Methods: e-STAR is a secure web-based, international, long-term (1 year retrospective and 2 year prospective) ongoing observational study of schizophrenia patients who initiate a new antipsychotic drug during their routine clinical management. Data reported here are for patients enrolled to date in B, S and A who had information available about the use of concomitant medication at baseline and at 6 months after the start of RLAI.

Results: Of 1,605 evaluable patients (B, n=180; S, n=919; A, n=506), 73.7% received concomitant non-antipsychotic medication at baseline. This proportion had reduced to 60.3% at 6 months after the start of RLAI (82.2% to 71.7% for B, $p<0.001$; 72.8% to 54.8% for S, $p<0.001$; 72.3% to 66.2% for A, $p=0.01$). Reductions between baseline and 6 months were overall: for anticholinergics 29.4% to 17.0% and for antidepressants 22.9% to 19.3% (each $p<0.05$ for B; $p<0.001$ for S); for mood stabilisers 17.6% to 15.8% ($p=0.01$ for S); for benzodiazepines 48.9% to 39.0% ($p<0.001$ for S; $p=0.002$ for A); for somatic medication 16.9% to 16.0%. Conclusions. Following the start of RLAI, the use of concomitant non-antipsychotic medication for the management of symptoms associated with schizophrenia or its treatment declined significantly at 6 months compared to baseline.

P057

Substance abuse (SA) does not compromise significant improvements in spanish patients with schizophrenia treated with risperidone long-acting injection (RLAI)

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Objectives: To determine if there are differences in 6 month outcomes in schizophrenia patients with and without a history of SA treated with RLAI.

Methods: Spanish patients enrolled in e-STAR, a secure web-based, ongoing, international, long-term observational study of schizophrenia patients, who initiated RLAI have been followed up for 6 months.

Results: Of 1,107 patients enrolled to date 40.1% had a history of SA, including alcohol, prescription medication, and recreational drugs. More males in the SA group (82.2%) than the non-SA group (49.3%); mean age 35.7 and 40.4 years, mean duration of illness 11.7 vs 13.9 years, respectively. At 6 months 92.3% of SA and 94.7% of non-SA patients were continuing RLAI. Baseline mean Clinical Global Impression-Severity (CGI-S) scores were similar (SA 4.77, non-SA 4.63) and 59.0% of SA and 55.0% of non-SA patients had a baseline CGI-S score of 5-7 (marked-very severe illness). At 6 months CGI-S scores had reduced significantly in each group (SA 3.97, non-SA 3.83; both $p<0.001$ vs baseline) and the proportion with CGI-S scores of 5-7 fell to 27.3% of SA and 22.9% of non-SA patients. Mean Global Assessment of Functioning scale scores significantly improved between baseline and 6 months in each group; SA 46.6 to 56.5, non-SA 46.8 to 56.6 (both $p<0.001$). Significant reductions in use of concomitant medication in both groups ($p<0.001$) accompanied these clinical improvements.

Conclusion: Although a history of SA may predict poorer outcomes in schizophrenia, SA patients treated with RLAI are similarly compliant and improve equally well as non-SA patients.

P058

Improvements in illness severity and functioning in Australian schizophrenia patients treated with risperidone long-acting injection (RLAI) for 12 months

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Objectives: An interim analysis of 1 year outcomes in schizophrenia patients enrolled in e-STAR in Australia and treated with RLAI continuously for 12 months.

Methods: e-STAR is a secure web-based, international, long-term (1 year retrospective, 2 years prospective) observational study of schizophrenia patients who initiate a new antipsychotic drug during their routine clinical management.

Results: Currently, 315 patients have received RLAI continuously for 12 months; mean age 39.6 years, 68.9% male, mean duration of illness at baseline 11.8 years. Mean Clinical Global Impression Severity (CGI-S) scores at baseline (4.6) decreased significantly at 3, 6 and 12 months (n=284) (4.0, 3.7, 3.7, respectively; all $p<0.001$ vs baseline) indicating a reduction in illness severity from moderately-marked to mildly-moderate at month 3 and maintained to 1 year. The proportion of patients with CGI-S scores of 1–3 (not ill to mild severity) increased from 12.7% at baseline to 40.8% at 12 months ($p<0.0001$). Mean Global Assessment of Functioning (GAF) scale scores improved from 41.7 at baseline (serious impairment) to 56.7 (moderate impairment) at 12 months with improvements evident from month 3 after the start of RLAI ($p<0.001$ for both timepoints). Other significant improvements included fewer hospital stays ($p<0.001$) and rehospitalisations ($p<0.001$), reduced suicidal ideation ($p=0.008$) and violent behaviour ($p=0.03$), and decreased use of concomitant psychiatric medication.

Conclusions: These interim data show that a significant degree of clinical improvement and reduction in hospitalisation occurs early at 3 months in patients treated with RLAI and is maintained with continued treatment over 12 months.

P059

Duration of untreated psychosis and stigma in psychotic patients - a family view

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Background: Longer DUP (duration of untreated psychosis) is associated with poorer outcome in schizophrenia. Factors unrelated to disease pathology (socioeconomic status, availability of care, recognition of illness and stigma) may contribute to DUP.

Aims: Investigating the relation between DUP and fear of stigma in patients and their family members.

Methods and instruments: 38 patients(diagnosed by ICD X as F20-F29), treated at the Institute of Psychiatry,University Clinical Center in Belgrade and their family members(parents or siblings), were assessed through a questionnaire designed for the purpose of this cross sectional study. Data were obtained on fear of being stigmatized and first contact with psychiatrist (in patients) and stigmatization attitudes,estimated DUP,illness mode of onset,initial treatment mode,present evaluation of patients condition,adherence to therapy (in family members).

https://doi.org/10.1016/j.eurpsy.2007.01.373 Published online by Cambridge University Press