P02.28

Safety and tolerability meta-analysis of aripiprazole in schizophrenia

W.H. Carson[1]*, E. Stock[1], A.R. Saha[2], M.W. Ali[2], R.D. McQuade[1], M.J. Kujawa[1], G. Ingenito[2]. [1]*Bristol-Myers Squibb, Wallingford, CT;* [2]*Otsuka Maryland Research Institute, USA*

The first next-generation atypical antipsychotic aripiprazole is a dopamine-serotonin system stabilizer. This meta-analysis presents safety and tolerability data from four 4–6 week, double-blind, multicenter studies involving 1540 patients hospitalized with acute relapse of schizophrenia or schizoaffective disorder. Patients were randomized to aripiprazole (n=893), placebo (n=380), or active control (haloperidol 10 mg/day [n=167] or risperidone 6 mg/day [n=100]). Daily aripiprazole doses ranged from 2–30 mg (majority 15–30 mg). Aripiprazole was not associated with QTc prolongation (1 msec decrease in mean QTc interval). This compared with haloperidol (<1 msec increase) and risperidone (6 msec increase). Mean serum prolactin levels with aripiprazole were comparable to placebo and elevated with haloperidol and risperidone. Aripiprazole did not produce significant changes in Simpson-Angus scores, or consistent dose-dependent changes in Barnes Akathisia scores; haloperidol 10 mg produced significant increases in both versus placebo ($p<0.01$). Aripiprazole showed lower incidences of spontaneously reported somnolence and weight gain than haloperidol and risperidone. This favorable safety and tolerability profile suggests that aripiprazole offers short- and long-term treatment benefits for patients with schizophrenia and may lead to superior treatment adherence.

P02.29

Risperidone monotherapy in secondary prophylaxis of affective and schizoaffective disorders

G.M. Granenov, E.G. Kostiukova, S.N. Mosolov. *Moscow Research Institute of Psychiatry, Russia*

Objectives: To determine the risperidone monotherapy clinical efficacy spectrum in secondary prophylactic therapy of affective and schizoaffective disorders.

Methods: 20 patients (7 male, 13 female, average age – 36.1±7.4 year, average illness duration – 4.3±1.3 year) were included. Among them 11 patients were with diagnosis of schizoaffective disorder (F25.0), 8 – bipolar disorder (F31.0), 1 – cyclothymia (F34.0) by ICD-10 criteria. 17 patients were treated by mood stabilizers, which were disconti 17 patients were treated by mood stabilizers, which were discontinuated before the investigation. 17 patients were treated by mood stabilizers, which were discontinuated before the investigation.nuated before the investigation. Prophylactic therapy duration wasn't less than 1 year. Risperidone dosage range: 0.5 mg/day–4.0 mg/day (average 1.2±0.7 mg/day).

Results: The efficiency was estimated by comparison of the period of therapy and same temporary period up to therapy. The average annual duration of psychosis were reduced by 67.3%, the average number episodes by 58.2%, the hospitalization rate by 76.9% ($p<0.05$). Complete reduction of episodes was observed in 35 % patients. Amenorrhea and galactorrhea were the most frequent side effects.

Conclusions: The data support the previous results of risperidone efficacy as normothymic therapy in affective and schizoaffective disorders.

P02.30

Atypical antipsychotics in Parkinson's disease organic psychosis

T. Sobow*, M. Gorczowski. *Department of Psychiatry, Medical University of Lodz, Poland*

Objectives: The treatment of psychotic symptoms in Parkinson's disease (PD) is difficult and commonly associated with worsening of motor function. Clozapine, the most widely recommended antipsychotic, may produce severe side-effects and requires blood monitoring. The number of clinical trials with novel antipsychotics is barely sufficient.

Method: An observational study of 17 patients with PD and psychosis is presented. A reduction of cholinomimetics, selegiline, dopamine precursors or agonists was considered first as management of psychosis in all cases. Atypical antipsychotics were prescribed only when the above strategy failed to alleviate psychotic symptoms or resulted in significant motor worsening.

Results: Eleven patients were treated with olanzapine (median dose of 5 mg/day), 4 with clozapine (31.25 mg/day) and 2 with quetiapine (50 mg/day). Clozapine was effective in all cases but in half had to be stopped due to falling. Olanzapine was effective in 8 out of 11 patients; in 3 cases motor worsening was observed. Quetiapine was effective and well tolerated in both cases.

Conclusions: Novel atypical antipsychotics may offer some advantages over older drugs, including clozapine, in the treatment of PD-related psychosis.

P02.31

New antipsychotics in acute psychosis with spontaneous dyskinesia

D. Marcinko, I. Filipcic, M. Jakovljevic. *Department of Psychiatry, University Hospital Zagreb, Croatia*

Introduction: Tardive dyskinesia has long been considered to be a side effect of neuroleptic medication. An alternative perspective is that abnormal involuntary movements are not simply a side effect of treatment but may be, at least partially, an inherent part of some psychotic illnesses.

Case report: A.A., female, 30 years old. 1st hospitalization on psychiatric ward because of acute psychotic symptoms (persecutive delusions and auditory hallucinations) and abnormal involuntary movements (retroflexion of head, neck and body). At the time of beginning hospitalization, she was neuroleptic-naive. We decided begin with risperidone (for psychotic symptoms) – in dose up to 6 mg/day, clozapine (for reduction of involuntary movements) – in dose up to 500 mg/day and clonazepam (for reduction anxiety) – in dose up to 0.5 mg/day. In next 5 weeks she improved in both, psychotic symptoms disappeared and dyskinetic movevements were significantly reduced.

Conclusion: Knowledge of an association between spontaneous dyskinesia and specific psychopathologic domains within schizophrenia would allow a better understanding both of the risk factors for tardive dyskinesia and of the heterogeneity of schizophrenia per se. Important fact is that clozapine and risperidone make significant improvement in clinical features of psychosis with spontaneous dyskinesia.

https://doi.org/10.1016/S0924-9338(02)80478-3 Published online by Cambridge University Press