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SUDDEN DEATH AND ANTIPSYCHOTIC TREATMENT: TYPICAL AND ATYPICAL ANTIPSYCHOTIC DRUGS' SAFETY IN THE REAL WORLD

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The most up-to-date guidelines recommend to use atypical antipsychotic drugs (APDs). This is due to their better tolerability and safety, especially as far as the risk of sudden death is concerned. Nevertheless, in clinical practice several patients are still treated with typical APDs. Aim of this study is to evaluate the QTc in the real world, where psychotic Pts are still treated with typical APDs. 169 consecutive acute psychotic inpatients (mean age 39±12.5, 84 female), hospitalized in psychiatric ward from January 2005 to December 2007, and treated for at least 6 months with APDs (haloperidol n=43, risperidone n=41, aripiprazole n=42, olanzapine n=43) underwent ECG recording. Pts with family history of SD or treated with QTc altering drugs were excluded. Three different cardiologists performed blinded QTc measurement for all Pts in order to assess the risk of SD. There were no statistical differences among the QTc values measured by the three cardiologists. 2 out of 169 Pts showed borderline QTc. 2 out of 169 Pts had a high risk QTc. Female gender and age were well distributed in the treatment groups as well as serum electrolytes were in normal range. ANOVA test showed no consistent statistical differences in the QTc between the use of Haloperidol or other atypical APDs. In our experience, the cohorts of Pts treated with Haloperidol or other atypical APDs have no differences in QTc and therefore the risk of SD does not depend on the choice of the antipsychotic drug.