EV1302

Pharmacotherapy of acute psychotic states: The reason for benzodiazepines and valproic acid augmentation

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Acute psychotic states (APS) usually are diagnosed as schizophrenia spectrum and affective disorders and make up about 45% of cases. The goal of the study was to elucidate the effect of benzodiazepines (BDZ) and valproic acid augmentation in the APS pharmacotherapy. The study was carried out on 102 inpatients diagnosed up to ICD-10 as schizophrenia ($n = 24$), acute and transient psychotic disorders ($n = 40$), other mental disorders due to brain damage and dysfunction and to physical disease ($n = 17$), schizoaffective disorder ($n = 12$), bipolar affective disorder ($n = 9$). Patients were randomized into four therapeutic groups:
– benzodiazepines (BDZ);
– one neuroleptic or combination of one neuroleptic and one BDZ (NBDZ);
– combination of valproic acid with BDZ or neuroleptic (VBDZN);
– polypragmasy (PP): from two drugs of one group up to four and more drugs at the same time.
The mental state of the patients was evaluated daily and estimated before, weekly and after APS termination by BPRS and CGI scale. The APS in all groups lasted from 1 to 50 days (mean 11.4). The shortest duration of APS was In BDZ group – 4.7 days; in VBDZN and NBDZ, the duration was 7.0 and 7.4 days ($P < 0.05$); in PP group, the treatment lasted 24.5 days ($P < 0.001$). Before therapy, average BPRS rate was 43.5 ± 8.1, CGI – 6.2 ± 0.8; after APS, BPRS was 18.9 ± 2.1, CGI – 1.1 ± 0.3. All rates did not differ among subgroups. APS therapy by BDZ and its combination with neuroleptics and valproic acid was effective compared to the polypragmasy.
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EV1303

It is possible to change clozapine by another neuroleptic

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It is well known that when we have a schizophrenic patient who do not respond to two batches of neuroleptics at full dosage for more than six month, it may be wise to try with clozpine which is believed to be one of the best neuroleptics we have but with two main handicaps: it can produce leucopenia which can be fatal and epileptic seizures as well. We do think that in many cases, clozapine has been used too soon in the treatment of the schizophrenic patient, before we can really talk of a resistant patient. To prove that we have changed the clozapine treatment of four chronically ill schizophrenic patients admitted to a home for the chronically mentally ill. Two patients were changed from clozapine 400 mg/day to paliperidone 15 mg/day along two months time. They both improved in mental clarity and ability of thinking. Another patient were changed from 600 mg/day to 27 mg/day of paliperidone. That patient worsened a little bit mainly with hostility and social avoidance but it was mandatory to change neuroleptic because he had had two seizures and had low levels of platelets and therefore he was at risk of developing leukopenia. The fourth one was taking 300 mg of clozapine and was changed to 12 mg of paliperidone. We got no change in the clinical outcome.
Discussion We discuss the different explanations for the results we got.
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EV1304

Prescription profile of antipsychotics in inpatients with psychotic disorders

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Introduction Previous studies of prescribing in psychiatric services have identified the relatively frequent use of combined antipsychotics in schizophrenia.
Aims – To analyze the proportion of patients treated with more than one antipsychotic;
– to study clinical as sociodemographic variables associated with types of prescription.
Methods Retrospective descriptive study of treatment prescribed to psychiatric inpatients treated in an acute care unit of Psychiatry Service in a large teaching hospital during a period of 3 years. Consecutively admitted inpatients receiving concurrent antipsychotics were compared with those treated with a single antipsychotic. Prescription drug records at discharging were revised, $n = 263$.
Results From the total sample, 61% received more than one antipsychotic. The most common types of combinations were atypical plus a typical antipsychotic followed by two atypical antipsychotics, being less frequent combination of three or more antipsychotics. There were 19 different drug combinations. Concurrent antipsychotics were most frequently prescribed in schizophrenia and schizoaffective disorder. Patients with more previous episodes of illness received more frequently concurrent antipsychotics than patients with low number of previous episodes of illness ($P < 0.03$). Patients with longer time of hospitalization, and age between 30 and 50 years were treated more frequently with several antipsychotics. Analysis with other variables is presented in the study.
Conclusions There is a significant difference in the strategies of treatment with antipsychotics depending on diagnosis and number of previous episodes of illness. The concurrent use of multiple antipsychotics in psychiatric inpatients appears to be a response to treatment resistance and is frequent in schizophrenic patients.
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Brief psychotherapy in eating disorders

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First time we began to work with eating disorders, we used to hear the chronic course of the illness and the long-term treatment that our patients would need. When you have a team trained in brief psychotherapy, but not in this specific area, it sounds as just the opposite you try to reach with your patients. National guidelines however are full of psycho-educational and cognitive-conduct treatment's models, without any other validated kind of treatment.