**Methods:** Retrospective and follow-up analysis of psychotic patients hospitalized in the Psychiatric Ward of the Hospital de Conxo (1998-2005).Three groups of patients:with Oral neuroleptics(170), with Depot typical neuroleptics (238),with Long-Acting Risperidone(60);and comparison based on treatment maintenance.

**Results:** Males,day-to-day living with the family of origin and single status are predominant in all three groups,although in a higher proportion in the Long-Acting Risperidone one(75,71 and 85%respectively).Only 7% of the patients with Long-Acting Risperidone completed their university studies,62% were pensioners.The average duration of hospitalization periods is 21 days for the patients with Long-Acting Risperidone,23.3 days in the Oral group,29.5 days in the Depot group.The main cause behind re-hospitalization is the lack of compliance(68% in Depot group),whilst after the introduction of Long-Acting Risperidone,no compliance rate is 59%.If we compare the number of hospitalizations/year of the patients with Long-Acting Risperidone,before and after its introduction,the rate is reduced significantly from 0.89 to 0.73.

**Conclusions:** Despite the fact that patients treated with Long-Acting Risperidone show a more seriously ill condition and less social capacity,they have less need for hospitalization than patients treated with Depot neuroleptics.Median lengths of stay were shorter than patients in the other two groups,and are less re-hospitalized after the introduction of this treatment.

## P107

Belgian schizophrenia outcome survey (SOS)

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**Objective:** SOS compared during 2 years medical costs in Belgian out-patients with schizophrenia.

**Methods:** Patients older than 18 and stabilized with haloperidol(H), olanzapine(O) or risperidone(R) monotherapy entered this observational study at discharge from the hospital.

**Results:** Of 323 patients included, 68% (219/323) completed the study (H59% (19/32), O66% (99/149), R71% (101/142)). In the R group were more first episode patients (H6%, O17%, R27%). H patients were more chronic with more previous hospitalizations.

Treatment continuation (no drop out, without medication change or addition) was 31%(H), 50%(O) and 43%(R). The mean dosages were H 8.9 (±9.6), O 14 (±6) and R 4.2 (±1.9) mg/day. Two years medical costs were H 30484 € (± 36332), O 20897 € (± 27863), R 20916 € (± 31776) (NS)

The CGI improved during the first 3 months and then remained stable. The percentage of patients with at least 1 EPS at the last visit was: H66%, O35% and R39% (p=0.005) and at least 1 sexual/reproductive problem was H69%, O40%, R44% (p=0.013). Weight gain was H 0.53 ± 5.0, O 3.3 ± 8.3 and R 3.2 ± 8.4 kg.

**Conclusion:** Even in this group of stabilized patients, treatment continuation was poor: in only 1 out of 3 haloperidol patients, treatment was not changed during the 2 years follow up. The fewest treatment change was in the olanzapine group (1 out of 2). Treatment cost was not significantly higher in the haloperidol group and similar in olanzapine and risperidone group as hospitalization was the main cost driver.

## P108

Randomised, placebo-controlled, relapse-prevention study with once-daily quetiapine sustained release in patients with schizophrenia

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**Aim:** A randomised study (D1444C00004) to show superior relapse prevention with quetiapine sustained release (SR) versus placebo.

**Methods:** 327 patients with schizophrenia were switched to open-label, once-daily quetiapine SR dosed at 300 mg on Day 1, 600 mg on Day 2, then 400-800 mg for a 16-week stabilisation period. Stable patients (clinically and by dose) were randomised (n=197; double-blind phase) to either quetiapine SR (400-800 mg/day) or placebo. Primary endpoint: time from randomisation to psychiatric relapse (hospitalisation for worsening schizophrenia, PANSS increase ≥30%, CGI-I score ≥6, or need for additional antipsychotics). An independent Data Safety Monitoring Board (DSMB) monitored the study. Planned analyses: interim, after 45 and 60 relapses (to permit termination if a significant treatment difference in primary endpoint was observed); final, after 90 relapses.

**Results:** Early termination occurred after the first interim analysis (following DSMB recommendation) as quetiapine SR (mean dose 669 mg/day; mean randomised-treatment period 4 months) was significantly superior to placebo for time to relapse: HR 0.16 (95% CI 0.08, 0.34; p<0.001). Numbers (%) of relapses were: 9 (10.7%), quetiapine SR; 36 (41.4%), placebo (interim ITT population). Estimated relapse rate at 6 months was: 14.3%, quetiapine SR; 68.2%, placebo (difference 54% [95% CI 42.5, 65.4; p<0.001]). Incidence of: treatment-related AEs 18% (quetiapine SR), 21% (placebo); total EPS-related AEs 1.1% and 1%, respectively. One patient in each group withdrew due to AEs.

**Conclusion:** Once-daily quetiapine SR (400-800 mg/day) was effective versus placebo in preventing relapse in patients with clinically-stable schizophrenia and was well tolerated during longer-term use.

## P109

Contributions of psychopatology and cognitive impairment to social functioning in patients with schizophrenia

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Social and cognitive functioning are often impaired in patients with chronic schizophrenia, and contribute to the illness poor outcome. Relationships between social functioning, psychopathology and cognitive deficits have not been clarified yet.

In the present study the amount of social functioning variance explained by psychopathology and cognitive deficits was investigated in 88 subjects with chronic schizophrenia or schizoaffective disorder. A comprehensive neuropsychological battery was used to assess general cognitive abilities, attention, secondary verbal and visuospatial memory, verbal fluency and executive functions. Psychopathological dimensions were derived from scores on Andreasen's scales for negative and positive symptoms. Social functioning was investigated by the ''Assessment of Disability'' interview.

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