1 month received risperidone long-acting injectable (25 mg, increased to 37.5 mg or 50 mg, if necessary) every 2 weeks for 6 months.

Results: There were 732 patients (62% male) of mean age 39 years; 78% received oral risperidone monotherapy. 74% completed the study period. The most common reason for changing treatment from oral risperidone was non-compliance (64%); only 4% of patients left the study prematurely due to con-compliance. Mean total PANSS score was significantly reduced from baseline to treatment endpoint (73.6 vs 63.0, $p<0.001$), as were all PANSS subscale and symptom factor scores. At endpoint, 40% of patients had a ≥ 20% improvement from baseline in PANSS total score. CGI (Disease Severity), GAF, all factors of the SF-36. and patient satisfaction with treatment also improved significantly. By CGI, 29% of patients were 'not ill/borderline ill' at endpoint compared with 11% at baseline. The ESRS total score was reduced significantly ($p<0.001$) from baseline to 1 month, and further improvements were seen until endpoint.

Conclusion: Patients previously considered clinically stable on oral risperidone benefited significantly from a change to risperidone long-acting injectable with respect to symptom control and functioning as well as quality of life. RLAI treatment was well tolerated and lead to a decrease of ESRS score and subscores.

P-08-13

Changing from polytherapy to risperidone long-acting injectable improved symptom control in schizophrenia patients

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Objective: Efficacy and safety of a direct transition from >1 antipsychotic to risperidone long-acting injectable (RLAI) in psychotic patients requiring a therapy change.

Methods: Patients clinically stable on previous therapy for ≥ 1 month received RLAI (25 mg, increased to 37.5 mg or 50 mg, if necessary) every 14 days for 6 months.

Results: Included were 439 patients (65% male) with mean age 41±11 years. Most patients (84%) had DSM-IV schizophrenia (mainly paranoid). Reasons for changing medication: Insufficient efficacy (45%), non-compliance (36%), side-effects (25%). In 71% of patients previous medications were changed to RLAI alone, in 29% RLAI replaced 1 antipsychotic. Mean total PANSS score was significantly reduced from baseline (77.6 points) to treatment endpoint (66.6 points, $p<0.001$). 37% of patients had a ≥ 20% improvement in PANSS total score from baseline to endpoint. All PANSS subscale scores and symptom factor scores also improved significantly as did the CGI (Disease Severity), with the proportion rated as 'normal/borderline ill' increasing from 5% at baseline to 21% at endpoint. Patient satisfaction with treatment increased significantly; 4% rated their satisfaction as 'very good' at baseline compared with 30% at endpoint. GAF and all factors of the SF-36. also improved significantly. The ESRS total score was reduced significantly at 1 month ($p<0.001$); further reductions were seen until endpoint.

Conclusion: Schizophrenia patients previously managed with polytherapy improved significantly in their symptom control and functioning after changing to RLAI, in 71% as monotherapy.

P-08-14

Schizoaffective disorders: Significant improvements following therapy change to risperidone long-acting injectable

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Objective: The Switch to Risperidone Microspheres (StoRMi) trial investigates the efficacy and safety of long-acting injectable risperidone (RLAI) in patients with schizophrenic disorder changed from other antipsychotic agents without an oral risperidone run-in. A subgroup analysis was performed in patients with schizoaffective disorder.

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Methods: Adult patients stabilized on a previous antipsychotic regimen for ≥ 1 month received RLAI (25 mg, increased to 37.5 mg or 50 mg, if necessary), injected every 14 days for 6 months.

Results: Of 249 patients, 133/116 were female/male. Previous therapy was atypical antipsychotics (57%), conventional depot (40%) and/or conventional oral (12%) neuroleptics. Only ten patients discontinued the study early for AEs and ten for insufficient response; 74% completed the study. There were significant reductions ($p<0.001$) from baseline to endpoint in the mean scores for total PANSS, positive subscale, negative subscale, general psychopathology subscale, disorganised thoughts factor, hostility/excitement factor and anxiety/depression factor. Improvement ≥ 20% in PANSS total score from baseline to treatment endpoint was seen in 39% of patients. By CGI, more patients were 'not ill' (CGI) at endpoint (10%) than at baseline (3%). There were significant improvements from baseline in both GAF and patient satisfaction. Movement disorders improved significantly. The most frequent AEs were anxiety (13%), extrapyramidal disorder (9%), weight increase (9%) and insomnia (8%).

Conclusion: This subgroup analysis demonstrated that RLAI was effective in patients with schizoaffective disorder, providing further relief or improvement of symptoms in patients considered stable on their previous antipsychotic medication.

P-08-15

Beneficial effect of long-acting injectable risperidone on the neurocognitive deficit of a schizophrenic patient: a case report

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P-08-16

Diabetes mellitus, metabolic syndrome and antagonism of the H1 receptors by atypical antipsychotics

A. R. De Nayer. *Belgium*

Objective: To demonstrate a direct correllation between the antagonism of the H1 receptors by atypical antipsychotics drugs (clozapine, olanzapine, risperidone, quetiapine, aripiprazole, ziprasidone and amisulpride) and the incidence of diabetus mellitus and metabolics syndrom.

Methode: The comparaison between the APA, ADA, and the American Association of Clinical Endocrinologia and North American Association for the study of obesity consensus ranking and the K1 ranking of H1 antagonism by the different atypical drugs.

Results: There is one direct correllation between these two ranking.

Conclusion: There is one direct association between the Ki of the AA on H1 receptors and the incidence of diabetus or metabolics syndrom, attributable to atypical antipsychotics medication. This relationship doesn't exist for the other receptors antagonised or agonised by the AA. H1 receptors may be of first importance in the origin of metabolic syndrom and diabetus mellitus.

Monday, April 4, 2005

P-09. Poster session: Psychotic disorders V

Chairperson(s): Wulf Rössler (Zürich, Switzerland), Stephan Ruhrmann (Cologne, Germany)
18.00 - 19.30, Gasteig - Foyers

P-09-01

Comorbid disorders in the potential initial prodrome of psychosis and in first-episode schizophrenia

S. Ruhrmann, F. Schultze-Lutter, J. Klosterkötter, I. Becker. *Depart. of Psychiatry & Psycho, Cologne, Germany*

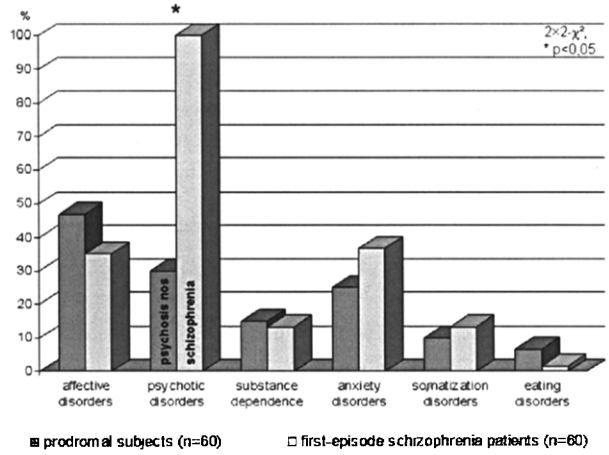
Objective: Comorbid disorders in and before the first episode of schizophrenia were frequently found. Thus, they should also be present in comparable frequency and type in persons with an assumed initial prodrome of psychosis.

Methods: 60 'prodromal' subjects and 60 first-episode schizophrenia patients were examined with the German version of the Structured Clinical Interview for DSM-IV Axis I disorders (SKID I) and compared for past and present psychiatric disorders.

Results: 57% of the schizophrenic and 68% of prodromal subject reported any past or present non-psychotic disorder. No group differences in present or past diagnoses were found for affective, anxiety, somatization and eating disorders and substance abuse, yet social phobia was significantly more present in the schizophrenic group (32 vs. 8%).

Conclusion: Comorbid disorders can indeed be found as frequently among potentially prodromal subjects as among first-episode schizophrenia patients. This finding underlines the need for treatment in this high-risk group as well as the necessity to consider their risk for psychosis when treating the comorbid condition.

Past and present axis I disorders in potentially prodromal and first-episode schizophrenia subjects:



P-09-02

A new instrument for the prediction of schizophrenia

H. Picker, F. Schultze-Lutter, S. Ruhrmann, A. Wieneke, E.-M. Steinmeyer, J. Klosterkötter. *University of Cologne FETZ, Dept. of Psychiatry, Cologne, Germany*

Objective: The prospective Cologne Early Recognition (CER) study demonstrated the predictive value of cognitive-perceptive basic symptoms for first-episode schizophrenia as assessed for their presence/absence with the Bonn Scale for the Assessment of Basic Symptoms. Based on these findings, a new scale was developed, the Schizophrenia Prediction Instrument, Adult version (SPI-A), which not only allows a more economic assessment, but also a severity rating.

Methods: Applying cluster and facet analyses to the CER-data and data of 346 remitted schizophrenia patients, the 40-item scale with 6 dimensions was derived and a seven-stage severity rating

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