

Results: The non-compliance psychotic people have been the 100%. We have established a gender comparison finding differences between the analyzed variables. The most significant results are presented in the tables and graphics. We emphasize the category with the greatest percentage *n* in each variable.

Conclusions: We need make more profound study of the knowledge of the therapeutic non-adherence, that have constituted a socio-health trouble.

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Acceptability and impact of partial smoking ban, followed by a total smoking ban in a psychiatric hospital

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Background and aims: To assess the impact of a partial smoking ban followed by a total smoking ban in a psychiatric hospital in Switzerland. In this hospital in 2003, smoking was allowed everywhere except in bedrooms and dining rooms. In 2004, smoking was prohibited everywhere except in closed smoking rooms. In 2006, smoking rooms were suppressed and smoking was prohibited everywhere inside hospital buildings.

Methods: Patients and staff were surveyed in 2003 (*n*=106), 2004 (*n*=108), 2005 (*n*=119) and 2006 (*n*=134).

Results: Most participants (55%) answered that the total ban was too strict and preferred the partial ban. Self-reported exposure to environmental tobacco smoke (ETS) improved in dining rooms, corridors and offices after the partial smoking ban and further improved after the total ban. Exposure to ETS in bedrooms improved after introduction of the partial ban, but was not further improved by the total ban. Among patients, more smokers reported having made a quit attempt during their hospital stay after (18%) than before the total smoking ban (2%, odds ratio=10.1, *p*=0.01), and more smokers said that hospital staff gave them nicotine replacement medications after (52%) than before the total ban (13%, odds ratio=7.6, *p*<0.001).

Conclusions: The partial smoking ban decreased exposure to ETS and the total ban further improved the situation, even though neither the partial nor the total bans were strictly enforced. The total ban increased the proportions of smokers who made a quit attempt and received nicotine medications.

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Characteristics of the handling of amisulpride in a brief internment unit

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Background and aims: Knowing the use profile of amisulpride, as well as information about its effectiveness and resistance in our environment.

Methods: Open and prospective study of a sample of 40 patients treated with amisulpride during their admission at hospital. We will note the following variables: age, sex, diagnosis, seriousness level in admission / discharge (measured through the BPRS scale), dose, concomitant medication, side effects, suspension reason, if any, and time at hospital.

Results: We show the results of the studied variables, noticing the efficacy of the medicine in the symptomatological control of different

disorders, specially schizophrenia. Furthermore, we have information about its resistance and about the medications, with what it is more frequently associated.

Conclusions: We can conclude, on the basis of the obtained results, that amisulpride is effective and well resisted in the greater part of the cases.

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The impact of total calories and fat content on steady-state serum ziprasidone concentrations in patients receiving oral ziprasidone

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Food increases the bioavailability of ziprasidone. This study explored the effect of calorie intake and fat content of food on ziprasidone bioavailability in a randomized, 6-way crossover study in 15 patients taking oral ziprasidone 80 mg bid as their standard antipsychotic therapy. There were 6 randomized meal conditions (fasted, low-calorie/low-fat, low-calorie/high-fat, medium-calorie/high-fat, high-calorie/low-fat, and high-calorie/high-fat); each crossover period was separated by at least 3 days for washout of the previous meal condition. Serial blood samples were obtained over the 12 hours post-dose. Pharmacokinetic parameters were calculated by noncompartmental methods. Maximum exposures were observed with medium-calorie and high-calorie meals and were about twice that observed under fasting conditions. The medium-calorie meal (ie, 500 calories) was associated with exposures within approximately 5% (within the equivalence limits of 90% CI) of the high-calorie meals (1000 calories). Low-calorie meals (250 calories) were associated with exposures that were substantially lower (approximately 60% to 90% lower) than those of medium-calorie and high-calorie meals, and approached exposures seen under fasting conditions. The ziprasidone exposures under medium-calorie and high-calorie meals had less variability than those of under low calorie and fasting conditions. In conclusion, ziprasidone exposure did not vary with the fat content (high or low) of a meal and a medium-calorie meal produced near maximal exposures.

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It is a correlation between the pharmacological heterogeneity and clinical effect of atypicals?

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The second generation of antipsychotics (SGA) are an pharmacological heterogeneous group which is characterized by superior efficacy on the negative, positive, affective and cognitive symptoms of schizophrenia. If this group is psychopharmacological different it is to anticipate a different clinical efficacy on the four clinical dimensions of schizophrenia. This allow an individual use of them. The clinical experience shows that it is a correlation between the SGA mechanism of action, clinical efficacy and side effect profile. Amisulpride has an ultraselected antidopaminergic mechanism is correlated function of dose with a higher efficacy on positive and negative symptoms. Multi-acting receptor targeting antipsychotics (e.g. Olanzapine, Quetiapine) have a similar clinical efficacy on the positive, negative and affective symptoms but they have an individual risk of side effects appearance (e.g. weight gain, diabetes, QTc interval prolongation). Ziprasidone is a particular SGA with antagonist effect on r.5-HT_{2A},