Additionally, most cases of akathisia were reported as mild to moderate and rarely associated with treatment discontinuation.

P116

Profile of the schizophrenic patient treated with aripiprazole in Spain. REA study

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Introduction: One factor greatly influencing the prognosis and progression of the Schizophrenia is compliance and it is essential to find new drugs which carry minimal side effects.

Objectives: To identify the profile of patients who are treated with aAripiprazole and to assess the effectiveness, tolerability and treatment adherence.

Patients and Methods: This was a multicentre, observational, retrospective study with participation of 200 psychiatrists. Data from the medical records of patients treated with aAripiprazole with at least two months were collected between October and December 2005.

Results: A total of 997 patients were included. 95% of patients had been treated with another drug prior to receiving aAripiprazole. The pattern for switching from the previous treatment was substitution in 75% of cases and addition in 25%. Reasons for switching were: 56,6% lack of efficacy and 35,6% adverse reactions. The investigator's assessment of aAripiprazole's effectiveness and tolerability showed these was very good or good in 76% and 90% of cases respectively. Around 87.6% showed good treatment compliance. Efficacy of treatment was correlated with duration of the disease: the proportion of patients with good efficacy is greater in patients who had suffered the disease for less than ten years (78.7 vs. 73.8%) (p=0.01).

Conclusions: aAripiprazole was considered to have a good effectiveness and tolerability in most patients. Effectiveness was greater in the acute phase of the disease, in patients with shorter duration of the disease and in those only taking full dose aAripiprazole

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Retrospective, observational, post-authorization study to obtain a second profile of schizophrenic patients treated with aripiprazole in Spain. Study REA II

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Introduction: The conditions for the use of study medications are different in a clinical trial than when the same drugs are marketed and administered to larger population groups. This study was proposed after the recent change in the range of doses marketing of Aripiprazole in our country and following a change in the range of doses used.

Objectives: To identify the type of patients treated with aAripiprazole during 4 months (May 06) after the change in the SmPC (10-30 mg dose) and to establish the doses used. To identify the proportion of patients switching to aAripiprazole from previous antipsychotic treatments due to reduced efficacy or low tolerance to the previous drugs.

Patients and Methods: This is a retrospective, observational, multicenter study. Data will be collected from the medical records of 1000 patients treated with aAripiprazole during the four months prior to the study initiation, with a minimum of 1 month treatment. The information will be gathered by 200 psychiatrists each one providing 5 cases. Data collection was initiated in October 2006 and is expected to last two months. The sample size based on the primary objective obtained will enable a 95% confidence interval with a maximum acceptable error of 3% to estimate the proportion based on the primary objective.

Conclusions: The collection of data will enable us to know how psychiatrists prescribe aAripiprazole, considering the type of patient, dosage regime, switching strategy of antipsychotic treatment (by identifying the ratios of treatment switches) under standard conditions of use.

P118

Clinical and treatment features of patients with schizophrenia in Spain: ACE 2004 study

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Methods: Six hundred psychiatrists from private and public Spanish clinics registered the first four patients with schizophrenia seen at their offices during 2004. Sociodemographic characteristics, diagnostic criteria, clinical features, and therapy patterns, including adherence to treatment, were recorded.

Results: A total of 2,154 patients were included in the study (86% $\leq$50 years old; 69% males; 79% unmarried), half of them had elementary school studies only while a 28% had a university degree. Male to female significant differences were observed regarding patterns of cigarette, alcohol, and illegal substance comsumption. A 69% of patients had paranoid schizophrenia, 13% presented with residual schizophrenia, and the remaining 18% had other types. The paranoid and hebephrenic types were the predominant types seen in patients $\leq$50 years old, while residual schizophrenia was most frequently seen in patients >50. When admitted into the study, 10% of patients were in an acute phase, 19% showed active symptoms, and the remaining 71% showed a stable disorder. Antipsychotic medications more frequently prescribed before enrolment were risperidone (29%), olanzapine (19%), and clozapine, quietapine, amisulpiride and haloperidol (7% each). The most common non-pharmacologic therapy prescribed to patients before entering the study was occupational therapy.

Conclusions: Patients included in this observational study were predominantly males <50 year old who presented with paranoid schizophrenia. Almost all patients had received antipsychotic medication before entering the study, mainly risperidone and olanzapine.

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Correlation between cognitive functions and the PANSS cognitive factor in schizophrenic patients

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Background and aims: Different neuropsychological studies have consistently found an attention, memory and executive function deficit in schizophrenic patients. The Positive and Negative Syndrome Scale (PANSS) evaluates different clinical aspects of schizophrenia. Factor analyses of this scale suggest the existence of a ''cognitive factor'', constituted by several items pertaining to the different subscales. In order to have an acceptable concurrent validity, this ''cognitive factor'' should correlate with the execution of neuropsychological tasks. Our objective was to study the correlation between the PANSS ''cognitive factor'' and the execution of neuropsychological tasks evaluating attention, memory and executive functions.

Methods: Thirty-five schizophrenic patients were evaluated using the Continuous Performance Test (CPT), the Rey-Osterrieth Complex Figure Test (Rey CFT) and the Wisconsin Card Sorting Test (WCST). Bivariate partial correlation between the neuropsychological variables and the PANSS ''cognitive factor'' was examined. In order to obtain this cognitive component, and based on previous studies, items P2, N5, PG10 and PG11 were used.

Results: The PANSS ''cognitive factor'' was significantly correlated to CPT omission errors (r=0.45; p=0.006), Rey CFT recall after 5 minutes (r=-0.34; p=0.049), Rey CFT recall after 30 minutes (r=-0.40; p=0.020), WCST perseverative responses (r=0.36; p=0.035), and WCST perseverative errors (r=0.35; p=0.041).

Conclusions: The existence of significant correlations between the PANSS ''cognitive factor'' and performance on neuropsychological tasks evaluating attention (CPT), memory (Rey CFT) and executive functions (WCST) supports the concurrent validity of this factor.

P120

Clinical and neuropsychological differences in schizophrenia according to negative symptom PANSS scores

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Background and aims: The Positive and Negative Syndrome Scale (PANSS) evaluates different psychopathological aspects of schizophrenic patients. Scores on the negative subscale of the PANSS have been associated with clinical and neuropsychological differences in these patients. Our aim was to study the relationship between PANSS negative scores and different clinical and neuropsychological variables in a sample of schizophrenic patients.

Methods: Our sample of 174 schizophrenic patients was split into two groups according to scores on the negative subscale of the PANSS: a group of 85 patients (55 male and 30 female; mean age 38.0 years, SD 9.3) with scores below the median (''low negative PANSS'' group), and a group of 89 patients (58 male and 31 female; mean age 37.3, SD 8.4) with scores above the median (''high negative PANSS'' group). The neuropsychological task used was the Wisconsin Card Sorting Test.

Results: Significant clinical differences were found between both groups. In the ''high negative PANSS'' group a lower age of illness onset was found (p=0.030), as well as a lower age at first psychiatric admission (p=0.002) compared to the ''low negative PANSS'' group, without there being significant differences in current age (p=0.570). Regarding cognitive functions, ''high negative PANSS'' patients achieved fewer categories (p=0.005) and made more perseverative errors (p=0.031) than ''low negative PANSS'' patients.

Conclusions: Schizophrenic patients with higher scores on the negative subscale of the PANSS had an earlier age of onset of their illness and exhibited poorer cognitive functioning than patients with lower scores.

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Efficacy and tolerability of switching from conventional and atypical antipsychotics to ziprasidone in acute schizophrenic patients

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Backgrounds and aims: This study evaluated the efficacy and tolerability of ziprasidone after a switch from conventional and atypical antipsychotics in acute schizophrenic patients who required alternative medication.

Methods: A total of 189 patients with acute exacerbation of schizophrenia were switched to 8 weeks of open-label treatment with ziprasidone (80 mg/d for the first 2 days, then adjusted to 40-160 mg/d). Current treatments were discontinued over Days 1-7. Primary efficacy measure was the change from baseline in PANSS total score.

Results: A total of 82.5% of patients switched to ziprasidone due to inadequate efficacy and 16.4% due to poor tolerability (most frequently weight gain). A total of 136 patients (72%) completed the study. After switching to ziprasidone, the mean change (ITT-LOCF)in PANSS total score from baseline to end point was statistically significant (n = 183; baseline score 112 ± 19; mean change -25 ± 25.5; P <.0001). A significant improvement was observed from Week 1. Ziprasidone was generally well tolerated, with 12.7% of patients discontinuing due to adverse events. Movement disorder and sexual dysfunction occurred infrequently, accompanied by baseline-to-end–point reductions in Simpson Angus Scale total score and serum prolactin levels. Switch to ziprasidone showed a significant mean baseline-to-end–point decrease in weight (-1.0 ± 3.1 kg; P< .0001) and a nonsignificant increase (5 ms) in mean QTc interval.

Conclusions: Eight weeks of treatment with ziprasidone significantly reduced overall psychopathology in acute schizophrenic patients switched from other antipsychotics and was well tolerated, with a neutral effect on body weight.

P122

Efficacy and tolerability of intramuscular and oral ziprasidone in acute and agitated schizophrenic patients: An 8-week, open-label trial

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Background and aims: This study evaluated the efficacy and tolerability of intramuscular (IM) ziprasidone and the transition to oral formulation in patients with acute schizophrenia and agitation, whose severity of symptoms required IM treatment

Methods: Patients (n=150) were switched from their current treatments to 8 weeks of open-label treatment with ziprasidone. Patients received up to 40 mg/die IM ziprasidone at Day 1 and were then switched to 80-160 mg/die oral ziprasidone as soon as clinical status permitted. The primary efficacy measure was the change