

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.

P203

Attitudes towards suicidal behaviours among health science students

I. Menendez, E. Garcia, M.P. Garcia-Portilla, M.T. Bascaran, S. Martinez, L. Jimenez, P.A. Saiz, M. Bousono, J. Bobes. *Department of Psychiatry, University of Oviedo, Spain*

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 beliefs) that influence such attitudes.

Methods: medical (3^o and 5^o year) and nursing (1^o y 2^o 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 beliefs; 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.

P204

Risperidone long acting injection: One year experience

N. Mercadillo, N. Mathur, S. Sundares, S.I. Aslam, R.H. Giridhar. *5 Boroughs Partnership NHS Trust, Warrington, United Kingdom*

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.

P205

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

E. Merlotti, A. Mucci, P. Bucci, U. Volpe, V. Montefusco, S. Galderisi, M. Maj. *Department of Psychiatry, University of Naples SUN, Naples, Italy*

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

a lower regional specificity of action on EEG cortical generators than risperidone.

P206

Preliminary results of the Belgian lifestyle program ENERGIE on weight in patients with psychiatric disorders

C. Mertens¹, M. De Hert², M. Floris³, C. Matton⁴. ¹ *St Camillus Hospitaal, St Denijs-Westrem, Belgium* ² *UPC KUL, Campus St Jozef Kortenberg, Leuven, Belgium* ³ *Clinique Notre Dame, Tournai, Belgium* ⁴ *Ziekenhuis Caritas, Melle, Belgium*

Introduction: Life style intervention has shown in the general population to influence weight gain and delay metabolic complications.

Methods: ENERGIE is a lifestyle program adapted for psychiatric patients. Interactive open group sessions of 1h/week provide information about healthy food and physical activities. Additionally healthy activities are organized. Patients can give their consent for anonymous data collection.

Results: 194 patients (56% male) of all age categories have sent their follow up sheet for data entry. The median duration of the program was 80 days (0-223). The majority of patients were treated for psychosis (55%), 23% for mood disorder and 22% for other psychiatric conditions. Most patients were taking an antipsychotic drug (90%), 57% an antidepressant and 29% a mood stabilizer. BMI at baseline was normal in 25%. 33% of the patients showed overweight and 42% obesity. More females than males were obese. 66% of the patients did complete the program and only in 2% interruption was due to dissatisfaction.

Mean weight was 84.4 kg at start of the program and 83.3 kg at the end. 7% had changed BMI category from obese to overweight (from 42% to 35%). Patients (74%) and nurses (50%) judged that it helped in controlling weight.

Conclusion: Lifestyle programs can be adapted for patients with psychiatric disorders and contribute in the short term to control weight.

P207

Migration and schizophrenia spectrum disorders: Evidence from Romania

I.V. Miclutia¹, V. Junjan², C.A. Popescu³, S. Tigan⁴. ¹ *Department of Psychiatry, University of Medicine and Pharmacy, Second Psychiatric Clinic, Cluj-Napoca, Romania* ² *Faculty of Political and Administrative Sciences, Babes Bolyai University Cluj, Cluj-Napoca, Romania* ³ *Second Psychiatric Clinic, Cluj-Napoca, Romania* ⁴ *Department of Informatics, University of Medicine&Pharmacy, Cluj-Napoca, Romania*

Background: After the year 2000, external legal and illegal circulatory migration from Romania reached huge proportions. Germany and Austria, France, then Italy and Spain became major destination countries for emigration.

Aims of the study: The present study will describe the socio-demographic profile of the migrants who have developed mental illness, discuss the possible implications of migration on the mental health status.

Methods: 50 patients were assessed by a semi-structured interview investigating the immigration conditions, BPRS.

Results: Most of the patients were young, single, had no previous experience abroad, with few social ties in the host country. Their level of education entitled them for better jobs, but due to the fact that most

of them were illegal immigrants with poor language skills, they had to accept lower paid, unqualified and insecure jobs. The most frequent diagnosis indicated the schizophrenia spectrum.

Conclusion: The vulnerability of migrants for mental health problems, especially for schizophrenia is still debated. The patients included in the present study fit the general profile of the emigrant. Discrimination, social isolation, insecurity may increase the risk for mental illness.

P208

Akathisia: Old challenge for new antipsychotic agents

M. Mihanovic¹, D. Bodor², P. Filakovic³, M. Grah², S. Devčić¹, D. Sago⁴, I. Sain⁴. ¹ *Female Department for Prolonged Treatment, Psychiatric Hospital* ² *Department for Psychotherapy and Socioterapy of Neurotic and Psychotic Disorders, Psychiatric Hospital* ³ *Psychiatric Clinic, Clinical Hospital Osijek, Osijek, Croatia* ⁴ *Male Department for Acute Treatment, Psychiatric Hospital*

Akathisia is well known extrapyramidal side-effect of conventional antipsychotic agents, which has been almost forgotten when new antipsychotics was developed. However, the uses of new antipsychotics have shown that it was anticipatory optimism, because new antipsychotics can cause akathisia as well as conventional. Since clinical presentation of akathisia may include psychiatry symptoms such as anxiety, mental unease, disforia etc. it can easily be misinterpreted as worsening of primary psychiatric illness especially schizophrenia or bipolar disorder which can cause wrong therapeutic intervention. It is very important to recognize akathisia in timely manner because its consequences especially high suicidal risk, can be fatal. Purpose of this work is to remind us on this, for patient very unpleasant and potentially dangerous side-effect, which was almost forgotten after beginning of therapeutic use of new antipsychotics. In this article we presented patient with schizophrenia who developed risperidone induced akathisia with suicidal pulsions. After reducing the dose of risperidone and implementation of clozapine patient's clinical condition was much improved.

P209

2nd generation antipsychotics for refractory generalized anxiety disorder

V. Psarra¹, N. Dimopoulos², C. Mitsonis¹. ¹ *Psychiatric Hospital of Attiki Dafni, Athens, Greece* ² *Mental Clinic Asklepieion, Athens, Greece*

Benzodiazepines and antidepressants are frequently used for the treatment of anxiety disorders, nevertheless low rates of remission and high rates of nonresponse are reported with their use. Fourty to 70% of patients with anxiety disorders fail to respond and more remain partly symptomatic after treatment, therefore there is a need for novel therapeutic strategies for refractory patients.

A small number of studies have been conducted in order to investigate the efficacy of 2nd generation antipsychotics for generalized anxiety disorder (GAD). Risperidone, olanzapine, aripiprazole, quetiapine and ziprasidone have proven to be effective and safe for the treatment of generalized anxiety disorder, either as augmentors of selective serotonin reuptake inhibitors (SSRI's) or as monotherapy.

However, definite conclusions cannot be drawn based on the small number of studies, the fact that they were mostly open-label and had small sample sizes. The efficacy and safety of 2nd generation