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Background and aims: Schizophrenics differ in their outcome mainly because different response and side effects to treatment, and clinicians do not have good instruments to choose the best antipsychotic (AP) for each individual. Weight gain is a frequently observed side effect with many AP treatments and seems to be underreported and under-recognized in many patients.

Methods: The potential effect of the Trp64Arg variant in beta3 adrenergic receptor gene on weight gain and obesity was investigated applying meta-analytic techniques, combining all published data while restricting our analysis to studies investigating the Trp64Arg in antipsychotic-induced weight gain and obesity. We also investigated whether ancestry (Caucasian versus African-American) and clinical factors moderated any association.

Results: We found no evidence for association of the Arg64 allele with weight gain and obesity ($z = 0.49$ $p = 0.626$) but without significant between studies heterogeneity ($\chi^2 = 0.17$ (d.f. = 1) $p = 0.678$).

Conclusions: Our meta-analysis does not provide support for the association of Trp64Arg in weight gain but indicates that firmly establishing the role of pharmacogenetics in clinical psychiatry requires much larger sample sizes that have been hitherto reported. On the other hand, the number of the studies employing psychotic patients is too small compared to the number of studies that have investigated this polymorphism in obesity.

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Weight gain in patients with risperidone injection

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Introduction: It is well known the difficulties found in making most psychotic patients follow a long-lasting oral treatment. To overcome this problem, injected drugs were developed over the last decades. One of the main side effects of these drugs is weight gain. To assess its importance in the newest long-acting injection of risperidone, a retrospective study was developed.

Material and methods: Clinical records of 61 patients with injected risperidone were reviewed, obtaining data about pre-treatment weight and weight after a year of bimensual injections. Patients with eating disorders or organic pathology were excluded. Other variables were recorded: doses, other injected treatments in the previous year and the weight gain, and coadjuvant oral treatment of neuroleptics during the studied period.

Results: No statistically significant weight differences were found during the first year of treatment ($p > 0.05$). When considering doses, or patients with coadjuvant therapy of low-dose neuroleptics, no difference was found either ($p > 0.05$).

23 of these patients followed another long-lasting injected treatment for at least a year before sweeping to risperidone. A bigger weight gain was found in that previous period of time than in the following year with risperidone ($p = 0.037$).

Discussion: Compliance to treatment is one of the keys to success in schizophrenia management. Side effects may hazard this compliance: injected long-lasting risperidone seems to minimize weight gain

in these patients, compared to previous injected drugs, making it easier to follow these prolonged treatments.

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Psychiatry and culture: A journey throughout mental disorders and its socio-cultural context

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Background and aims: Psychiatric disorders are considered to be universal, being found in all types of societies, from small nomadic groups to large complex civilizations. We can understand Cultural Psychiatry as a perspective that looks for comprehension of psychiatric disorders from the viewpoint of systems of meanings and values prevalent in a society. It went through great developments in the last 20-30 years, becoming extremely relevant in modern societies due to progressive cultural heterogeneity and migrations, which is the case of Portugal.

Methods: The authors undertake a revision of this topic in the literature

Results: In a global picture Mental Disorders tend to be more prevalent in geographical contexts of poverty and that amazingly rich specificities are found throughout all psychiatric conditions, including suicidal behaviour, psychotic disorders, affective and anxiety related disorders, among many others, in what concerns ethnic and religious variability within countries, urban/rural environment and social status. It is now accepted that individuals with different ethnic and ancestral backgrounds might differ significantly in their biological inheritance, including pharmacological responses with its implications in therapeutic range and adverse effects.

Conclusions: It is imperative to take into account all these aspects in every society in order to adequately assess and treat psychiatric patients and ultimately achieve the real meaning of Modern Psychiatry.

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Psychopharmacologic evaluation in a group of psychotic patients

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Objective: With this work we pretended to detect, to analyse and to investigate the prevalence of the non-compliance psychopharmacological through self-information in 64 ambulatory psychotic patients who come along to revision in a mental health.

For it we have revisioned the psicofarmacological groups and the diagnostics of the non-adherence patients and the adduce reasons putting in relationship with different variables sociodemographics and clinics, through a transverse and descriptive study.

Method: We have used the direct question to the patient about pharmacologic compliance and scale of socio demographic variables, and other clinical variables like solicitor, remittent, type of demand, personal and familiar psychiatric background, diagnosis CIE-10, number of drugs and incorrect dosage causes.

We have also applied central tendency and dispersion measures to the quantitative variables establishing comparisons and degrees of correlation. The qualitative variables have been subjected to basic statistical tests, with frequency tables, determination and comparison of percentages and use of Chi-square. It has been accepted a significant level of 5% considering the void hypothesis if $p > 0.05$.

Results: The non-compliance psychotic people have been the 100%. We have established a gender comparison finding differences between the analyzed variables. The most significant results are presented in the tables and graphics. We emphasize the category with the greatest percentage n in each variable.

Conclusions: We need make more profound study of the knowledge of the therapeutic non-adherence, that have constituted a socio-health trouble.

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Acceptability and impact of partial smoking ban, followed by a total smoking ban in a psychiatric hospital

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Background and aims: To assess the impact of a partial smoking ban followed by a total smoking ban in a psychiatric hospital in Switzerland. In this hospital in 2003, smoking was allowed everywhere except in bedrooms and dining rooms. In 2004, smoking was prohibited everywhere except in closed smoking rooms. In 2006, smoking rooms were suppressed and smoking was prohibited everywhere inside hospital buildings.

Methods: Patients and staff were surveyed in 2003 ($n=106$), 2004 ($n=108$), 2005 ($n=119$) and 2006 ($n=134$).

Results: Most participants (55%) answered that the total ban was too strict and preferred the partial ban. Self-reported exposure to environmental tobacco smoke (ETS) improved in dining rooms, corridors and offices after the partial smoking ban and further improved after the total ban. Exposure to ETS in bedrooms improved after introduction of the partial ban, but was not further improved by the total ban. Among patients, more smokers reported having made a quit attempt during their hospital stay after (18%) than before the total smoking ban (2%, odds ratio=10.1, $p=0.01$), and more smokers said that hospital staff gave them nicotine replacement medications after (52%) than before the total ban (13%, odds ratio=7.6, $p<0.001$).

Conclusions: The partial smoking ban decreased exposure to ETS and the total ban further improved the situation, even though neither the partial nor the total bans were strictly enforced. The total ban increased the proportions of smokers who made a quit attempt and received nicotine medications.

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Characteristics of the handling of amisulpride in a brief internment unit

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Background and aims: Knowing the use profile of amisulpride, as well as information about its effectiveness and resistance in our environment.

Methods: Open and prospective study of a sample of 40 patients treated with amisulpride during their admission at hospital. We will note the following variables: age, sex, diagnosis, seriousness level in admission / discharge (measured through the BPRS scale), dose, concomitant medication, side effects, suspension reason, if any, and time at hospital.

Results: We show the results of the studied variables, noticing the efficacy of the medicine in the symptomatological control of different

disorders, specially schizophrenia. Furthermore, we have information about its resistance and about the medications, with what it is more frequently associated.

Conclusions: We can conclude, on the basis of the obtained results, that amisulpride is effective and well resisted in the greater part of the cases.

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The impact of total calories and fat content on steady-state serum ziprasidone concentrations in patients receiving oral ziprasidone

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Food increases the bioavailability of ziprasidone. This study explored the effect of calorie intake and fat content of food on ziprasidone bioavailability in a randomized, 6-way crossover study in 15 patients taking oral ziprasidone 80 mg bid as their standard antipsychotic therapy. There were 6 randomized meal conditions (fasted, low-calorie/low-fat, low-calorie/high-fat, medium-calorie/high-fat, high-calorie/low-fat, and high-calorie/high-fat); each crossover period was separated by at least 3 days for washout of the previous meal condition. Serial blood samples were obtained over the 12 hours post-dose. Pharmacokinetic parameters were calculated by noncompartmental methods. Maximum exposures were observed with medium-calorie and high-calorie meals and were about twice that observed under fasting conditions. The medium-calorie meal (ie, 500 calories) was associated with exposures within approximately 5% (within the equivalence limits of 90% CI) of the high-calorie meals (1000 calories). Low-calorie meals (250 calories) were associated with exposures that were substantially lower (approximately 60% to 90% lower) than those of medium-calorie and high-calorie meals, and approached exposures seen under fasting conditions. The ziprasidone exposures under medium-calorie and high-calorie meals had less variability than those of under low calorie and fasting conditions. In conclusion, ziprasidone exposure did not vary with the fat content (high or low) of a meal and a medium-calorie meal produced near maximal exposures.

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It is a correlation between the pharmacological heterogeneity and clinical effect of atypicals?

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The second generation of antipsychotics (SGA) are an pharmacological heterogeneous group which is characterized by superior efficacy on the negative, positive, affective and cognitive symptoms of schizophrenia. If this group is psychopharmacological different it is to anticipate a different clinical efficacy on the four clinical dimensions of schizophrenia. This allow an individual use of them. The clinical experience shows that it is a correlation between the SGA mechanism of action, clinical efficacy and side effect profile. Amisulpride has an ultraspecific antidopaminergic mechanism is correlated function of dose with a higher efficacy on positive and negative symptoms. Multi-acting receptor targeting antipsychotics (e.g. Olanzapine, Quetiapine) have a similar clinical efficacy on the positive, negative and affective symptoms but they have an individual risk of side effects appearance (e.g. weight gain, diabetes, QTc interval prolongation). Ziprasidone is a particular SGA with antagonist effect on r.5-HT_{2A},