Introduction: Among patients with schizophrenia, rates of non-adherence around 40-50% have been reported. Non-adherence increases risk of relapse and it is the main cause of re-hospitalization.

The aim of this study is to describe a sample of outpatients treated with long-acting injectable risperidone (RLAI), as well as to define the retention rates to the treatment.

Methodology: Outpatients treated with RLAI for some psychotic disorder during 2005 have been included in the study. Age, gender, diagnosis, drug abuse, hospitalizations, previous treatments, coadyuvant treatments, compliance with treatment and reasons for treatment withdrawal have been analyzed. Descriptive data are shown.

Results: Seventy-six out-patients treated with RLAI have been analyzed. 55.3% of them were male, and mean age was 41.33±11.33 years. Main diagnosis were schizophrenia and schizoafective disorder (45 and 10 patients, respectively). More than 40% of patients were taking some drug of abuse. Around 75% of patients had some hospitalization in the previous 5 years, and 10.8% of them were hospitalized in 2005. Almost half of the patients were receiving oral risperidone before the start of treatment with RLAI, and 20% had been receiving depot medication. After one year, 73.7% of patients were still under RLAI treatment. The main reason for treatment withdrawal was the loss of follow-up.

Conclusion: Retention rates in RLAI treatment found in the present study were similar to those previously reported. Hospitalizations seem to be reduced after the start of RLAI treatment.

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Mean change in panss positive subscale during hospitalization in patients treated with risperidone

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Objectives: To evalute men change in PANSS positive subscale in patients hospitalized for active psychosis treated with oral risperidone.

Methods: Observational retrospective study conducted at Acuted Unit Care, in 24 patients hospitalized with active psychosis treated with Risperidone. Patients were evaluated basal, 24, 48, 72, and 96 hours, and 7 days after the initial dose of risperidone, and at discharge. Efficacy was assessed using PANSS positive subscale. Dose of risperidone, use of other antipsychotic, benzodiacepines, anticholinergic drugs, and medication previous to hospitalization were recorded.

Results: At 24 hours, PANSS mean score decreased by 17,4% and a reduction of 45,9% was observed at discharge.

During the first 24 hours, the items that showed the largest decrease were Hostility (from 6,4 to 4,3) and Excitement (from 6,2 to 4,3).

Mean dose of risperidone during the first week was 15,1 mgs / 24 hour. No other antipsychotic medication was used. Benzodiacepines were used in 79,2% of patients. Anticholinergic medication was used just in 1 patient. The mean number of days in institutional care was 12,8 days.

Conclusions: High doses of risperidone are able to achieve significant reduction in PANSS positive score whit a minimal incidence of adverse events. These results suggest that oral risperidone is effective and well tolerated in treating acute agitation and active psychosis.

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Risk of violence in hooligans using the PFAV scale

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Background: Hooliganism has become recognised by governments and the media as a serious problem since the 1960s. Scientists have been offering explanations of football hooliganism mainly from a psychosocial approach.

Aims: The primary objective of this study was to collect measurable data of violence risk in football hooligans.

Methods: We used the Plutchik and van Praag's Past Feelings and Acts of Violence (PFAV) Scale to measure the risk of violent acts in three samples: hooligans from a professional football team, standard football supporters, and a control sample.

Results: We found an increased risk of violent behaviour in all the individuals from the hooligan sample, but not in the standard supporters' sample.

Conclusions: Football hooligans have extremely high risk of committing violent acts. Standard football supporters are not more violent than general population.

P191

The impact of food on absorption of ziprasidone

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Oral ziprasidone shows increased bioavailability when taken with food. Here we describe 2 pharmacokinetic studies to quantify the impact of food on ziprasidone absorption. The first, an open-label, 6-way crossover study, investigated ziprasidone absorption in 8 healthy males. Subjects received oral ziprasidone (20, 40, and 80 mg) after an 8-hour fast or immediately following an FDA standard meal (60% fat). The second, an open-label, randomized, 3-way crossover study, explored the impact of dietary fat on ziprasidone absorption in 14 healthy subjects. Subjects received ziprasidone (40 mg) under 3 conditions: fasting, with an FDA standard meal (60% fat), and with a 30%-fat meal. In the first study, AUC was greater in fed than fasting states at each dose (20 mg, +48%; 40 mg, +87%; 80 mg, +101%). Increases in AUC and Cmax with dose were only linear in the fed state. In the second study, decreasing the fat content had a modest impact on ziprasidone absorption. AUC increased by 100% (60%-fat meal) and 80% (30%-fat meal) relative to the fasting state. These increases can be attributed to enhanced ziprasidone solubilization, leading to greater intestinal absorption. Less pharmacokinetic variability was observed in the fed state, suggesting more consistent absorption of ziprasidone when taken with food. These results demonstrate that administration of ziprasidone with food is crucial to ensure optimal absorption and necessary for linear pharmacokinetics. Food will also provide greater consistency in daily systemic exposure to ziprasidone and, thus, better symptom control and tolerability.

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Psychiatric disorders in homeless Iranian adolescent girls

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Introduction: Run away Behavior in young girls is a complex social problem in Iranian adolescents. Psychiatric disorders may play an important role in run away behavior in young girls.

Method: Homeless young girls between the ages of 12 and 18 years (n = 100) referred to Zanjan Welfare Organization conducted structured clinical interview for DSM and personality questionnaire (MMPI-2) to assess the Axis I and II disorders.

Results: Most common Psychiatric Disorders were mood disorders (89%), Adjustment disorders (56%), Conduct disorder (36%), substance related disorders (12%), schizophrenia and other psychotic disorders (6%), in Axis I and, Cluster B Personality Disorders (53%) and mental retardation (6%) in Axis II.

Conclusion: Prevalence of mental disorders is high among young homeless girls that runaway from home and service providers should consider this important issue. A focus on familial problems may lead to other important reasons being overlooked. Services and supports need to take into account whether young girls leave home because of family problem or because they suffer mental disorders.

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Metabolic and inflammatory parameters changes in schizophrenic patients during three months of treatment with long acting risperidone

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The aim of this study was to explore changes of metabolic variables (Glucose, HbA1c), lipids (cholesterol, HDL-cholesterol, LDL-cholesterol, triglycerides, Lp-a), and inflammatory variables (IL-6, CRP, and TNF-α) during three months of treatment with long-acting risperidone.

The study was carried out as an open study, on 22 patients with schizophrenia (male N=14; female N=8), aged from 22 to 63 years (mean±SD; 35.3±6.7). Diagnosis of schizophrenia was based on ICD 10 criteria, and all patients fulfilled criteria for paranoid type of schizophrenia. Duration of illness was 1 to 10 years (mean±SD; 4±1.4 years). All patients were treated by only with long acting risperidone with doses of 25mg (N=16), 37.5mg (N=5), and 50mg (N=1) every two weeks.

We did not find any statistically significant differences in serum concentrations of metabolic (Glucose; F=0.471, p>0.01; HbA1c, F=0.512; p>0.01) or lipids (cholesterol, F=0.291; p>0.01; HDL-cholesterol, F=0.363; p>0.01; LDL-cholesterol, F=0.396; p>0.01, triglycerides, F=0.333; p>0.01; Lp-a, F=0.160; p>0.01) during three months of treatment of patients with schizophrenia with long acting risperidone. However, the three months of treatment with long acting risperidone caused a statistically significant changes of serum IL-6 concentrations (F=2.279; p<0.01) or CRP concentrations (F=3.279; p<0.01). Serum concentrations of TNF-α did not change during the three months of treatment with long acting risperidone (F=0.569; p>0.01).

In conclusion, the treatment with long acting risperidone is safe and don't influence on glucose or lipids metabolism. Also, the treatment with long acting risperidone decreases serum concentrations of inflammatory cytokines and in that way decreases the neurotoxicity of those inflammatory parameters.

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Long-term efficacy of aripiprazole to treat psychosis in schizophrenia: Sub-analysis of two double-blind, haloperidol controlled studies

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Background and aims: To compare the efficacy of aripiprazole and haloperidol for the treatment of acute relapse in chronic schizophrenia.

Methods: Across two 52-week double-blind studies, 1294 patients with acute relapse of chronic schizophrenia were randomized to aripiprazole 30 mg/day (n=861) or haloperidol 10 mg/day (n=433). The mean change in (Positive and Negative Syndrome Scale) PANSS Total score, PANSS Positive score were secondary endpoints in both studies. Post-hoc, a measure of excitement and hostility was derived from PANSS score items by factor analysis. The scales were administered at baseline and at each double-blind study visit (Weeks 1-8, 10, 12, 14, then every 4 weeks to Week 52).

Results: Aripiprazole produced similar improvements to haloperidol in PANSS Total score (last observation carried forward, LOCF). Among those patients who completed the study, aripiprazole showed a significantly greater improvement in PANSS Total score compared with haloperidol at Weeks 26 and 52. A similar improvement in PANSS Positive score was seen with aripiprazole and haloperidol (LOCF and observed cases [OC]). Symptoms of excitement and hostility also improved similarly with both agents throughout the study (LOCF and OC).

Conclusion: Aripiprazole showed similar efficacy to haloperidol over the 52-week study, and significantly greater efficacy among those patients who stayed on treatment. Thus, aripiprazole is a useful agent for long-term maintenance therapy in schizophrenia.

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Arsenic trioxide and olanzapine co-administration: Case analysis

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Introduction: Maximization of response with minimization of adverse effects is central to successful oncology chemotherapy. Since psychiatric comorbidity is significant in cancer patients, psychotropic co-administration with chemotherapy requires assessment of drug-drug interactions and cumulative adverse effects. Arsenic trioxide (ATO), indicated for treatment of relapsed acute promyelocytic leukemia (APL), prolongs QTc and has "black-box" warning regarding co-administration with medications with potential QTc prolongation. ATO administration is to be held if QTc > 500 milliseconds. This case describes ATO and olanzapine co-administration.

Methods: Case analysis with literature review.

Results: 43-year-old Caucasian male presented with relapsed APL characterized by non-traumatic bruising, anemia, and thrombocytopenia confirmed by bone marrow biopsy. Psychiatric comorbidity included Obsessive-Compulsive Disorder, Panic Disorder, and Bipolar NOS treated with fluvoxamine and benzodiazepines. Chemotherapy consisted of ATO, 0.15 mg/kg IV infusion over 2 hours. Fluvoxamine and fluconazole were discontinued early in treatment; olanzapine (2.5 mg bid) initiated thereafter effectively controlled obsessive-compulsive/affective features. Serial EKGs were performed; serum K and Mg were monitored daily and supplemented with intention of maintaining K>4.0 and Mg>1.8. EKG findings

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