By the other hand, taking drugs and links between violence and disease are considered as a less important problem by the schizophrenic patients.

P080

Comorbidity of schyzophrenia and disorders due to psychoactive substance use

M. Perez Garcia, S. Martinez Formoso, M. Tajes Alonso, M. Paramo Fernandez. *Department of Psychiatry, Hospital de Conxo, Santiago de Compostela, A Coruña, Spain*

Introduction: The concurrence of psychoactive substance use and schizophrenia is important in its effect on therapeutic responses and patient prognosis. The prevalence of these disorders depends on the methodology used:retrospective studies and those in which drug consumption information was not collected in a structured way present a prevalence of disorders due to substance use between 3-22%.When this information is gathered systematically, the prevalence goes up to 30-50%. Between the variables that predict a high risk of disorders due to substance use we found: young adult male, first hospital admittance at a young age, greater frequency of hospital re-admittance, better previous social adaptation to the disease and higher frequency of violent and impulsive behaviour.We try to determine the association of sociodemographic variables and the prevalence of disorders due to substance use.

Methods: 331 schizophrenic patients admitted to the Psychiatric Ward of Conxo Hospital.Among these subjects, determination was made of the existence of comorbid disorders due to substance use.A descriptive analysis was carried out based on categorical variables using SPSS.

Results: 23 patients presented comorbidity(7%).The overall sample of schizophrenic subjects consisted of 93% males, however, the subjects with comorbidity were 100% male.With respect to marital status, there were a greater proportion of single patients with comorbidity(95%).There was a higher proportion of institutionalized patients in the group with comorbidity and a lower level of education. The comorbid group included more subjects who were unemployed.

Conclusions:schizophrenic patients with comorbidity are single men with poor social capacity.Iťs important that we collet the drug consumption information by structured way.

P081

Intramuscular aripiprazole for the treatment of acute agitation associated with schizophrenia: Sub-analysis of a double-blind, controlled, dose-ranging study

D.A. Oren [1], G. Manos [1], O. Markovic [2], R.D. McQuade [3]. [1] *Bristol-Myers Squibb Company, Wallingford, CT, USA* [2] *Bristol-Myers Squibb Company, Prague, Czech Republic* [3] *Otsuka Pharmaceutical Co Ltd., Princeton, NJ, USA*

Background and aims: To evaluate efficacy and safety of intramuscular (IM) aripiprazole and IM haloperidol in patients with acute agitation associated with schizophrenia.

Methods: Patients (n=232) were randomized to IM aripiprazole 1-mg (0.5 ml of a 2-mg/ml solution), 5.25-mg (0.7 ml of a 7.5-mg/ml solution to approximate 5-mg), 9.75-mg (1.3 ml of a 7.5-mg/ml solution to approximate 10-mg), or 15-mg (2.0 ml of a 7.5-mg/ml solution), IM haloperidol 7.5-mg (1.5 ml of a 5-mg/ml solution) or IM placebo. Over 24 hours, patients received up to three injections, administered ≥2 hours apart. Primary endpoint was mean change from baseline in Positive and Negative Syndrome Scale Excited Component (PEC) score at 2 hours. Secondary endpoints included CGI-I, CGI-S and ACES scores.

Results: Mean PEC improvements at 2 hours were significantly greater with IM aripiprazole 5.25-, 9.75- and 15-mg, and IM haloperidol versus IM placebo (Table). Compared with IM placebo, mean improvements were significantly greater in CGI-S with IM aripiprazole 9.75- and 15-mg, and in ACES with IM aripiprazole 9.75-mg and IM haloperidol (Table). Mean CGI-I was significantly better with IM aripiprazole 5.25-, 9.75- and 15-mg, and IM haloperidol versus IM placebo (Table). Overall, IM aripiprazole was well tolerated, with fewer extrapyramidal side effects versus IM haloperidol.

Conclusion: IM aripiprazole 9.75-mg is effective and well-tolerated for acute agitation associated with schizophrenia.

Mean score	IM placebo (n=39)	IM aripiprazole 1-mg (n=30)	IM aripiprazole 5.25-mg (n=30)	IM aripiprazole 9.75-mg (n=30)	IM aripiprazole 15-mg (n=44)	IM haloperidol (n=43)
PEC						
Baseline	19.5	18.9	19.1	19.0	19.2	18.7
Change	−4.8	−4.9	−6.9*	−7.8**	−6.9*	−7.3*
CGI-S						
Baseline	4.9	4.8	4.8	5.1	4.8	4.8
Change	−0.6	−0.5	−1.0	−1.1*	−1.1*	−1.0
ACES						
Baseline	2.1	2.1	2.2	2.2	2.1	2.1
Change	+1.0	+0.8	+1.2	+1.8**	+1.3	+1.7*
CGI-I	3.4	3.3	2.7***	2.7**	2.7**	2.7***

*p≤0.05; **p≤0.01; ***p≤0.001 vs. IM placebo

P082

Transitioning from intramuscular (IM) to oral aripiprazole in patients with schizophrenia

D.G. Daniel [1], O. Markovic [2], D. Crandall [3], G. Manos [4], R.D. McQuade [5], R. Gutierrez-Esteinou [6], A. Pikalov [7], D.A. Oren [4]. [1] *Bioniche Development, Inc., McLean, VA, USA* [2] *Bristol-Myers Squibb Company, Prague, Czech Republic* [3] *Bristol-Myers Squibb Company, Plainsboro, NJ, USA* [4] *Bristol-Myers Squibb Company, Wallingford, CT, USA* [5] *Otsuka American Pharmaceutical Inc., Princeton, NJ, USA* [6] *Bristol-Myers Squibb Company, Princeton, NJ, USA* [7] *Otsuka America Pharmaceuticals Inc., Rockville, MD, USA*

Aim: Assess the effectiveness and safety of transitioning patients with acute schizophrenia from IM to oral aripiprazole.

Methods: 360 agitated patients (18-69 years) with PANSS Excited Component (PEC) total scores 15-32 and ≥4 on at least 2 PEC items, were randomized to ≤3 IM injections of aripiprazole 10 mg or haloperidol 6.5 mg within 24 hours. Patients (n=304) were transitioned to oral formulations (aripiprazole 10-15 mg/d or haloperidol 7-10 mg/d) for 4 days. Patients were assessed using PEC, Clinical Global Impression-Improvement (CGI-I), and Clinical Global Impression-Severity of Illness (CGI-S) Scale scores, as well as the Agitation Calmness Evaluation Scale (ACES), and the Corrigan Agitated Behavior Scale (CABS). Mean changes from baseline (last value obtained during IM treatment) to endpoint (Day 5, LOCF)

https://doi.org/10.1016/j.eurpsy.2007.01.397 Published online by Cambridge University Press