Conclusion: RLAI seem to be able to reduce number and length of hospitalizations, and improves adherence to therapy, 6 months after the start of the treatment, in real life conditions.

P225

Womens mental health needs in Bosnia and Herzegovina in the context of community mental health care

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Aim: The aim of this paper is womens needs assessment in the new organisational concept of psychiatric care-community mental health care, which started with its implementation in Bosnia and Herzegovina in 1996 immediately after the war.

Method: This study is retrospective and analytical-descriptive. As research instrument was used the Questionnaire for womens needs assesment in mental health care, which was designed for the purpose of this study and which has been applied at two groups,homogenious according to gender. Each group was consisted from 50 female patients.

Results: The results of this study indicated the womens needs for inovative forms of community mental health care-the opportunity to choose woman as psychiatrist and women as team members, as well as the opportunity to use separate community mental health services-for women only.

Conclusion: The results of this study, which are in accordance with new womens community mental health care trends in USA and some Western European countries, obviously indicates the womens needs in mental health care. According to the study results, womens needs should be met in the early stage of new psychiatric care concept implementation.In the same time that would present in Bosnia and Herzegovina inovation of community mental health care, and also assure that womens mental health needs would be met at optimal way.

P226

Suicide-related adverse events and antipsychotic use: An analysis of data from the WHO and FDA AERS database

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Background and aims: Patients diagnosed with schizophrenia or bipolar disorder are at an elevated risk of suicide attempts and suicidal ideation. Although atypical antipsychotics are effective in treating psychotic symptoms, the risk of suicide attempts and suicidal ideation may differ across these agents. We conducted an analysis on reported rates of suicide-related events associated with the use of atypicals.

Methods: Proportional reporting rates (PRR) of suicide attempts from the World Health Organization (WHO) database (through June, 2006) were compared across atypical antipsychotics. Using additional information from FDA's AERS (Adverse Event Reporting System; through March, 2006), similar comparisons were made for suicidal ideation, suicide attempts, and completed suicides.

Results: From the WHO database, the PRR for suicide attempts was lowest for clozapine (1.3) followed by aripiprazole (1.5), risperidone (3.3), quetiapine (4.2), ziprasidone (4.7), and olanzapine (5.2). For AERS, the respective PRRs for suicidal ideation, suicide attempts, and completed suicides were: 1.1, 3.3, and 1.9 for clozapine; 3.2, 4.3, and 2.7 for risperidone; 5.6, 2.9, and 5.4 for aripiprazole; 6.9, 4.4, and 6.4 for ziprasidone; 4.3, 4.5, and 7.2 for olanzapine; and 5.6, 4.2, and 9.3 for quetiapine.

Conclusions: AE reporting systems suffer limitations, which include having a problematic denominator and biased reporting. However, AE reporting is a primary tool used to identify a signal through pharmacovigilance. In the data analyzed, variability across atypical antipsychotics seemed evident, and inconsistencies between data were observed. The reasons for these findings are unclear, but these results warrant further investigation in controlled studies.

P227

Reversible myocarditis in a patient receiving clozapine: A reported case.

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Introduction: Clozapine is an atypical dibenzodiazepine antipsychotic used for resistant schizophrenia. Myocarditis and cardiomyopathy are rarely reported complications of clozapine treatment. The incidence of clozapine-related myocarditis has been variably reported at between 0.03% and 0.19% Myocarditis is a potentially life-threatening complication of clozapine.

Method: We reported a case of a 30-year-old female patient who developed reversible myocarditis a few weeks after we began the treatment with clozapine for chronic resistant schizophrenia (as specified in DSM-IVTR), characterized by severe left ventricular systolic dysfunction that resulted in congestive heart failure.

Results: After the immediate discontinuation of the clozapine, along with aggressive supportive care, resulted in almost complete recovery to baseline.

Conclusions: Patients taking clozapine who develop dyspnoea, fatigue, chest pain or collapse should be screened for myocarditis, especially during the first weeks of treatment. Health professionals should be aware of this uncommon but serious side effect of clozapine since failure to recognize the association may result in adverse clinical outcome. Myocarditis should be suspected when cardiac dysfunction appears suddenly, and appropriate diagnostic and therapeutic strategies must be undertaken promptly.

P228

Quetiapine use in manic episode during pregnancy: A case report

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Introduction: No psychotropic drug has been approved by FDA for usage during pregnancy. Data on safety of the second generation antipsychotics in pregnancy and lactation are limited. Quetiapine is in FDA category C and limited human studies reported no abnormality during pregnancy, delivery and in the postnatal period after using quetiapine throughout the pregnancy. The foregoing is a case presentation of high dosage of quetiapine use during pregnancy.

Case report: Ms. N, a 30-year-old gravida one-para one woman, who had been treated for a diagnosis of bipolar affective disorder since 1994, experienced her third manic episode at the 21th week of her pregnancy, 6 months after quitting her lithium (1500 mg/day)

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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 severelly 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 lenght 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 lost of efficacy. The CPZ equivalent dosages are however higher then 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.

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

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