EV1238

Factors of premorbid period indicating the risk of medicated noncompliance in patients with schizophrenia

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Background   Methods of assessment of medicated compliance are based upon preceding experience of taking therapy and cannot be applied at the first admission.
Objective   To investigate premorbid characteristics in schizophrenic patients and reveal the factors indicating noncompliance.
Methods   We used medical record background, interview, Medical Compliance Prediction Scale for Psychiatry for evaluation of the level of compliance, program STATISTICA10 for identification of the average level of compliance in the subgroups of each factor by Kruskal–Wallis test and revealing those subgroups for each factor where the average level of compliance was statistically significantly lower ($P < 0.05$).
Results   We examined 120 patients (status corresponded to the ICD-10 diagnostic criteria for schizophrenia, age–18 and older, duration of the disease–5 years and more, patients taking typical or atypical antipsychotics or combined therapy) according to factors of premorbid period such as gender, family history of mental disorders, personality traits, nurture in the family, education level, marital status; substance use, age at the onset of disease.
Conclusions   Level of compliance was lower in subgroups of men, patients having several relatives with mental disorders, patients having personality with predominance of irritable and impulsive traits, patients with neglect in parental families, patients with education level lower than high school and with education level higher than bachelor; patients not working or studying to onset of disease; patients who were divorced or widowed; patients living alone; patients using psychoactive substances; patients aged 21 years and older to the onset of disease.
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Objectively measurable equilibriometric locomotor ataxia in schizophrenia

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Introduction   The basic role of cerebellar dysfunctions in schizophrenia pathophysiology is already well-known. Importantly, cerebellar signs such as gait and balance coordination deficits are objectively manifested and measurable. However, both early detection and treatment monitoring of the illness are still-based mainly on subjective psychopathological symptoms.
Aims   To introduce an objective and quantitative approach to the cerebellar gait and balance disorders in schizophrenia.
Methods   An original (internationally patented) method for objective equilibriometric quantification of stepping locomotion (a kind of motion analysis system) was developed and then applied repetitively in 230 schizophrenic patients and 230 well-matched healthy controls.
Results   Subclinical but objectively measurable equilibriometric locomotor ataxia (ELA) was identified in a large proportion of the investigated patients. Its severity fluctuated along with the

changes in the clinical state. As a rule, the degree of ELA transiently increases during psychotic exacerbation and gradually returns to its prepsychotic level during therapeutic remission. Data analysis revealed that the basic (prepsychotic and postpsychotic) ELA could be viewed as a new schizotaxic biomarker (trait-marker) for schizophrenia, while the degree of its severity could serve as a new objectively measurable state-marker for psychosis. Besides, its dynamics during antipsychotic treatment might be used as an objective measure of the therapeutic response (a kind of surrogate pharmacodynamic biomarker).
Conclusions   Objective quantification of the ELA allows for early detection of subclinical signs of cerebellar ataxia (or schizotaxia) in individuals at high-risk for schizophrenia, whereas in psychotic patients it permits their objective antipsychotic-treatment monitoring.
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Metabolic health in patients with schizophrenia – CVD risk in a Norwegian outpatient population

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The mortality of schizophrenia patients is approximately twice that of the general population and there is a 20% reduction in life expectancy in this patient group. Cardiovascular disease (CVD) is responsible for as much as 50% of the excess mortality associated with schizophrenia. One important source of the high CVD prevalence is the cluster of metabolic characteristics defining the metabolic syndrome (MetS: 3 or more of the following features: abdominal obesity, high blood pressure, elevated levels of triglycerides and fasting glucose and low levels of high-density lipoproteins). Patients with schizophrenia seem to be undertreated for these vascular risk factors relative to the general population. More knowledge is needed concerning broadened risk factors of cardiovascular disease in a representative sample of schizophrenia patients. We conducted preliminary cross sectional analyses in a sample of 64 consecutive outpatients with schizophrenia with a mean age of 37 years consisting of 59% men, who were enrolled in a treatment study. All used antipsychotics, and 71% were smokers. We found that (percentage of patients under treatment for the respective somatic condition in parenthesis) 82% were overweight, 49% had hypertonia (17%), 24% hyperglycemia (3%), 48% hypertriglyceridemia and 13% hyperlipidemia (10% triglycerid or cholesterol lowering medication). Forty percent had metabolic syndrome compared to 11% in the normal population (Norway, age corrected). Additionally, estimates of insulin resistance will be conducted. We found that the prevalence of MetS components was high in outpatient schizophrenia. A substantial discrepancy was found between metabolic ill health and medication treatment of such conditions.
Disclosure of interest   The authors have not supplied their declaration of competing interest.