

P03-131

NITHSDALE SCHIZOPHRENIA SURVEY: USE OF ANTIPSYCHOTIC MEDICATIONS IN A SCHIZOPHRENIA POPULATION

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Aims: Antipsychotics are mainstay treatment in schizophrenia; atypicals including clozapine were widely used. Clozapine was considered different due to its distinct effectiveness. We report the clinical profile of these groups.

Method: In Nithsdale, South-west Scotland, the schizophrenia population was identified by 'key informant' method in 2006. The clinical variables were determined and compared between the groups.

Results: The study identified 205 people with schizophrenia (point prevalence: 3.7/1000 general population) of which 131(64%) took part in the study. 22(17%) were receiving typicals, 63(48%) atypicals excluding clozapine, 29(22%) clozapine, 8(6%) combination of typical and atypicals, and 9(7%) were on no antipsychotic medications.

Comparison between atypicals excluding clozapine, typicals and clozapine groups showed: clozapine group were younger than atypicals and typicals (Mean years: 43,54 and 62, $p < 0.001$). The length of illness was longer in typicals than atypicals and clozapine (Mean years: 35,24 and 18, $p = 0.002$).

With mental state, clozapine group had higher score in positive subscore of PANSS than that of atypicals and typicals (Mean: 1.83, 1.52 and 1.21, $p < 0.001$); while there were no significant differences in the negative subscore (Mean: 2.11, 2.01 and 1.77, $p = 0.24$).

Tardive dyskinesia was more prevalent in typicals and clozapine groups than atypicals as assessed by AIMS scale (Mean: 41, 41 and 18, $p = 0.02$); while there were no significant differences between the three groups in the severity of parkinsonism as assessed by Simpson & Angus scale (Mean: 0.34, 0.36 and 0.25, $p = 0.37$).

Conclusions: Atypicals including clozapine were no better than typicals in symptom control or in the neurological side effect profile.