P46.13

Correction of hyperprolactinemia under risperidon treatment

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Objective: To determine the efficacy of use of bromcriptin as a corrector of hyperprolac-tinemia, identified with the patients under risperidon therapy.

Method: clinico-psychopatological, endocrinological, immunofermental,anthropometrical. 19 female patients (average age 34,3 ±0,2), suffered from recurrent depressive disorder and schizoaffective psychosis and were administered risperidon as anti recoup therapy. Mini-mum duration of therapy was 1 year. Survey sample group was morpho-constitutionaly sorted out on masculine type (82,35%), infantile type (11,76%) and infantile- masculine type (5,88%). Investigation carried out in two stages. First – at a point in time of appearance side effects, second – one month ago after beginning of corrective therapy. During direction of risperidon 17 patients showed hyperprolactinemia at 1080–3230 mME/l, accompanied by halactorhea (82,5%), amenorhea (47,05%), oligoamenorhea (17,64%), augmentation of body-weight (58,82%), strengthening of appetite (23,52%), oe-dema of face and shins (41,17%), reduction of libido (29,41%), rise of irritability and ag-gressiveness (23,52%). For the purpose of the said side effects correction the patients were administered bromcriptin, dosage 3,75 mg daily for one month period. At the background of the given therapy 75 % of the patients showed decrease of the level of prolactin and sub-stantial reduction of the mentioned symptomacy. By objectives all of the patients was re-sponders.

Results: Risperidon therapy determined definite relationship between level of prolactin concentration in blood and occurrence of endocrinological disturbances . Administration of bromcriptin as a corrector of hyperprolactinemia proved to be effective and allows to use risperidon as long-term anti recoup therapy. The research shows necessity for the further retrieval for predictors of hyperprolactinemia occurrence in order to develop differential therapeutic approach to the risperidon admini-stration.

P46.14

Increased use of antidepressants beneficial for depressed individuals

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Objectives: To investigate incidence, duration, indications, and outcome of treatments with TCA (tricyclic) and SSRI antidepressants in a Swedish county.

Methods: Survey of an individual based prescription database for treatments with antidepressants which were started in the period 1991–96 (N=1034). For the treatments started in 1995, medical records were surveyed for indications and outcome utilising operational criteria (N=171).

Results: The incidence of antidepressant treatment in the population increased 1991–96 from 0.76% to 1.33%. The prescriptions for SSRIs and TCAs were iterated to allow for 6 months of treatment (as recommended) in 42% respective 27% of the cases ($p<0.001$). The prescriptions were aimed for treatment of depression in 82% and 23% of the cases ($p<0.001$). Among the depressed patients, positive effects of the medication were reported by 65% and 30%, respectively ($p<0.05$). A successful treatment of depression, defined as a reported positive effect and iterated prescriptions for at least 6 months, was found in 41% and 20% of the SSRI and TCA cases respectively (NS).

Conclusions: The increased use of antidepressants (foremost SSRIs) appears rational, suggesting improved treatment of depressed individuals.

P46.15

Cognition in elderly schizophrenic patients: risperidone vs olanzapine

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In an 8-week, double-blind, randomized study, elderly patients with schizophrenia were assigned to flexible doses of risperidone (1–3 mg/day) or olanzapine (5–20 mg/day). Cognitive tests were administered at baseline, week 4, and week 8. Patients who completed one or more postbaseline cognitive tests were included in the analysis. Significant improvements at endpoint in the Serial Verbal Learning Test trials 1 to 3 occurred in both groups, but only the risperidone group showed significant improvements ($P<0.05$) in the Verbal Fluency Examinations and Trail Making Test B. Although no significant changes occurred in the Continuous Performance Test or Wisconsin Card Sorting Test, there was no decline in cognitive function at any time point in either group. The side effect profile was similar in the 2 groups. It is concluded that after only 8 weeks, and at appropriate doses, both risperidone and olanzapine were associated with improved cognitive function in elderly patients with schizophrenia. Risperidone appeared to provide wider ranging significant improvements in cognitive function compared with olanzapine.

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Effect of smoking status on olanzapine-induced weight gain in psychosis

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Smoking theoretically reduces medication-induced weight gain because of increased energy expenditures. Data from two trials of olanzapine and risperidone were examined to determine weight gain in smokers and nonsmokers among the 492 adult (18–64 years) and elderly patients (65+ years) with schizophrenia or schizoaffective disorder. Body weight (BW) and body mass index (BMI) at baseline and after 8 weeks of treatment were evaluated. Olanzapine use was associated with similar weight gain in smokers and nonsmokers (BW increase: adults, 3.9 vs 3.8 kg; elderly, 1.2 vs 1.3 kg, respectively; BMI increase: adults, 1.3 vs 1.4; elderly, 0.4 vs 0.5, respectively). In contrast, risperidone-treated patients displayed physiologically expected differences between smokers and nonsmokers (BW increase: adults, 1.8 vs 2.5 kg; elderly, 0.1 vs 1.1 kg; BMI increase, adults, 0.6 vs 0.8; elderly, 0.1 vs 0.4). The results suggest that olanzapine-related metabolic effects may overpower the physiologic bias towards weight loss usually observed in smokers.

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