Results: A total of 2583 patients (mean age: 41.05 ± 14.27 years), male: 57.2%) were recruited essentially from Psychiatric hospitals (48.6%), General hospitals (23.6%), and University hospitals (9%). Half of them were outpatients (45.8%), 41.5% inpatients, 8.1% in day hospitalization, 2.6% in emergency departments and 1.8% leaving the hospital. It was the first consultation in psychiatry for only 6% of the patients. The mean duration of the psychiatric follow up was 9.9 ± 9.53 years. At the time of the consultation, 45.4% of the patients were stabilized and 17.7% of them were relapsing.

According to DSM-IV, antipsychotic drugs were prescribed in 49.4% of the cases to patients with schizophrenia (paranoid: 27.8%; disorganized: 8.5%; residual: 6.8%; undifferentiated: 5.3%; catatonic: 1%), schizoaffective disorder (8.1%), shizophreniform disorder (4%), other psychotic disorder (11.3%), bipolar disorder (7.8%), depression (4.6%), and neurosis (4.3%). The prominent symptoms associated with the prescription of antipsychotic were delusion (30%), disorganization (10.8%), agitation (10.8%), negative symptoms (10.2%) and hallucinations (8.3%).

Co-prescription rate of psychotropic drugs were high: anxiolytics (52.1%), hypnotics (47.1%), anticholinergics (37.4%), antidepressants (36.5%), and mood stabilizers (23.8%)

Conclusion: These data underline that psychosis and mood disorders are the main illnesses associated with the prescription of antipsychotic drugs.

P02.336

ASSESSING THE IMPACT OF DELIVERING INFORMATION TO SCHIIZOPHRENIC PATIENTS: THE SOLEDUC PROGRAM

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Background: Delivering information to schizophrenic patients is supposed to inprove compliance with antipsychotic drugs but this hypothesis is only supported by little and controversial data with short term follow up.

Method: (i) From a survey conducted in French psychiatric hospital, schizophrenic patients' level of information on their disease and needs for further information were identified. (ii) Based on the results of the survey 7 modules were built explaining what is the disease, the way of taking care, the interest of the antipsychotic treatment, the potential adverse events, the evolution of the disease, the modality of follow up and the rehabilitation. (iii) A clinical trial assessing the impact of delivering information to schizophrenic patients has been setting up. Patients with paranoid schizophrenia (DSM-IV) were included in a multi-centric, randomized open study comparing a group of patients with a specific information to a control group. Patients will be assessed at D0, M3, M6, M12, M18 and M24, with the rate of hospitalization at 2 years as the main judgement criteria. The clinical evolution (Positive And Negative Symptoms Scale), the compliance (Rating Of Medication Influence), the quality of life (SF-36) and the patients' aptitude to rehabilitation (Social adjustment scale and Psychosocial Aptitude Rating Scale) will be also assessed.

Results: The content of the modules and the characteristics of the included population will be presented.

Conclusion: The results of this study which is part of a French educational program called Soleduc will authorize to determine a clear cut of recommendation for informing schizophrenic patients.

P02.337

USE OS ATYPICAL ANTIPSYCHOTICS IN THE EMERGENCY DEPARTMENT OF PSICHIATRY

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Current guidelines strongly suggest the use of atypical antipsychotics for the treatment of acute schizophrenia, but their use is greatly limited by the higher costs of these drugs compared to typical neuroleptics. To investigate the costs of atypical in the treatment of acute schizophrenia, we compared the activity in an emergency department both with and without the use of atypicals.

Methods: Compared have been two years: 1998 and 1999, being 1999 the period in which atypical have been used as first line therapy. The following have been analyzed: hospitalization lenght, turn-over index, drug utilization, drug dosage, drug cost. Data have been compared by t-student test, at a significance level of 0.05.

Results: The hospitalization lenght per patient, the total hospitalization period and the occupation index reduced in 1999 compared to 1998 (27.9 vs 17.6 days; 1231 vs 826 days, 112% vs 75%). Mean daily dose of risperidone and haloperidol were 7.3 (3.0 SD) and 4.8 (2.0 SD) mg. The mean hospitalization lenght was significantly shorter with risperidone than with haloperidol: 19.2 (9.8 SD) vs 32.2 (20.8 SD), $p = .005$. The total use of drug per patient was lower with risperidone: 107.74 mg vs 128.5 mg. The use of anticholinergic drugs was significantly lower in risperidone group compared to haloperidol group: 46.8% vs 0% ($p = .001$) The total amount of drug used was higher with haloperidol (4241 mg vs 2801 mg/6 months). The reduction of the hospitalization, of the drug utilization and of the total amount of drug used resulted in a benefit rate of 1.7 per day in favour of risperidone.

P02.338

EXPERIENCES WITH THE OPEN-DOOR-SYSTEM IN A ADULT INPATIENT PSYCHIATRIC UNIT IN A GERMAN GENERAL HOSPITAL

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a. Open doors are an essential factor for acceptance of acute psychiatric supply. Therefore we studied different items according to close doors in a psychiatric unit in order to improve the conditions for open-door-policy. The psychiatric unit at the Klinikum Stadt Hanau serves a population of approximately 220000 people. 100 patients are treated in four acute psyciatric wards, occupation of each ward is similar in age, sex and diagnosis. Closing the door is optional, a ward doctor respectively a senior physician decides in cooperation with the staff, whether the door is open or not. b. In a period of 6.5 month we reported daily on each ward the following subjects: duration of closing, reasons for closing the door, patients who are involved in closing, number and duration of restraints, number of unvoluntarily admissions, aggressive assaults, suicide attempts, absentations, c. Within 203 days, the maximum closing time would have been 2639 hours, that would be 13 hours a day in the time 8 am–9 pm. Ward A was closed 61.5%, ward B 48.9%, ward C 58.6% and ward D 21.5%. Main reasons for closing the door are evading treatment and risk of suicide. Further reasons are not patient related, e.g. situation of the ward or the staff. Patients causing closing the door suffered mostly from schizophrenia, comparing to normal distribution of diagnosis, that was to be expected. But we found an over-representation of dementia and oligophrenia. There is no relation between closing time and number of unvoluntarily admissions, ward A had 26.1%, ward B 23.0%, ward C 22.3%

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