

## Poster Session 1

### Sunday, 18 March—Monday, 19 March 2007 Poster Session 1: SCHIZOPHRENIA AND OTHER PSYCHOSIS

#### P001

Evaluation of compliance with mems in schizophrenic patients and its relationship with clinical and psychopathological variables. Preliminary data

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**Background:** Among schizophrenic patients, prevalence of non-compliance is 25–40%, and it is the most important factor for relapse and bad outcome. MEMS provides of a more precise tool for compliance monitoring than other systems.

**Aims:** 1. To evaluate compliance in schizophrenic outpatients and its relationship with clinical and psychopathological variables. 2. To evaluate the degree of agreement between compliance estimated by psychiatrist, family and patients with ‘real’ compliance. 3. To evaluate psychopathological differences between patients treated with oral antipsychotics (APs) and long-acting injectable (LAI) or depot APs.

**Methods:** Data concerning clinical variables, psychopathology (insight, psychotic, negative and general psychopathology symptoms), and compliance with treatment (information reported by psychiatrist, caregiver and patient) are recorded. In patients treated with LAI/depot APs, reasons for instauration is also recorded. Compliance of oral APs is evaluated through MEMS, with a follow-up period of three months. Statistical analysis will be performed with the appropriate tests (Pearson’s correlation coefficient, T-Student tests and ANOVA test).

**Results:** To date, 106 patients have been recruited. 77 patients are treated with oral APs (with or without LAI/depot APs) and 29 are receiving only LAI/depot APs. The reasons of instauration of treatment with LAI/depot APs was confirmed non-compliance (24 pat.), suspected non-compliance (3 pat.) and ‘posological comfort’ (2 pat.).

**Conclusion:** To date, few studies have investigated compliance in schizophrenic patients through MEMS. Identification of variables related to non-compliance seems very relevant in order to establish preventive strategies.

#### P002

Factors associated to persistence of negative symptoms in psychotic patients: Results from the CLAMORS study

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**Background and aims:** This study assessed the factors associated to persistence of negative symptoms in patients treated with antipsychotics.

**Methods:** A retrospective, cross-sectional, multicenter study was carried out by 117 Spanish Psychiatrists (The CLAMORS Collaborative Group). Consecutive outpatients meeting DSM-IV criteria for Schizophrenia, Schizophreniform or Schizoaffective Disorder, under antipsychotic treatment for at least 12 weeks, were recruited. Negative symptoms were assessed using the PANSS scale (1-blunted affect; 2-emotional withdrawal; 3-poor rapport; 4-social withdrawal; 5-abstract thinking; 6-verbal fluency; 7-stereotyped thinking). Persistence of a negative symptom was defined by severity score >3. Multivariate logistic regression models were applied including gender, age, civil status, work situation, BMI, time on antipsychotic treatment and dose, CGI and Total and Positive PANSS scores, cardiovascular risk by SCORE (10-year death) and Framingham (10-year all CV events) equations and Metabolic Syndrome.

**Results:** 1452 evaluable patients (863 men, 60.9%), 40.7±12.2 years (mean±SD) were included. Negative symptoms (one or more) were presented in 60.3% of patients. All negative symptoms were associated to worst clinical severity (higher CGI and Total PANSS scores). Negative symptoms were also associated to gender (symptoms 4), age (symptoms 1,2,4,5), civil status (symptoms 2,4), work situation (symptoms 3,4,5), time on antipsychotic treatment (symptoms 1,2,3,6,7), and dose (symptom 2).

**Conclusions:** Persistence of negative symptoms plays an important role in patients treated with antipsychotics, being all of them associated to clinical severity but also to other sociodemographic and time and dose with current antipsychotic treatment.

On behalf of the CLAMORS Collaborative Group.

#### P003

Mental health and dental health: Severe and chronic mental disorders and odontostomatological health. Clinical and care implications

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People with severe and chronic mental disorders, as schizophrenia, may have a poor dental health, with a high incidence of advanced dental disease compared with the general population. There are several possible causes, including the impaired ability to plan and perform oral hygiene procedures, adverse effects of psychiatric drugs (dry mouth), bad dietary habits or limited access to treatment because of lack of financial resources or other causes. Mental health professionals frequently neglect the importance of a good oral health, and dental care, treatment and prevention strategies are not usually included in care and rehabilitation plans.

The aim of the present study is to examine the dental health status of a sample of community, not hospitalized people with severe and chronic mental disorder, and at least two year of pharmacologic treatment.

**Method:** A sample of 60 patients receiving care in community mental health services (day hospital) has been evaluated using the DMF-T index (number of carious, missing and restored teeth) and the CPITN (Community Periodontal Index of Treatment Needs). The sample has been compared with a control group selected to match the study group by age and gender.

**Results and Conclusions:** Oral and dental health status of people with chronic and severe mental disorders seems to be significant worse than that of the general population. This can have clinical and social implications in their general health, stigma and social acceptance. Mental health services must be aware and make efforts to detect this problem and to facilitate treatment and preventive strategies.

## P004

Neuropsychology of schizoaffective disorders

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**Background and aims:** Schizoaffective disorders have a long history and are clinically relevant, but their concept is still uncertain. Cognitive and neuropsychological functioning is impaired in acute illness, but deficits are obvious even during remission. The aim of this study was to evaluate the cognitive status of remitted schizoaffective patients.

**Methods:** 32 remitted patients diagnosed to have schizoaffective disorder underwent neuropsychological testing: MWT-B, TMT, VLMT, WMS-R, D2 and proactive interference. The results were compared with a sample of 38 bipolar patients.

**Results:** The scores of schizoaffective patients were under the average in all of the applied instruments. The patients had lower results compared to the group of bipolar patients.

**Conclusions:** Even in remission patients with schizoaffective disorder have neurocognitive deficits. Compared to healthy probands or bipolar patients cognitive flexibility, concentration and memory is worse.

## P005

Aripiprazole in child and adolescent psychiatric disorders: Effectiveness preliminary report

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**Introduction:** The primary objective of this FDA-requested study was to examine the tolerability/safety and pharmacokinetics (PK) of 20 mg,

25 mg, and 30 mg per day of aripiprazole in children and adolescents, ages 10-17. Effectiveness of aripiprazole was also assessed in this patient population, and is described as the focus of this poster.

**Methods:** This was an open-label, 26-day, multi-center, sequential cohort, dose-escalation trial. Twenty-one (21) children and adolescents, aged 10 to 17 years old, were enrolled. Preferential enrollment was given to patients with schizophrenia or bipolar illness; however, other psychiatric diagnoses were also permitted. Fifty-seven percent (57%) of patients were diagnosed with bipolar disorder; 24%, Tourette's disorder; and 5%, schizophrenia, PDD, OCD, or conduct disorder. Patients started on a dose of aripiprazole 2 mg/day. Three cohorts reached final doses of 20, 25, or 30 mg/day over a maximum of 12 days and maintained that dose for an additional 14 days. Effectiveness was assessed using the CGI-Severity and CGI-Improvement scales.

**Results:** Eighty-five percent (17/20) of the patients were "much improved" or "very much improved" at study endpoint (CGI-I).

### Conclusions:

- Effectiveness of aripiprazole at doses of 20-30 mg/day is demonstrated in this child and adolescent patient population
- Observation of clinically meaningful improvement of global symptoms supports systematic evaluation in pediatric/adolescent disorders

## P006

A long term group for patients with psychosis in partial remission

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**Objective:** Three years of group work for outpatients with psychosis was evaluated.

**Methods:** A small group of 6 to 8 medicated patients is run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications is used.

**Results:** Better control and differentiation of the psychotic symptoms, emotions and improved social functioning were observed. Group cohesiveness has developed very slowly. With its progression, we observed more honest and open conversation about symptoms and real life problems. Several therapeutic group factors are important for diminishing stigma. The members, who entered the group by their parent's request dropped-out more frequently. Group members were able to manage transient worsening of their psychosis in an outpatient care. The most frequent topics discussed were: psychotic symptoms and medication, interpersonal relations, stigma.

**Conclusion:** Long term group work has important short and long term effects on quality of life, compliance with treatment, social functioning and stigma reduction. Patients should be intrinsically motivated and well prepared for group work.

## P007

The importance of long term group therapy for diminishing the stigma of patients with psychosis

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**Objectives:** Psychosis is a highly stigmatised condition. Our clinical experience with long term groups of patients with psychosis have shown that long term group therapy has an important destigmatising role.