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Introduction: There is a subpopulation of schizophrenic patients sometimes referred to as “revolving door” patients due to the frequency of readmissions in psychiatric units. Substance abuse and noncompliance with medication are the most important factors related to frequency of hospitalization. It has been related also with the number of previous admissions.

Aims: To describe the profile of the “revolving door” schizophrenic patient.

Methods: This retrospective study examines demographic and diagnostic features of the patients who met criteria for schizophrenia and have been admitted in our brief hospitalization unit during 2005. 209 adult patients were included. We compared the data of patients with only one admission (n=132) with those who have been admitted two or more times (n=77) in the period of study.

Results: We detected a significative difference between the two groups in the number of previous hospitalizations. The group with one admission during 2005 had 3.75 previous hospitalizations (SD 5.34) vs. 6.37 previous hospitalizations (SD 5.75) for the group with two or more admissions during 2005 ($p<0.01$). No differences were found between the two groups about gender, age, the subtype of schizophrenia, substance abuse, the presence of another psychiatric illness, or the length of the stay.

Conclusions: Our study shows that the number of previous readmissions could be used as a main predictor of the risk of rehospitalization. This fact supports the results of other studies. However, we have not found the substance abuse as a predictor of earlier readmission, as other studies do.

P074

Challenges and options in the treatment of schizophrenia

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Background: When considering antipsychotic treatments for patients with schizophrenia, efficacy must be balanced against the side effects associated with each available treatment option. This balance of benefit versus risk in the choice of treatment should not exclusively depend on the clinical symptoms exhibited by each patient, but should also consider the individual's health and lifestyle characteristics.

Methods: A number of agents are available for the management of schizophrenia. To evaluate the advantages and disadvantages of the available antipsychotics, clinicians can use a number of variables to examine available data, such as numbers of patients in the study, the clinical relevance of the scales used to measure efficacy, and statistical significance. In addition, the clinician's evaluation may include a consideration of monitoring of various physiological parameters, which is a requirement with some antipsychotics.

Results: Good practice would dictate the regular monitoring of physical health needs as a matter of course, and may improve patient outcome. Monitoring of parameters such as weight gain, and dental health might enable a more effective relationship between clinician and patient. These physical health parameters might differentiate patients whose treatment is effective against symptoms and those whose

quality of life is being optimised. By drawing on the experience of clinicians, we considered which physical health parameters should be measured routinely, and which measures should be considered on an individual patient basis.

Conclusion: It is straightforward to combine individualised patient monitoring with antipsychotic and behavioural therapy and might increase the impact of treatments on patients' quality of life.

P075

Akathisia in schizophrenia patients treated with aripiprazole, haloperidol, or olanzapine - analysis of three double-blind, long-term trials

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Background and aims: Akathisia occurs less frequently in second generation antipsychotics (SGAs) compared to first generation antipsychotics (FGAs). This analysis was performed to quantify and qualify akathisia in schizophrenia patients receiving one of two SGAs, aripiprazole or olanzapine, or a FGA, haloperidol, in the first 12 weeks of treatment.

Methods: A post hoc analysis of the safety dataset was conducted to assess akathisia parameters in three double-blind randomized trials: a 52-week comparison of aripiprazole 30mg/d (n=859) versus haloperidol 10mg/d (n=431); and pooled data from two trials (26- and 52-week) comparing aripiprazole 15-30mg/d (n=504) and olanzapine 10-20mg/d (n=505).

Results: In the haloperidol comparative trial, akathisia was reported by 12.5% in the aripiprazole group and 24.1% in the haloperidol group. Akathisia occurred within the first 12 weeks after randomization in 89.6% of aripiprazole-related events and 92.5% of haloperidol-related events. In the olanzapine comparative trials, akathisia was reported by 10.7% of aripiprazole-treated patients and 6.1% of olanzapine-treated patients. Akathisia occurred within the first 12 weeks in 94.4% of aripiprazole-related events and 90.2% of olanzapine-related events. Akathisia was rated as mild or moderate by the majority of patients ($\geq 80\%$ of reports).

Conclusions: Consistent with previous reports, the FGA haloperidol was associated with higher rates of akathisia than the SGAs aripiprazole and olanzapine. Under double-blind conditions, for all antipsychotics, akathisia occurred early in treatment, was time-limited, and of mild to moderate severity. Contrary to previous reports, akathisia was not associated with high rates of discontinuation.

P076

A clinical trial with olanzapine in schizophrenia with allele variation of the DRD4 and maoa gene

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Objective: The aim of this study was to explore the treatment effect of olanzapine in the polymorphisms of MAOA and DRD4 VNTRs in schizophrenia.

Method: Over a 3-month period, 50 patients with schizophrenia were administered olanzapine (10–30mg). Treatment response was assessed by checking for improvement in psychotic symptoms as measured on the Positive and Negative Syndrome Scale Manual (PANSS Manual) and Brief Psychiatric Rating Scale (BPRS).

Results: The long form of MAOA demonstrated a better drug response for positive symptoms, and the short form of MAOA demonstrated a better drug response for aggression. There was a negative correlation between DRD4 VNTRs and improvement in general psychopathology. Both female patients and those with a shorter duration of the illness had a better response to olanzapine.

Conclusion: The results suggest polymorphisms of MAOA and the DRD4 gene, sex, and duration of illness may be useful response predictors in schizophrenia.

Keywords: olanzapine, MAOA polymorphism, DRD4 gene, schizophrenia.

P077

PSIC - early intervention community program for schizophrenia

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A community based early intervention program for schizophrenia developed by a psychiatric department in the suburbs of Lisbon is described. The program included treatment with psychotropic drugs, regular evaluations by a multidisciplinary community team (outpatient clinic and home visits), family interventions, psycho educational groups, individual psychotherapy, family and occupational therapy, and cognitive remediation intervention.

A group of 77 patients with a first episode of psychosis diagnosed between January 2001 and October 2006, and followed for no more than two years at first assessment was enrolled in the program. The patients were predominantly males (82%), single (94%), living with their parents (72.7%), and between 18 and 25 years old (53.2%). One third of the sample had 9 years of education, and 72.7% met ICD-10 criteria for schizophrenia, while 69% met DSM-III-R criteria for prodromic symptoms.

During follow-up 16 patients (20%) dropped out, 18.1% were admitted as inpatients during the first 6 months after the diagnosis (Phase II), and 15.5% in the following 18 months (Phase III). There was a decline in occupational/employment rates, mainly in the male gender. Most female patients had Duration of Untreated Psychosis (DUP) between 1-2 years and most male patients had a DUP higher than 2 years.

The protocol was useful in the development of a Multidisciplinary Community Team Intervention for the assertive follow-up of patients with a first episode of schizophrenia. Its main limitation is the lack of comparison with a standard care treated sample.

P078

An audit of risperidone long acting injection in clinical practice

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The aim of the audit was to assess whether risperidone long-acting injection (RLAI) was initiated according to recommendations and

to determine which factors might predict successful outcomes. The audit was conducted by an Innovex Nurse Adviser working with the Southern Health Board in Northern Ireland. All patients who had received RLAI during the past two years were eligible.

The audit sample consisted of 64 adult patients, with the primary diagnosis being schizophrenia (59%). Most patients (n=43) had been ill for five years or more, 16 were treatment-resistant. 97% of patients were out-patients at the time of the audit.

The primary reason for initiating RLAI was poor compliance with previous treatment (43%). At the time RLAI was initiated, 38 patients were hospitalized and of these 30 were discharged and being maintained on RLAI at the time of the audit.

The majority of patients (n=58) were initiated on 25mg RLAI. At the time of the audit, 52 patients were being maintained on RLAI, with 24 patients on 25mg, 15 on 37.5mg and 13 on 50mg. A total of 35 patients had been receiving RLAI for more than one year.

Of the 12 patients who discontinued, seven had been incorrectly initiated. Other potential reasons for discontinuation included treatment-resistance (n=3) and refusal and/or compliance concerns (n=8).

The treatment continuation rate in this audit suggests that RLAI is efficacious and well-tolerated by most patients. Patients who continue on RLAI long-term are less likely to be hospitalised.

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P079

What is the aim when the psychiatrist is treating a person suffering schizophrenia?

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Introduction: Attitudes and opinions of people about schizophrenia is very important in order to understand the true situation of the disease. It is necessary to manage the disease and developing good and realistic social and health politics addressed to fighting against the stigma and discrimination of people who suffer this disease.

Objective: Knowing the opinions of general people about schizophrenia using a survey.

Population: 2895 People have answered the survey. 57,2% men and 42,5% women. 71,8% are 20 to 40 years old. Most of them are Spanish (91,1%), but 6,5% answer from Latinamerica.

Material: A question about the schizophrenia is given in order to compare with other events schizophrenia-related: : stigmatized, relation with violence, difficulties for living with others; for working alone, need to take drugs, difficult to obtain close relations, difficulties to obtain a job and not to be account.

Méthodology: Survey have been in the mundosalud website (www.mundosalud.es) for free access from 01/06/2006 to 15/09/2006. Everybody is invited to answer and a friendly interface is used in order to make easy participate. No payment is made for answering. During 2006 this web have been visited by 120.000 citizens.

Results and Conclusions: The results established that the most important problem considered by the schizophrenic patients is the difficulty for finding a job and maintaining social and personal relations. Besides, stigmatization is noticed very important too.