The lack of adherence in antipsychotic treatment is related to the increased number of relapses and, therefore, with a higher incidence of hospitalization and visits to the emergency department; as well as an increase in the family burden and the use of assistance resources.

The introduction of a second generation antipsychotic in a long acting formulation would allow better control for psychotic patients and thus a reduction in the need for extra care

Objective: To assess the effectiveness of long lasting risperidone (LLR) in the drug compliance and its impact on health assistance resources.

Method: A retrospective revision was carried out with patients admitted to the acute unit of our hospital between 1st September 2004 and 31st August 2005, with one of the following diagnosis: schizophrenia, schizoaffective disorder, bipolar disorder and delusional disorder; Choosing from those under treatment with LLR, we obtained a sample of 44 patients.

Clinical and demographical relevant variables were taken into consideration.

The study has a ''mirror image'' design where we compared data before and after the introduction of LLR using Student t test for dependant samples.

Results: We observed a statistically significant decrease in the incidence and length of hospitalization following treatment with LLR. An increase in the number of psychiatric casualties was observed, although it had no statistical significance and the data were subject to bias.

Conclusions: LLR may increase the drug compliance and therefore reduce number and length of hospitalizations.

P222

Long-term efficacy of ziprasidone in treatment-resistant schizophrenia: Results from the 1-year, open-label mozart extension study

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Subjects who completed a randomized, double-blind, 18-week, trial comparing clozapine and ziprasidone in refractory or treatment-intolerant schizophrenic patients and who responded to treatment with ziprasidone ($\geq$ 20% reduction in PANSS total score) were enrolled in a 1-year, open-label, flexible-dose study. Subjects received the same dose of ziprasidone (80-160 mg/day) upon which they completed the double-blind study. Dose changes were permitted based on clinical impression of efficacy or adverse events. The change in PANSS total score from baseline to endpoint and the proportion of patients maintaining $\geq$ 20% PANSS improvement at endpoint were recorded. Safety measures included adverse events, laboratory tests, body weight, vital signs, and electrocardiograms. Of 45 patients who completed the initial study, 42 were enrolled in the study and 40 were included in the intent-to-treat analysis. The mean change from core study baseline in PANSS total score was −37.0 (95% CI, −41.8 to −2.2; $P < 0.001$) on entry to the extension study. Following 1 year of oral ziprasidone, the mean change in PANSS total score from core study baseline was −32.2 (95% CI, −39.1 to −25.3; $P < 0.001$), a change from extension study baseline of 5.1 ± 16.7 ($P = 0.061$). Of the 40 patients, 28 (70%) maintained $\geq$ 20% reduction in PANSS total score (vs core study baseline) at the extension study endpoint. The safety evaluation showed no detrimental effects. These findings show that the efficacy and safety of ziprasidone observed in refractory or treatment-intolerant schizophrenic patients are maintained in a long follow-up period.

P223

Adverse events of antypsychotics during therapy of patients with schizophrenia

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According to the recommendation of the World Health Organization, and also implementation of atypical antipsychotics in every day clinical practice, consequently the question mark appears regarding use of anticolinergic drugs (i.e. biperiden). Therefore it′s prophylactic administration is not recommended in every day clinical practice, except in younger patients and children receiving high potency typical antipsychotic drugs. In this paper we studied frequency of using, or abusing biperiden, and daily dosage of it, during determinate period of one year on the Acute male and Acute female department of the Psychiatric Hospital ″Sveti Ivan″ in patients diagnosed with schizophrenia. The object was to observe the therapy at the time of discharge. Almost 300 were included schizophrenic patients with average age of 40.6, and with prescription rate of biperiden as high as 38%.

P224

Descriptive study about long-acting injectable risperidone (RLAI) in outpatients

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Introduction: Long-acting injectable risperidone (RLAI) is effective and well tolerated in maintenance treatment in patients with schizophrenia. This kind of formulations improves compliance, and it has been recently published that RLAI reduces relapse and hospitalizations.

Objectives: To evaluate whether treatment with RILD for 6 months is able to improve hospitalization rates and length, compliance with treatment and polypharmacy.

Methods: Medical records of 52 patients who had been treated with RILD for at least 6 months were reviewed. Data referred to the 6 months previous to treatment start were compared to those from the 6 months after treatment initiation. The evaluated parameters were: sociodemographic characteristics, number and length of hospitalizations, compliance with pharmacological treatment, attendance to consultations, and polypharmacy rates.

Results: Mean age was 32.2+_11.1 years. The most frequent diagnosis was paranoid schizophrenia (40%). The main reason for the start treatment with RLAI was non-compliance (65%). A reduction of 50% in the number of hospitalizarions was observed after 6 months of treatment with RLAI, as compared to the previous 6 months (36 vs 14). Moreover, length of inpatient stays was also reduced after treatment with RLAI (mean of 17 vs 13.7 days). Compliance with pharmacological treatment and attendance to psychiatric consultation were also improved.

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Conclusion: RLAI seem to be able to reduce number and length of hospitalizations, and improves adherence to therapy, 6 months after the start of the treatment, in real life conditions.

P225

Womens mental health needs in Bosnia and Herzegovina in the context of community mental health care

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Aim: The aim of this paper is womens needs assessment in the new organisational concept of psychiatric care-community mental health care, which started with its implementation in Bosnia and Herzegovina in 1996 immediately after the war.

Method: This study is retrospective and analytical-descriptive. As research instrument was used the Questionnaire for womens needs assesment in mental health care, which was designed for the purpose of this study and which has been applied at two groups,homogenious according to gender. Each group was consisted from 50 female patients.

Results: The results of this study indicated the womens needs for inovative forms of community mental health care-the opportunity to choose woman as psychiatrist and women as team members, as well as the opportunity to use separate community mental health services-for women only.

Conclusion: The results of this study, which are in accordance with new womens community mental health care trends in USA and some Western European countries, obviously indicates the womens needs in mental health care. According to the study results, womens needs should be met in the early stage of new psychiatric care concept implementation.In the same time that would present in Bosnia and Herzegovina inovation of community mental health care, and also assure that womens mental health needs would be met at optimal way.

P226

Suicide-related adverse events and antipsychotic use: An analysis of data from the WHO and FDA AERS database

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Background and aims: Patients diagnosed with schizophrenia or bipolar disorder are at an elevated risk of suicide attempts and suicidal ideation. Although atypical antipsychotics are effective in treating psychotic symptoms, the risk of suicide attempts and suicidal ideation may differ across these agents. We conducted an analysis on reported rates of suicide-related events associated with the use of atypicals.

Methods: Proportional reporting rates (PRR) of suicide attempts from the World Health Organization (WHO) database (through June, 2006) were compared across atypical antipsychotics. Using additional information from FDA's AERS (Adverse Event Reporting System; through March, 2006), similar comparisons were made for suicidal ideation, suicide attempts, and completed suicides.

Results: From the WHO database, the PRR for suicide attempts was lowest for clozapine (1.3) followed by aripiprazole (1.5), risperidone (3.3), quetiapine (4.2), ziprasidone (4.7), and olanzapine (5.2). For AERS, the respective PRRs for suicidal ideation, suicide attempts, and completed suicides were: 1.1, 3.3, and 1.9 for clozapine; 3.2, 4.3, and 2.7 for risperidone; 5.6, 2.9, and 5.4 for aripiprazole; 6.9, 4.4, and 6.4 for ziprasidone; 4.3, 4.5, and 7.2 for olanzapine; and 5.6, 4.2, and 9.3 for quetiapine.

Conclusions: AE reporting systems suffer limitations, which include having a problematic denominator and biased reporting. However, AE reporting is a primary tool used to identify a signal through pharmacovigilance. In the data analyzed, variability across atypical antipsychotics seemed evident, and inconsistencies between data were observed. The reasons for these findings are unclear, but these results warrant further investigation in controlled studies.

P227

Reversible myocarditis in a patient receiving clozapine: A reported case.

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Introduction: Clozapine is an atypical dibenzodiazepine antipsychotic used for resistant schizophrenia. Myocarditis and cardiomyopathy are rarely reported complications of clozapine treatment. The incidence of clozapine-related myocarditis has been variably reported at between 0.03% and 0.19% Myocarditis is a potentially life-threatening complication of clozapine.

Method: We reported a case of a 30-year-old female patient who developed reversible myocarditis a few weeks after we began the treatment with clozapine for chronic resistant schizophrenia (as specified in DSM-IVTR), characterized by severe left ventricular systolic dysfunction that resulted in congestive heart failure.

Results: After the immediate discontinuation of the clozapine, along with aggressive supportive care, resulted in almost complete recovery to baseline.

Conclusions: Patients taking clozapine who develop dyspnoea, fatigue, chest pain or collapse should be screened for myocarditis, especially during the first weeks of treatment. Health professionals should be aware of this uncommon but serious side effect of clozapine since failure to recognize the association may result in adverse clinical outcome. Myocarditis should be suspected when cardiac dysfunction appears suddenly, and appropriate diagnostic and therapeutic strategies must be undertaken promptly.

P228

Quetiapine use in manic episode during pregnancy: A case report

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Introduction: No psychotropic drug has been approved by FDA for usage during pregnancy. Data on safety of the second generation antipsychotics in pregnancy and lactation are limited. Quetiapine is in FDA category C and limited human studies reported no abnormality during pregnancy, delivery and in the postnatal period after using quetiapine throughout the pregnancy. The foregoing is a case presentation of high dosage of quetiapine use during pregnancy.

Case report: Ms. N, a 30-year-old gravida one-para one woman, who had been treated for a diagnosis of bipolar affective disorder since 1994, experienced her third manic episode at the 21th week of her pregnancy, 6 months after quitting her lithium (1500 mg/day)

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