

treatment. When she was hospitalized, her mental status examination was positive for grandiose delusions, psychomotor agitation and pressured speech. Quetiapine 400 mg/day had been given the patient and the dose increased to 1200 mg/day in 15 days and then haloperidole 15 mg added to the treatment. During her stay at hospital her obstetrical and perinathological examination had done by consultant obstetrician and had been followed after discharge. At the follow up detailed ultrasound examinations, fetal echocardiography and blood investigations showed no abnormality. This combination was continued for 4 weeks and then haloperidole had stopped. Quetiapine 1200 mg/day was reduced to 400 mg/day slowly in 4 weeks period and the patient had stopped taking medicine 10 days later. 4 weeks after that, she gave birth to a healthy boy at 39th week of her pregnancy with C/S.

## P229

Acute psychiatric inpatient treatment: An observational study

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**Background and aims:** Naturalistic data on acute psychiatric inpatient treatment is scarce, data from RCT's are less relevant due to exclusion criteria for more severely ill inpatients and lack of capacity to give informed consent. Treatment recommendations are influenced more by data on less acutely ill psychiatric inpatients.

**Methods:** All inpatients admitted to PICU during one month were screened for diagnosis (ICD-10), severity of illness and symptoms (CGI and GAS), therapy and speed of significant clinical improvement (observation) at admission, in 24 hours and at discharge.

**Results:** 227 consecutive PICU admissions were included, gender ratio=1, average GAS 41, CGI 5. Median length of hospitalization was 2.5 days. Atypical to typical antipsychotics ratio was 4:1, rate of clinical improvement was 35%. Results were compared with results of similar study 7 years ago and the difference in the profile of antipsychotic drugs usage was significant and favoured atypicals.

**Conclusions:** Antipsychotics and benzodiazepins are most often used drugs to control acute psychopathology. The use of classical AP's is diminishing in recent years without the loss of efficacy. The CPZ equivalent dosages are however higher than recommended in the literature and reflect more the everyday clinical practice.

## P230

Who responds to aripiprazole? An observational study

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**Background:** Aripiprazole is a new antipsychotic with a different mode of action to established second generation antipsychotics. We aimed to study patients who were prescribed aripiprazole in routine clinical practice, to identify patients who had a good clinical response.

**Methods:** From a data set of 21,000 electronic patient records (starting in 2002), we retrospectively identified all secondary care psychiatric patients started on aripiprazole (n=180). We assigned an improvement score of Clinical Global Impression to these records to measure the effectiveness of aripiprazole. We examined demographic and clinical correlates of patients who improved (CGI scores <5) versus those who did not improve (CGI ≥5).

**Results:** Adequate records for analysis were available for 120 patients. 77 patients (64%) had a CGI 1-4 (minimally to very much improved). 43 patients (36%) had a CGI ≥5 (no change to very much worse). The discontinuation rates were 17% (improved group), and 43% (no change to worse group) Those who did well could not be distinguished in terms of age, sex, mean duration of record availability (approx 700 days), diagnosis (>80% psychosis), duration of contact with services, or initial dose of aripiprazole (10mg). Patients who improved with aripiprazole were less likely (p<0.01) to be treatment resistant (previous or subsequent treatment with clozapine). Discontinuation was primarily due to agitation (29%) followed by inefficacy (23%) and worsening psychosis (10%).

**Conclusions:** Aripiprazole was clinically effective in around two-third of patients. Favourable response was associated with lack of treatment resistance. Agitation followed by inefficacy were the commonest reasons for discontinuation.

## P231

Who responds to risperidone and zuclopenthixol long-acting injections? A comparative observational study

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**Background and aims:** Few studies are available comparing the effectiveness of Risperidone long-acting injection (RLAI) against conventional depot antipsychotics. We aimed to study patients who were prescribed the long-acting injections Risperidone and Zuclopenthixol decanoate in routine clinical practice, to identify predictors of continuing longer-term treatment.

**Methods:** From a data set of 11,250 electronic patient records, we retrospectively identified all secondary care psychiatric patients Risperidone and Zuclopenthixol depots during a three years period (2002-2005). We calculated the duration of treatment ratio (DoTR) (duration of mention of medication divided by total duration of psychiatric record) as a measure of effectiveness. We examined clinical and demographic variables associated with high and low DoTRs, i.e. patients likely to continue versus those likely to discontinue treatment.

**Results:** 98 records were identified for Risperidone LAI, 70 for Zuclopenthixol. Patients who continued longer-term treatment were similar for both compounds in terms of age, sex, diagnosis, length of contact with services, previous Clozapine treatment and co-prescription with other psychotropics. Individuals continuing on RLAI long-term were on a higher maximum mean dose (42 mg every 2 weeks) compared to those who discontinued early (30 mg every 2 weeks) p=0.0002. Discontinuation due to adverse effects was less with RLAI than with Zuclopenthixol (26% versus 63%, p=0.06).

**Conclusions:** Both RLAI and Zuclopenthixol depot are clinically effective in longer-term treatment of psychotic disorders. Patients established on higher dose RLAI (37.5 mg and 50 mg per fortnight) were more likely on to continue long-term treatment.

## P232

Patient satisfaction with psychiatric care in the rehabilitation ward - Lincolnshire, UK

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**Aim:** Purpose of this study was to investigate patients perspective on service quality and their satisfaction with services. Also to ensure that the standards relating to patient assessment and treatment are adhered to and to ensure that all patients have the opportunity to comment on the services and that patient opinions are considered in future service planning.

**Method:** An 8 items patient satisfaction questionnaire was devised by the author and was distributed to residents on discharge from two rehabilitation wards. Fifteen questionnaires were completed in the 18 month period.

**Results:** Out of total of 15 cases, 53% were female and 47% male patient. Their mean age was 37.5 years and their mean length of stay in the rehab ward was 23 months. All patients were satisfied with admission process and environment of the wards. Significant majority satisfied with treatment received. To 87% this was their first admission to the rehab unit and the 93% reported that they would recommend the rehabilitation ward to a friend or relative and that they would use this unit again in the future.

**Conclusion:** Central issue emerged whether the patient was satisfied or dissatisfied with the care they received but they all suggested that the quality of care between the patients and individual member of staff were central to the quality of the care. The high quality therapeutic relationship and caring environment is the essence of satisfaction and it may determine the outcome of psychiatric treatment.

## P233

An audit of risperidone long acting injection in Lincolnshire, UK

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Risperidone long acting injection (RLAI) is the first injectable atypical antipsychotic to be licensed in the UK. This study reports the outcomes of patients prescribed RLAI in Lincolnshire Partnership Trust during two years period following its launch.

**Aim and methodology:** That RLAI are prescribed appropriately and patients are monitored on an ongoing basis. An audit tool was sent to each psychiatrist, data were collected retrospectively on 28 patients.

**Results:** Out of 28 patients 19 still taking RLAI. Data not available on one patient. All patients had received oral atypical prior to RLAI. 23 were exposed to oral Risperidone. 80% reported significant improvement only 5 experienced mild side effects. 21 suffered from Schizophrenia and 6 from Bipolar Affective Disorder. At the time of initiation, 25 in patients and 3 in community. Significant improvement noted 2 months and 7 months after initiation. All of them were monitored regularly.

**Conclusions:** RLAI appears well tolerated and markedly effective in vast majority of patients only 3 patients showed negative response. RLAI can offer considerable benefit to a significant number of patients suffering from Schizophrenia and Bipolar Affective Disorder with psychotic symptoms.

## P234

Ethnicity and detention in the UK: A systematic review and meta-analysis

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**Background:** In the UK, Black and minority ethnic (BME) patients have been reported to be disproportionately detained under the Mental Health Act.

**Aims:** Systematic review of all UK literature on ethnicity and detention with meta-analysis of detention rates for BME patients, to determine range of explanatory hypotheses and examine the evidence for these hypotheses

**Methods:** Electronic data bases searched for all date-based studies (1984-2005). Meta-analyses performed where data available. Explanations offered for any excess categorised and evidence examined.

**Results:** 49 studies identified, 19 included in meta-analyses. Compared with White patients, Blacks were 3.83 times, BME patients 3.35 times and Asians 2.06 times more likely to be detained. Racial stereotyping and discrimination against BME patients was the most often cited explanation (53% studies); followed by alienation and mistrust of psychiatric services (28%); higher rates of psychosis (22%); delay in help seeking (18%); and misdiagnosis/ under recognition of illness (16%). There was no primary evidence provided by any study to confirm any of these explanations, while some papers presented data that contradicted these explanations.

**Conclusions:** BME patients experience higher rates of detention under the MHA than White patients. Available explanations offered for this excess are largely unsupported. Explanations such as 'institutional racism' in psychiatry neither accurately account for the excess, nor help find ways of reducing detention rates.

## P235

Review of the evidence for the long-term efficacy of atypical antipsychotic agents in the treatment of patients with schizophrenia and related psychoses

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In schizophrenia, the objectives of long-term maintenance therapy are to achieve continuous relief from psychotic symptoms, to prevent relapse, to optimize patient functioning and improve quality of life. It is now generally accepted that atypical antipsychotic agents are more effective than conventional agents in achieving these goals over the short term. In order to define the role of atypical antipsychotics as maintenance treatment for schizophrenia, studies published between January 1994 and September 2006 that evaluated the long-term efficacy (>1 year) of atypical antipsychotics were identified and reviewed from literature searches using MEDLINE and EMBASE. The primary research parameters were 'atypical', 'antipsychotic', 'schizophrenia', 'relapse', 'long-term', 'maintenance' and 'efficacy'. Aspects of safety were also considered for these agents. Results from these long-term studies consistently demonstrated that atypical antipsychotics have substantial advantages over oral conventional antipsychotics as proven by fewer relapses, more effective symptom control and a lower incidence of movement disorders, although some atypical agents were associated with a higher incidence of weight gain.

However, due to issues of compliance, the clinical advantage of oral atypical antipsychotics has often been limited. As such, the use of long-acting preparations of atypical antipsychotics, which provide consistent and sustained drug coverage, warrants further investigation for the successful long-term management of patients with schizophrenia.