

Method: A 43 patients group, 30 male and 13 female, mean age 42.1, admitted during an acute phase of chronic schizophrenia (DSM-IV-TR), were distributed on flexible dose of olanzapine (N=12) 10-20 mg/day, aripiprazole (N=11) 15-30 mg/day, risperidone (N=10) 4-8 mg/day or haloperidol (N=10) 10-20 mg/day. Weight, fasting glucose and HDL-cholesterol were weekly monitored during the first month and monthly after that. Inclusion criteria: baseline glucose and HDL-cholesterol levels within normal range. Exclusion criteria: familial history of diabetes mellitus or obesity.

Results: Regarding the weight gain, the safest antipsychotic is aripiprazole (+0.4+/-0.2 kg at endpoint), followed by haloperidol (+1.9+/-0.2 kg), while olanzapine (+5.6+/-1.1 kg) and risperidone (+3.4+/-0.5 kg) are less tolerated. The glucose level >125 mg/dl was observed at endpoint in 3 patients with risperidone, 6 with olanzapine, 2 with haloperidol. The HDL-cholesterol over 40 mg/dl (men) and over 50 mg/dl (female) appeared in 4 cases of olanzapine and 3 cases of risperidone treated patients.

Conclusions: There are quantitative differences in the level of weight gain, HDL-cholesterol and glucose level induced by antipsychotics. The safest antipsychotic agent is aripiprazole because it doesn't induce significant weight gain or other metabolic complications.

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Psychotic patients addicted to cannabis and other substances treated with risperidone long acting injectable: Follow-up and reintegration

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Background and aims: To investigate patients double diagnosed with psychosis and substance addiction (especially cannabis) treated with risperidone long-acting injectable (RLAI) for their psychosis: characteristics of treatment and psychosocial reintegration.

Methods: Adults with psychosis were changed to RLAI from their previous medication. Starting doses varied but most patients received 50 mg every two weeks. Patients were regularly followed-up by their psychiatrist from 6 months to more than 2 years after starting treatment with RLAI. A reintegration program adapted to the needs of each patient was started as early as possible with support from all available healthcare services of the department. This program focussed on family, social and professional reintegration.

Results: Of 60 psychotic patients, 27 patients (mean age 27.7±6.1 years) had a double diagnosis of psychosis and substance addiction (especially cannabis), and were enrolled in this follow-up study. After six months, 26 out of 27 patients had no relapse of substance addiction. Patients participating in the reintegration program were able to live with their family or at home (10 patients), undertake professional education courses (7 patients), or even return to their jobs (3 patients).

Conclusion: Treatment with RLAI has a positive effect on patients double diagnosed with psychosis and substance addiction (especially cannabis). The association with a reintegration program adapted to the needs of each patient must be started early and maintained for as long as possible in order to have a good clinical outcome, positive impact on the addiction, improve compliance with treatment, and diminish the risk of relapse.

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Rhabdomyolysis associated with correction of hyponatremia and clozapine use in a patient with schizophrenia paranoid type

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Background and aims: Rhabdomyolysis is a common and potentially lethal clinical syndrome that results from acute muscle fiber necrosis with leakage of muscle constituents into blood. The authors report on a case of rhabdomyolysis in a 46-year-old patient with the diagnosis of schizophrenia paranoid type.

Case report: The patient was admitted with the symptoms of generalized seizure and vomiting; and as severe hyponatremia was proved, its correction with the parallel use of clozapine treatment was done. On the fifth day of his treatment muscle pain and asthenia occurred and creatinine kinase concentration increased to 52090 U/L without any symptoms of neuroleptic malignant syndrome. The course of illness was benignant, clozapine was stopped and during high-volume alkaline diuresis creatinine kinase concentration gradually returned to a normal range. After 6 months follow-up no recurrence of rhabdomyolysis was detected during olanzapine treatment; clinical and laboratory findings were normal.

Discussion: Rhabdomyolysis was associated with the rapid correction of hyponatremia after water intoxication caused by psychogenic polydipsia and was complicated by clozapine use.

Conclusion: The authors suggest that monitoring creatinine kinase is not necessary routinely by antipsychotic administration, but point at the importance of cautious correction of hyponatremia and of creatinine kinase monitoring beside atypical antipsychotic therapy when patients complain about muscular symptoms and suggest that switch to another atypical antipsychotic after an atypical antipsychotic induced rhabdomyolysis can be a cautious clinical strategy.

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Inpatient psychiatric treatment: EFFECT of organization on clinical outcome

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Background and aims: Organization of psychiatric services, availability of programs of care and different approaches to treatment influence actual clinical outcome. Psychiatric hospitals usually consist of different wards nad units, to and from which patients are directed inside an episode of inpatient treatment. The aim of the study was to get insight into actual movements of patients between different wards in a large University Psychiatric Hospital and relate these data to clinical outcome.

Methods: Hospital database was used as a source of data on patient movements and episodes of hospitalization. 2053 patient records were reviewed for clinical outcome data. Patients with three or more movements were diagnostically rechecked prospectively for the purpose of this study using ICD-10 research criteria. Appropriateness of treatment choice was assessed using patient treatment records.

Results: 1275 hospitalization episodes were reviewed. 35% of patients were moved between the wards three or more times. Within this group diagnostic discordance was noticed, that influenced changes in the treatment choice after each ward change.

Discussion: Discordance in diagnostic and treatment choices within same hospital but different wards influenced significantly the course of hospitalization as well as outcome of clinical presentations.

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Impact of staffs smoking status on attitude changes following a smoking ban in a Swiss psychiatric hospital

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The implementation of non-smoking policies in psychiatric hospitals is often a more challenging and controversial issue than in other settings. This may be particularly true in Switzerland, a country with a still rather permissive general attitude regarding tobacco smoking. Only recently general hospitals, and subsequently psychiatric hospitals, have begun to implement smoking bans.

Method: Setting: Two 16-bed inpatient units. Mean length of stay for patients: 10 days. Twenty-four members of the staff responded twice to an interview on cigarettes role in the psychiatric setting, two months before smoking ban implementation, and 3 month after the implementation. Participants' attitudes with regard to the role of cigarettes in the psychiatric setting were investigated.

Results: GLM models with repeated measures revealed that a general progression towards more restrictive attitudes was observed for both smokers and non-smokers. Non-smokers and ex-smokers, who, as could be expected, had in general more prohibitive attitudes than smokers, showed also a larger progression for most items toward more negative attitudes regarding cigarettes role in the treatment setting.

Conclusion: The implementation of a smoking ban reinforced the negative attitudes of non-smoking staff towards cigarettes role in the psychiatric setting, while smokers maintained their attitudes until 3 month after the implementation.

Poster Session 1: PERSONALITY DISORDERS

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The predictive value of saliva cortisol for remission of major depressive disorder

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Background and aims: Elevation of serum cortisol is found in many patients with major depressive disorder (MDD) and may be due to a chronic dysfunction in the feedback regulation in the Hypothalamic-Pituitary-Adrenal axis. Saliva cortisol is a valid indicator of serum cortisol. The predictive value of saliva cortisol for remission of depressive symptomatology was investigated.

Methods: Saliva cortisol was measured in a sub-sample (N=19) with unipolar MDD according to DSM-IV. Mean score on the Montgomery Aasberg Depression Rating Scale (MADRS) was 26.8 (standard deviation 3.7, range 22–32). At follow-up, two years later, mean

MADRS was 13.6 (SD 10.7, range 0–37). In a linear regression model, saliva cortisol at baseline was entered as independent variable and MADRS-score at follow-up as dependent variable.

Results: A significant correlation between the level of saliva cortisol at baseline and MADRS-score at follow-up was found (R=0.33, P=0.036). After adjustment for MADRS at baseline, the level of saliva cortisol explained 21% of the variance in MADRS at follow-up (P=0.018). After further adjustment for age, gender, and use of antidepressant medication, the model still produced significant results (R²=0.50, P=0.026).

Conclusions: Higher level of saliva cortisol is predictive of less improvement in depressive symptomatology over time in unipolar MDD. This finding is in line with a model in which higher secretion of cortisol is associated with a more chronic course in depression. It underlines the importance of biological correlates as predictors of outcome in psychiatric disorders.

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Olanzapine for the treatment of borderline personality disorder: A flexible-dose 12-week randomized double-blind placebo-controlled study

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Objective: We examined the efficacy and safety of flexibly-dosed olanzapine for the treatment of borderline personality disorder (BPD).

Methods: In this 12-week double-blind trial, patients 18–65 years of age with a diagnosis of DSM-IV BPD received olanzapine (2.5–20mg/day; N=155) or placebo (N=159). The primary efficacy measure was the change from baseline to last-observation carried forward endpoint (LOCF) on the Zanarini Rating Scale for BPD (ZAN-BPD) total score. Rate of response and time to response were also examined, with response defined as a >=50% reduction in ZAN-BPD total score.

Results: Mean baseline ZAN-BPD total scores were indicative of moderate symptom severity (olanzapine 17.01 vs. placebo 17.70, p=0.156). Both treatment groups showed significant improvements in overall symptom severity, based on mean changes from baseline to LOCF endpoint in ZAN-BPD total score, but did not differ in the magnitude of improvement at endpoint (olanzapine -6.56 vs. placebo -6.25, p=.661). Response rates did not differ between treatment groups (olanzapine 64.7% vs. placebo 53.5%, p=.062); however, time to response was significantly shorter for the olanzapine treatment group (p=.022). Treatment-emergent adverse events reported significantly more frequently among olanzapine-treated patients included somnolence, sedation, increased appetite and weight increase. Mean weight change from baseline to endpoint was significantly different for olanzapine- relative to placebo-treated patients (2.86vs. -0.35kg, p<.001).

Conclusions: Both the olanzapine- and placebo-treated patients showed significant but not statistically different improvement on overall symptoms of borderline personality disorder. The types of adverse events observed with olanzapine treatment were similar to those seen previously in adult populations.

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A dose comparison of olanzapine for the treatment of borderline personality disorder: A 12-week randomized double-blind placebo-controlled study